

SB

2/4

SB 214

By: Hackman
& Co

Hess 11798

7/7/79 call Judge Hackman in Ostrander's office
when bill before comm. again
465-4970

~~James Hess~~ #55

Sub. bill dropped by Paul Conger.

Introduced: 2-13-79

Logged: 2-14-79

Referred to: Finance

Comm. meeting 2-28-79 - held 3-24-80 CS - held. Debbie Willing with Glenn - a T. C. S.

" action

Glenn - Sen. Ferguson had bill drawn up in place of SB 214 - his bill "special appropriation (copy herein)
sum of \$2,637,000." - You were going to raise
Referral & pass to finance.

Glenn:

3-17-80

You have (2) proposals
att'd hereto.

1- letter "HACKNEY"

2- letter "FERGUSON"

You also have " Reply.

This the result of our
meeting today.

^M
Glenn Ad "get a bill" then
we can go. I am in line with
Ferguson suggestion.



JUNEAU, ALASKA

CS SB 214

Alaska State Legislature
Senate

Rec'd
3-27-80
@ 3:4 p.m.

March 27, 1980

TO: Senator Hackney, Chairman
Senate Health, Education &
Social Services Committee

FROM: Senator Ferguson *JRS*

SUBJ: Dental Care

This is to state my support for the attached Approach #2 for dental care for the State of Alaska. I feel that both your concerns and my concerns would be met by this approach. Although the fiscal note for this approach is slightly larger than Approach #1, I feel this is compensated for by increased services.

\$500,000 of the total costs of Approach #2 should be requested in the Supplemental Budget to ensure that this program will proceed on schedule. The rest of the money could be taken care of in any appropriate manner. The \$500,000 in the supplemental will make sure that start-up care and the needs of the senior citizens will be met.

I have not requested this amount, and I leave it for your consideration.

4-2-80 - Sen. Ferguson - chair & will have a suggested CS in line with above for use here in Comm. Head by the week of 7-11-80.

Ferguson Proposal

AEDC
Old Age Assistance
Aid to Disabled
Aid to Blind

Approach II

Adult - Regular	=	\$1,232,000
Adult - Dentures		566,000

Sub Total		\$1,798,000
-----------	--	-------------

Prevention Program	600,000
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Grand Total	\$2,398,000
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Admin (10%)	239,800
-------------	---------

	\$2,637,800
--	-------------

Children presently covered for
Dental services under EPSD +
(early screening) under
Medicaid. Included in
1781 budget

Hackney Proposal

Old age
& needy
age 65+

Approach I

Old Age Assistance

Regular Care ~~to~~ (nothing for needy now)
indian health adults only)

2386 persons x .50 x \$269 = 320,911
delta figure

dentures

2386 persons x .10 x \$618 = 144,702

Sub-Total 468,619

Prevention Program 600,000

Grand Total 1,068,619

Admin (10%) 106,862

\$1,175,481

Child ^{now presently} covered EPSDT (early screening) under
Medicaid. Included in ^{Hackney} FY81 Budget.

EARLY
PERIOD
SCREENING
INDICATORS (screening)

COST OF DENTAL CARE COMPUTATION

COMMUNITY GROUP	TOTAL POPULATION	UTILIZATION FACTOR (1)	ESTIMATED ANNUAL UTILIZATION	ESTIMATED COST PER PERSON (2)	ESTIMATED GROUP COST
CHILDREN (3-20)	9,662	0.60	5,800	\$175.00	\$1,015,000
ADULTS (Basil)	9,164	0.60	5,500	269.00	1,479,000
ADULTS (Dentures)(3)	9,164	0.10	916	618.00	566,000
TOTAL					\$3,060,000
ADMINISTRATIVE COST (estimated)					306,000

- (1) The estimated number of persons that would receive dental care in one year.
- (2) \$175.00 is based on title 19 cost for FY 79 plus 20% inflation, \$269.00 (Delta).
- (3) Removable dentures - full and partial.

50%

845,425

1,232,568

566,000

2,643,983

264,398

2,908,381

3,366,000

minus I. Health control 1,200,000

2,166,381

Plus: program 600,000

2,766,381

191,619

2,574,762

DIAGNOSTIC

Oral examination is a benefit, but not more than once in a 12 - month period.
 Bite Wing radiographs - 2 only, except where prevented by missing teeth.
 Periapical radiographs - only a benefit for teeth to be extracted, suspected anterior lesions and where bitewings are not feasible.

PREVENTIVE

Prophylaxis, not more than once in any 12 - month period. Prophylaxis for children must include fluoride application.

EXODONTICS

Pre-operative periapicals required for payment of fee.

RESTORATIVE

Amalgams and composite resin restorations for the treatment of caries. Payment is based on one restoration per surface regardless of the # or combination of restorations placed. Composite resin restorations are a benefit only in permanent anterior teeth and on buccal surfaces of maxillary premolars. The fee for a restorative procedure includes bases and local anesthesia.

PROSTHETICS

Partial and full dentures are a benefit, not more than once in a 5 - year period. Repairs, relines and tissue conditioning are a benefit once in a 12 - month period.

This CS we were waiting for

THIS BILL RESOLUTION CITATION

has been prepared by the staff of the Legislative Affairs Agency in response to the request and at the direction of the sponsoring member or committee. The staff has attempted to place the document in proper legal and clerical form, subject to any special limitations or instructions of the requestor.

If we may be of further assistance in this matter, please contact the Director of Legal Services or the Director of Research Services, as appropriate.

Delivered to requestor 3-24-50

LA-L 40

*Illness
This on approx
today. This just
delivered. This
posting finance note*

Results of Meeting with
Josh Wright & Debbie Behr.

Serial
SB 214

3-27-80 @ 3: P. M.

Debbie
Presented

→ Hackney Proposal - covering only Elderly
& Young in bush.

Josh Wright
presented

San Geronimo Proposal - covers every adult ready
& young.

Funding Information	
General Fund	\$2,737,000
Other Funds	- 0 -
	<u>\$2,737,000</u>

John
Sen Magnus had this drawn up in place of SB 214 with special with you.
This in place of SB 214 you waive referral & it goes to Finance Committee
 BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE
 BY REQUEST

1 IN THE SENATE

2 SENATE BILL NO.

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 ELEVENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act making a special appropriation for a dental
 7 program for low-income adults, and a special appropria
 8 tion for an evaluation of the dental program; and
 9 providing for an effective date."

10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

11 * Section 1. The sum of \$2,637,000 is appropriated from the general fund
 12 to the Department of Health and Social Services for payment as a grant to
 13 Delta Dental, Inc., for a statewide dental program for low-income adults.

14 * Sec. 2. The sum of \$100,000 is appropriated from the general fund to
 15 the Legislative Budget and Audit Committee for an evaluation of the statewide
 16 dental program financed with the appropriation made in sec. 1 of this Act.

17 * Sec. 3. The unexpended and unobligated portions of the appropriations
 18 made in this Act lapse into the general fund on June 30, 1982.

19 * Sec. 4. This Act takes effect immediately in accordance with AS 01.10
 20 070(c).

21
 22
 23 *This takes the place of SB 214.*
 24
 25
 26
 27
 28
 29

SB 214 - with all State
Sen. Ferguson funds

Young & Old (bush)

Josh
Bettie

Summary of Your Program

1. Adults basic care-----	\$1,479,000
2. Childrens basic care-----	655,000
3. Dentures (adults)-----	566,000
4. General Relief Medical dental budget-----	<u>185,000</u>
TOTAL-----	<u>\$2,885,000</u>
5. Administration by Delta (10%)-----	<u>288,500</u>
TOTAL FOR BASIC PROGRAM-----	<u>\$3,173,500</u>
6. Preventive program-----	600,000
7. Evaluation team (Budget and Audti)-----	<u>100,000</u> ✓
GROUND TOTAL-----	<u><u>\$3,873,500</u></u>

Please note that I have reduced the \$1,015,000 estimation for children on the Cost of Dental Care computation by \$360,000, the estimated saving in billings to the program through the efforts of the dental preventive aides. \$1,015,000 minus \$360,000 = \$655,000 budgeted for childrens basic care.

RECOMMENDATION #1

A dental preventive program should be designed to serve every community that does not have a resident dentist. The title for this proposed position could be --- dental preventive aide. Her duties would involve weekly visits to individual classes to encourage daily brushing, monthly fluoride rinses and two prophylaxis (polishing and flossing) and fluoride treatments per school year.

Such a program would involve about 160 communities. The initial salary for this part time position would be between \$200 - \$300 per month with an annual budget of \$350,000 for a school session of nine months. The start up cost would be about \$75,000. Each aide would need a small portable dental engine for polishing the children's teeth before the application of fluoride paste, a couple of polishing handpieces, supplies such as fluoride paste and rinses, dental floss, toothbrushes and home care instruction materials.

An integral part of an effective preventive program would necessitate employing at least two licensed dental hygienists. They would be in charge of the training and supervision of the preventive aides.

Budget For The Preventive Program

1. Salaries for the preventive dental aides-----	\$350,000
2. Travel and per diem for first year of the program*-----	\$100,000
3. Salary and benefits for two hygienists-----	\$ 75,000
4. Equipment and supplies-----	\$ 75,000
TOTAL-----	<u><u>\$600,000</u></u>

*An example of why the first year travel and per diem budget is estimated at \$100,000 -- A hygienist would travel from Anchorage to Kotzebue, while the dental aides from communities served by the Northwest School District would be brought to Kotzebue for initial training. This effort would be repeated in Nome, Galena, Barrow, and so forth.

RECOMMENDATION #2

Appropriation of \$100,000 to Budget and Audit Committee to evaluate the effectiveness of the statewide dental demonstration project combining the resources of federal and state programs. A well controlled delivery system that is complimented with

pre-authorization and quality will prove less expensive than a poorly run Medicaid program.

Post-operative review of between 3-5 percent of all patients served by the program would minimize abuses and insure quality. The dental evaluation team, which would consist of a dentist and his assistant will be able to provide emergency care (extractions when indicated to relieve pain, treat sensitive teeth, adjust high or rough fillings, adjust and repair dentures, and etc, etc --). This service will be at no cost to the program in as much as the dentist and his assistant will be on monthly salaries.

Evaluation Team Budget

1. Dentist salary for 12 months-----	\$39,000*
2. Transportation and per diem-----	25,000
3. Portable equipment and supplies-----	20,000
4. Dental assistant salary for 12 months-----	12,000*
5. Contingency-----	4,000
TOTAL-----	<u>\$100,000</u>

* Salaries for dentist and his assistant is based on working in the program between 65 - 70 hours per month.

RECOMMENDATION #3

You should incorporate the General Relief Medical dental program into the demonstration project to avoid fragmentation. ~~_____~~

~~_____~~ I
would further suggest that you use the identical criteria now used by HESS to determine eligibility

Summary Of HESS Design

1. Enclosure B of the position paper-----	\$2,759,981
2. Existing HESS program plus administration-----	<u>1,060,000</u>
TOTAL-----	\$3,819,981

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- (3) Removable dentures - full and partial.

DIAGNOSTIC

Oral examination is a benefit, but not more than once in a 12 - month period.
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PREVENTIVE

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EXODONTICS

Pre-operative periapicals required for payment of fee.

RESTORATIVE

Amalgams and composite resin restorations for the treatment of caries. Payment is based on one restoration per surface regardless of the # or combination of restorations placed. Composite resin restorations are a benefit only in permanent anterior teeth and on buccal surfaces of maxillary premolars. The fee for a restorative procedure includes bases and local anesthesia.

PROSTHETICS

Partial and full dentures are a benefit, not more than once in a 5 - year period. Repairs, relines and tissue conditioning are a benefit once in a 12 - month period.

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February 29, 1980

The Honorable Frank Ferguson
Alaska State Senate
Pouch V
Juneau, Alaska 99811

.. Document # 11-80

Dear Senator Ferguson:

We are pleased to respond to your recent letter requesting information regarding the Department of Health and Social Services' position concerning a Medicaid dental program.

Overview

The Department of Health and Social Services is aware that the unmet needs for dental care for Alaska's low income population are great. Poor dental health and tooth decay have been identified as priority problems by each of the Health System Agencies in the state. Reliable statewide statistics on the extent of the problem are lacking. The lack of naturally or artificially fluoridated water supplies in many parts of the state means that many citizens do not have access to this form of protection against tooth decay. Twenty-seven percent (27%) of children screened in the EPSDT program were identified as having dental problems. In older age groups, about 30% of the population is thought to have periodontal disease and the population of adults needing full or partial dentures is significant.

Pilot Dental Projects by the Department

Recently, the Department has conducted a number of pilot projects that are useful in evaluating the need for dental care coverage and designing a dental care program in the state.

In FY 1980, the Legislature made available to our Division of Public Health, the sum of \$100,300 for a Delta Dental Plan demonstration dental care project in Allakaket and Kiana. Of the total population of about 503 individuals in the two villages, approximately 49% accepted treatment. Participation by adults (50%) was slightly higher than by children (42%). The project provided a dental survey, dental health education as well as treatment. The screening portion of the project

documented a prevalence of dental decay, gum disease, and the need for full or partial dentures in the population. The services provided included examinations, x-rays, cleaning and fluoride applications, fillings, extractions, root canal, periodontal surgery, and dentures. Denture services accounted for \$24,221 or 31% of the total cost of basic care.

Also, in FY 80 the Southcentral Dental Society received a \$25,000 grant through the Office on Aging to work with senior citizens organizations in Anchorage to arrange a low-cost denture program for seniors residing in Anchorage. An eight (8) member policymaking Board of Directors was formed and designated the initial target group to be served as those low-income senior citizens having no additional funds for dental care. The services provided included new dentures, repair of old dentures, relining of old dentures, and pre-prosthetic surgery (if needed to properly fit dentures). The average cost per patient was \$345.89. Over 50 seniors received treatment under the project.

In conformity with regulations governing federal Maternal and Child Health grant funds, a dental project for children grades K-4 has been in operation in Wrangell for approximately 15 months. The project includes dental health education in the school, topical fluoride applications, dental examinations and, when indicated, treatment. Approximately 175 children are involved in the project. Costs for treatment services have been paid by the following parties: family (13%), AANHS (34%), insurance (17%), and MCH project funds (36%).

The Department is currently reviewing ways to utilize the mobile dental unit purchased by the state a few years ago to provide dental care by bringing dentists to the Aleutian Chain and Pribilof Islands. The Department is investigating possibilities of working with private organizations or Native corporations to use the mobile dental unit on the highway network in Interior Alaska and Southcentral Alaska. This would improve access to dentists in the more remote areas of the state that touch the highway system.

Small grants for topical fluoride applications and dental health education have been made by the Department to the Yukon-Kuskokwim Health Corporation and the Tanana Chief's Health Conference.

Design of Medicaid Dental Project

As mentioned previously in this letter, coverage of dental and denture services for low-income adults is virtually non-existent by any public or private source in Alaska. The Department has conducted a number of pilot programs, which indicated that low-income adults have significant dental needs that are presently not being routinely met and that low-income persons utilize the services if they are available to them.

February 29, 1980

Delta Dental Plan of Alaska, which currently administers the Medicaid children's dental program and General Relief Medical emergency dental program, has assisted the Department in outlining one possible way to design a Medicaid dental and denture program for Medicaid-eligible adults. The program includes: (1) diagnostic and preventive services, (2) restorative services, (3) emergency dental services, and (4) dentures and related services. The specifics of the program are outlined in Enclosure A to this letter. The cost estimate for this design is about \$2.6 million for direct services plus slightly over \$180 thousand for contract administration costs. Fifty percent (50%) of the total of approximately \$2.8 million cost would be covered by federal Medicaid funds; the remainder by state funds. A detailed cost breakdown is listed on Enclosure B to this letter. We believe that these cost figures are reliable, as Delta Dental has had significant experience in this field.

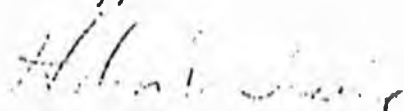
Department's Position

The Department of Health and Social Services recognizes the need for coverage of routine dental services for certain low-income persons, as they are presently not routinely covered from any public and private source. We endorse the inclusion of preventive dental services which in the long run have been shown to show significant costs savings. Federal Medicaid funds would be available to cover 50% of the costs of the program.

The design included is only one way to structure a Medicaid dental program and would welcome the opportunity to discuss other options with you at your convenience.

The Department of Health and Social Services appreciates the opportunity to comment on this matter. Please do not hesitate to contact myself or Rod Betit, Director of the Division of Public Assistance, if you need further information on this matter.

Sincerely,


Helen D. Beirne
Commissioner

Enclosures (2)

HOB:DEB:lar

cc: Division of Public Assistance
Division of Public Health
Office on Aging

ONE DESIGN OF MEDICAID DENTAL PROGRAM

Adults 21 and over are presently eligible for emergency dental services only.

A. Proposed Dental Treatment

1. Diagnostic and Preventive

- a. Examination limited to one in any 12-month period for adults and to two in any 12-month period for children covered under the EPSDT program.
- b. Necessary radiographs (full-mouth series limited to once every three years).
- c. Prophylaxis and fluoride, limited to one in any 12-month period for adults and to two in any 12-month period for children covered under the EPSDT program.

2. Restorative

- a. Amalgam or composite restorations.
- b. Root canal therapy, pulpotomy, apicoectomy necessary to treat an abscessed tooth.
- c. Stainless steel or preformed acrylic crowns, necessary when tooth cannot be restored with amalgam or composite material.
- d. Extractions.

3. Emergency Services

- a. Control bleeding.
- b. Relieve pain.
- c. Eliminate acute infection.
- d. Operative procedures required to prevent pulpal death and imminent tooth loss.
- e. Treatment of injuries to teeth and/or supporting structures.

4. Prosthetic Appliances

- a. Partial dentures, where indicated for proper mastication.
- b. New complete dentures, only if a reline or repair will not satisfactorily restore the existing denture.
- c. Replacement dentures, if not previously paid under this program within the last five years.
- d. Reline or repair of existing partial or denture.

Prepared in Consultation With:
Delta Dental Plan of Alaska

Date: February 28, 1980

Enclosure B

Costs of One Design of Medicaid Dental Program

FY 81 Medicaid Eligible Adults¹

	<u>Number of Eligibles</u> ²	<u>Estimated % of Users</u>	<u>Number of Users</u>	<u>Treatment Covered</u>	<u>FY 80 Coverage Cost Per Person</u>	<u>Estimated Total Cost</u>	<u>TOTALS</u> ¹
Medicaid Eligibles	9,080	55%	4,994	All care except dentures	\$269	\$1,343,386	
Medicaid Eligibles	9,080	20%	1,816	Dentures	\$618	\$1,122,288	
				Sub-Total			\$2,465,674
				Inflation (10%)			246,567
				Administrative Costs (Paid to private contractor)			230,540
				GRAND TOTAL			\$2,942,781
				General Relief-Medicaid Offset			(182,800)
							\$2,759,981

1 - We are assuming that General Relief-Medical emergency only dental coverage will continue for persons not eligible for dental care under Medicaid (i.e., intact families, elderly not eligible for Medicaid). Children eligible for Medicaid already receive coverage of dental care under the EPSDT program. Forty percent (40%) of the current General Relief-Medical dental budget is used to cover Medicaid clients and thus could offset some of the cost of the program.

2 - 12/79 Public Assistance figures.

Funding by Source

Federal \$1,379,991
State \$1,379,990

Prepared in Consultation with: Delta Dental Plan of Alaska

Date: February 28, 1980

South Central District Dental Society

P.O. BOX 3-487
ANCHORAGE, ALASKA 99501

February 18, 1980

Rose Palmquist
2621 Northrup
Anchorage, Alaska 99504

Dear Rose:

Enclosed are the following documents relating to the recently completed Low Cost Denture Demonstration Project.

Fiscal Reports #2 & #3 which were sent to the Office on Aging, State of Alaska. (Report 1 contained tentative figures.) These reports do contain final figures for ALL months the program was operational - August, 1979 - February, 1980.

Quarterly Progress Report - sent to the Office on Aging, State of Alaska, to augment the above two reports.

Statistical/Narrative Analysis - prepared by the South Central District Dental Society office with statistics provided by Donna Lindsay, Project Coordinator.

Patient Record of Treatment - Who was seen, by whom, when and the date of claim adjudication.

Please accept our sincere thanks for unselfishly participating in this program. It was my personal pleasure to get to know and work with you in this effort. Please feel free to contact me if I can answer any questions.

Best Regards,

Martha Dearborn

Martha Dearborn
Exec. Secretary, SCDDS
Member, Bd. of Directors
Low Cost Denture Demonstration Project

OFFICE ON AGING
SOUTH CENTRAL DISTRICT DENTAL SOCIETY
QUARTERLY PROGRESS REPORT

Report for quarter ending February, 1980 .

Briefly summarize progress this month:

Enclosed are the descriptive, statistical and financial reports for the South Central District Dental Society Low Cost Denture Demonstration Project.

Following is a further explanation of what was included with each Budget Category.

"DENTAL SERVICES".....Dental treatment provided for those Senior Citizens qualifying for the program. Treatment was provided by dentists volunteering for this program - in private dental offices.

"TRAVEL".....Automobile expenses (gas) incurred by Project Coordinator Ms. Donna Lindsay.

"SUPPLIES O.P.A.G".....Copying and postage used by Project Coordinator Donna Lindsay and paid for by OPAG. OPAG (Older Persons Action Group), was the Senior Citizen's organization most directly involved with this project. They donated space, desk and telephone for Donna to conduct business.

"ADMINISTRATION".....All screening work done by Project Coordinator Donna Lindsay, including: interviews, contact with dentists, arranging appointments, statistical gathering and analysis.

"CLAIMS PROCESSING".....All dental claims were adjudicated by Delta Dental Plan of Alaska through contract arrangements with the South Central District Dental Society.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
CUMULATIVE FISCAL REPORT

Grantee	Project Name	Report Date	Period Ending	Report No.	Grant No.
South Central District Dental Society/Low Cost Denture Demonstration Project/	12-31/	2	#060525		

BUDGETS - EXPENDITURES

Budget Categories	Expenditures This Period					Approved Budget	Cumulative Expenditures to Date				
	State Funds	Federal Funds	Other Funds		TOTAL		State Funds	Federal Funds	Other Funds		TOTAL
			Cash & P.I.	In-Kind					Cash & P.I.	In-Kind	
DENTAL Services						\$18,224.00					
Travel						\$30.72					
Facility Expense	SEE ATTACHED SHEET										
Supplies											
Equipment											
Other Operating Expenses ADMIN							\$2,619.00				
CLAIMS PROCESSING Indirect Cost							\$1,500.00				
* TOTAL COST					*	\$22,373.72					
Subtract Program Income	XXXX	XXXXXX		XXXX		XXXX	XXXX		XXXX		
NET COST						\$22,373.72					

* Total Cost is further broken down into program components on page 2 of this report.

RECEIPTS

Source of Fund	Receipts This Period	Budgeted Receipts	Cumulative Receipts To Date
Federal Funds None			
State Funds	9-7-79 \$6,250./10-19-79 \$18,750.00		\$25,000.00
In-Kind Match None			
Local Cash Match None			
Program Income None			
TOTAL			

Meeting 6: October 15, 1979 12:00 pm to 12:45 pm

Present: Older Persons Action Group
Lois Pillifant

South Central District Dental Society
Martha Dearborn

Senior Citizens/Municipality
Norma Lundy

Dentist Representative
Dr. Phillip L. Locker

Project Coordinator/Referral Worker
Donna Lindsay

Public Relations Coordinator/Alaska Dental Society
Betzi Woodman

Not Present: Senior Citizens Advisory Com
Rose Palmquist

Municipal Health Dept.
Arne Beltz

State Dept. of H. & S.S.
Alice Guest

Purpose of the meeting:

1. To consider extending this program to those eligible individuals residing in nursing homes.
2. To establish the exact time an individual can be considered eligible for the program.
3. To provide an updated report of the project's progress to the members of the Board of Directors.

Decisions:

1. Pioneer Home and Nakoyia have inquired as to the possibility of obtaining care for eligible residents.
For Nakoyia, following a preliminary visit by Donna Lindsay, Dr. Lee McKinley will be contacted to see if he would be interested in going to the home and evaluating the actual care that will be needed - and then, possibly, providing that treatment.
2. RESOLUTION: Motion by Norma Lundy, seconded and carried, to establish that an applicant be considered eligible for this program from the date of service - not the date of application.
3. To date, 36 applicants have been served, 7 are waiting and statistics have been gathered on approximately 75 inquiries. \$10,634.00 has been committed for treatment and administrative expenses.

Next Meeting: No date was set. Donna Lindsay will call a meeting when she feels one is needed.

October 29, 1979

DENTURE PROJECT UPDATE

Statistics on 117 persons, including eligible applicants.

- 1) Most frequent age group 65-69 range from 52 to 80. 38% in 65-69 range.
- 2) Most are females - 64%.
- 3) Most frequent marital status widow or widower 35%.
- 4) 62% live alone.
- 5) 76% support only themselves.
- 6) Last full mouth x-rays range from 1 week to 50 yrs. 16% do not remember--7% have never had x-rays.
- 7) The most common dental need was initial or replacement of full mouth dentures. 33%
- 8) There are 27 different sources of referrals. Most common sources as follows.
 - a) Old Age Assistance checks 31%
 - b) Senior Voice 22%
 - c) Chugach View 12%
 - d) Salvation Army 5%
 - e) State Disability Check 5%
- 9) 91% of all persons talked to are not eligible for ANS.
- 10) 90% of all persons talked to have no earned income.
- 11) 49% of all persons talked to receive Old Age Assistance.
- 12) 38% of all persons talked to were eligible for this program.

Above statistics do not include 18 persons residing at Nakoyia who are in need of relines or full dentures.

41 persons have had or will have dentures services provided
1 person waiting due to poor health - funds available.
2 eligible persons in addition to the 18 Nakoyia residents are waiting to see if funds are available.

Funds definitely committed are 12,374 out of 20,000. Expenditures for 7 persons are unknown - could be up to 1,000 each.

Average expenditure per person is \$343.

MONTHLY PROGRAM COMPONENT COSTS

List each budgeted Program Activity **EXAMPLES ARE:** Transportation, Outreach, Information & Referral, etc.

January, 1980			February, 1980											
State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non-Federal
\$100.00			\$1,824.57											
Total This Component \$ 100 DENTAL SERVICES			Total This Component \$700 DENTAL SERVICES			Total This Component \$			Total This Component \$			Total This Component \$		
			\$1000. CLAIMS PROCESSING											
			\$124.57 SUPPLIES											
State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non-Federal
Total This Component \$ NO ADMIN/TRAVEL			Total This Component \$ NO ADMIN/TRAVEL			Total This Component \$			Total This Component \$			Total This Component \$		

Total Cost for All Components
\$

\$1,924.57

CERTIFICATION: I certify that the above information is true and correct, and that expenditures have been made for the purpose stated, and in accordance with, applicable grant terms and conditions.

NAME Martha A. Dearborn TITLE Executive Secretary SIGNATURE Martha A. Dearborn
 Member/Bd. of Directors
 DATE February 15, 1980 COMPLETED BY: Martha A. Dearborn

Department of Health & Social Services
 Office on Aging
 Pouch H-01C
 Juneau, Alaska 99811

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
CUMULATIVE FISCAL REPORT

Grantee	Project Name	Report Date	Period Ending	Report No.	Grant No.
South Central District Dental Society/Low Cost Denture Demonstration Project/	Jan.-Feb., 1980	3	#060525		

BUDGETS - EXPENDITURES

Budget Categories	Expenditures This Period					Approved Budget	Cumulative Expenditures to Date				
	State Funds	Federal Funds	Other Funds		TOTAL		State Funds	Federal Funds	Other Funds		TOTAL
			Cash & P.I.	In-Kind					Cash & P.I.	In-Kind	
DENTAL Personal Services	\$800.00						\$19,024.00				
Travel							\$30.72				
Facility Expense											
Supplies O.P.A.G.	\$124.57						\$124.57				
Equipment											
Other Operating Expenses ADMIN							\$2,619.00				
CLAIMS PROCESSING	\$1,000.00						\$2,500.00				
* TOTAL COST	\$1,924.57				*		\$24,298.29				
Subtract Program Income	XXXX	XXXXXXX			XXXX		XXXX	XXXXX			XXXX
NET COST							\$24,298.29				

* Total Cost is further broken down into program components on page 2 of this report.

\$25,000.00 Initial Grant
24,298.29 Expenses

\$ 701.71 Remaining Funds

RECEIPTS

Source of Fund	Receipts This Period	Budgeted Receipts	Cumulative Receipts To Date
Federal Funds None			
State Funds	None	As Above	Program completed
In-Kind Match None			
Local Cash Match None			
Program Income None			
TOTAL			

RECORD OF TREATMENT - CLAMS PROCESSED

Dentist	Date Seen	Amount	Claims Bill
Dr. Bevins	8-29-79	\$500.00	10-29-79
Dr. Bevins	9-17-79	\$136.00	11-12-79
Dr. Warren	9-11-79	\$500.00	11-12-79
Dr. Bline	9-24-79	\$200.00	10-29-79
Dr. Miller	9-18-79	\$250.00	11-12-79
Dr. Chang	9-6-79	\$250.00	11-28-79
Dr. Fredenberg	9-5-79	\$500.00	10-29-79
Dr. Stranik	9-13-79	\$100.00	10-29-79
Dr. Darling	9-11-79	\$500.00	11-12-79
Dr. Clark	9-25-79	\$250.00	10-29-79
Dr. Feriani	9-19-79	\$500.00	11-12-79
Dr. Stranik	9-18-79	\$500.00	11-12-79
Dr. Reder	9-13-79	\$560.00	11-12-79
Dr. Kennedy	9-11-79	\$250.00	10-29-79
Dr. Burk	9-4-79	\$200.00	10-29-79
Dr. Burk	9-6-79	\$500.00	10-29-79
Dr. Bline	9-27-79	\$200.00	11-12-79
Dr. Layman	9-5-79	\$250.00	11-12-79
Dr. Locker	9-5-79	\$100.00	11-12-79
Dr. Priebe	9-13-79	\$500.00	11-12-79
Dr. Warren	9-19-79	\$200.00	11-12-79
Dr. Burk	9-27-79	\$100.00	11-12-79
Dr. Sharp	9-13-79	\$100.00	10-29-79
Dr. Fredenberg	9-19-79	\$ 63.00	11-12-79
Dr. Darling	9-5-79	\$500.00	11-29-79
Dr. Priebe	9-19-79	\$500.00	11-12-79
Dr. Feriani	9-21-79	\$500.00	11-28-79
Dr. Clark	9-26-79	\$250.00	11-12-79
Dr. Stranik	11-18-79	\$500.00	1-23-80
Dr. Clark	11-30-79	\$ 50.00	1-15-80
Dr. Locker	9-13-79	\$200.00	11-12-79
Dr. Bevins	10-29-79	\$100.00	11-28-79
Dr. Burk	10-23-79	\$250.00	11-22-79
Dr. Stone	10-29-79	\$500.00	1-15-80
Dr. Smithson	12-11-79	\$100.00	1-23-80
Dr. Reder	10-26-79	\$500.00	11-28-79
Dr. Stone	10-30-79	\$500.00	11-28-79
Dr. Miller	10-3-79	\$250.00	11-28-79

Dentist	Date Seen	Amount	Claims Billed
Dr. Lathrop	10-25-79	\$500.00	11-12-79
Dr. Locker	10-25-79	\$100.00	1-15-80
Dr. Lathrop	10-16-79	\$250.00	11-28-79
Dr. Reder	10-15-79	\$390.00	11-28-79
Dr. Stone	10-19-79	\$500.00	11-28-79
Dr. Wright	10-11-79	\$500.00	11-12-79
Dr. Davis	11-27-79	\$500.00	1-15-80
Dr. Davis	11-19-79	\$500.00	1-15-80
Dr. Darling	12-19-79	\$500.00	1-23-80
Dr. Sture	11-16-79	\$125.00	1-15-80
Dr. Derksen	11-8-79	\$500.00	1-15-80
Dr. Stone	11-20-79	\$500.00	1-15-80
Dr. Priebe	11-14-79	\$600.00	1-23-80
Dr. Locker	12-17-79	\$200.00	1-23-80
Dr. Locker	12-17-79	\$200.00	1-23-80
Dr. Locker	12-17-79	\$100.00	1-23-80
Dr. Derksen	12-6-79	\$250.00	1-23-80
Dr. Locker	12-17-79	\$100.00	1-23-80
Dr. Locker	2-4-80	\$500.00	2- -80
Dr. Kennedy	1-28-80	\$100.00	2-12-80
Dr. Locker	2-4-80	\$200.00	2- -80



General Teamsters Local 959 State of Alaska

Affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America

ANCHORAGE, ALASKA 99510, P. O. Box 2092, (907) 276-4334 JESSE L. CARR (secretary/treasurer)

FAIRBANKS, ALASKA 99701, P. O. Box 609, (907) 452-8221
JUNEAU, ALASKA 99801, 306 Willoughby, (907) 586-3225
KENAI, ALASKA 99611, P. O. Box 619, (907) 283-4498

February 22, 1980

Glenn Hackney, Chairman
Senate H.E.S.S. Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Glenn,

Enclosed find the report on the use of the \$25,000 legislative appropriation of 1979 for a dental pilot project for limited dental services for elderly of limited financial means. In addition the statistics on the total number of elderly interviewed is included.

It looks like the pilot project tapped a very small part of the most urgent dental needs of older persons. I hope this information is of value to you.

Sincerely,

A handwritten signature in cursive script that reads "Rose".

Rose Palmquist
Retiree Coordinator

RP/p

Enclosure (s)

47.07.035

SB214

General Relief Medicine

- 1- 60 yrs do not get Federal money---65 years of age do. The title of your bill mentions a "State Program" You can cover all mentioned by Delta Dental Plan if all (100%) state money.

If the above mentioned passed it would be better than State employees now have.

M.

Please deliver to

Office of Senator Glenn Hackney
Assembly Room 105

Attn: Mary Isaacs

*get with
Chenoweth
& Debbie Behr
then go on*

*Glenn - This is info you requested
Jack Chenoweth prepared bill.
Debbie Behr did much work on 2-28-79 according
to Jack - see her preliminary proposal dated 2-28-79*

Mary -

See me on this, please. @

M.

SENATE BILL NO. 214
PRELIMINARY FISCAL INFORMATION
Fiscal Year 1980

	<u>State</u>	<u>Federal</u>	<u>Total</u>
Medicaid (Add New Services)			
Dentures	\$ 34,272	\$ 34,273	\$ 68,545
Emergency Services	<u>378,260</u>	<u>378,259</u>	<u>756,519</u>
Total	\$412,532	\$412,532	\$825,064
General Relief Medical (No longer cover medicaid eligible; Includes 10% inflation over FY '79)			
Dentures	(\$ 15,174)	-0-	(\$ 15,174)
Emergency Services	<u>(\$118,536)</u>	<u>-0-</u>	<u>(\$118,536)</u>
Total	(\$133,710)	-0-	(\$133,710)

New Monies Needed

	<u>State</u>	<u>Federal</u>	<u>Total</u>
Dentures	\$ 19,098	\$ 34,273	\$ 53,371
Emergency Services	<u>259,724</u>	<u>378,259</u>	<u>637,983</u>
Total	\$278,822	\$412,532	\$691,354

PRELIMINARY FISCAL INFORMATION
REGARDING
SENATE BILL NO. 214

Fiscal Year 1980

MEDICAID ONLY

Dentures	\$ 68,545
Emergency Services	<u>756,519</u>

Total	\$825,064
-------	-----------

Federal	\$412,532
State	<u>412,532</u>

Total \$825,064

Fiscal Year 1979

GENERAL RELIEF

Dentures	\$ 13,795
Emergency Services	<u>107,760</u>

Total	\$121,555
Inflation	<u>x .10</u>

Inflation for FY '80	\$ 12,155
----------------------	-----------

Total FY '79	\$121,555
FY '80 Inflation @10%	<u>12,155</u>

Total FY '80	\$133,710
--------------	-----------

Fiscal Year 1980

	State	Federal	Total
Medicaid Add	\$412,532	\$412,532	\$825,064
General Relief Medical	- <u>(133,710)</u>	<u>-0-</u>	- <u>(133,710)</u>
	\$278,822	\$412,532	\$691,354

Debbie Behr
2/28/78

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

PRELIMINARY - BEING REDONE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB 214
Title "Providing Dental Assistance for Needy Persons"
Requested by Legislative Affairs Agency Date February 14, 1979

II. FISCAL DETAIL

Agency Affected Health and Social Services
Program Category Affected Public Assistance
BRU, Program, or Subprogram(s) Affected Medicaid
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL		160				
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						

TOTAL

160

↑ DENTURES ONLY

FUNDING (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

Estimate of \$160,000 is based on figures received from Division of Public Assistance on 2/20/79 indicating 8,756 adults are eligible under the Medicaid program. Additionally, 1,497 cases (all presumably adults) received emergency treatment under State GRM program. These two figures total 10,243 eligibles. Approximately 2% of these individuals may need upper dentures and 1.5% lower dentures. Approximately 2% of those receiving dentures might require a reline within three years. This charge has been included in the estimate. Charges based on maximum allowance under present Medicaid program.

IV. DATE _____ PREPARED BY _____
AGENCY _____
PHONE _____
Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named)

South Central District Dental Society

P.O. BOX 4-1800 3-487
ANCHORAGE, ALASKA 99503 99501

March 9, 1979

Senate HESS Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Attention Committee Members: Senators Hackney, Ferguson, Colletta, Sturgulewski
and Fahrenkamp

The South Central District Dental Society, a voluntary professional organization
with 108 members, wishes to comment on Senate Bill #214.

It is our understanding the Medicaid eligible recipients over age 21 who are
presently eligible for the benefits of the state GRM (General Relief Medical)
program, along with those who qualify directly as beneficiaries of the GRM
program will be affected by the requirements as set forth in this bill.

Currently the GRM program covers the following under its emergency benefits:

- control bleeding
- relieve pain
- eliminate acute infection
- operative procedures required to prevent pulpal
death and imminent loss of teeth
- treatment of injuries to teeth and/or treatment of
injuries to supporting structures
- denture repair
- root canal therapy at discretion of contractor
- extraction
- removal of decay and use of temporary filling
material (Ex. IRM) or maximum of a two surface
alloy
- restore fractured off tooth structure only in
instances where protection of pulp tissue is
necessary by use of filling material, stainless
steel crown, or temporary acrylic crown
- provide full dentures and replacement of teeth
with full dentures in teeth extracted while a
beneficiary of the GRM program

The proposed legislation eliminates: (as crossed out)

- ~~control-bleeding~~
- ~~relieve-pain~~
- ~~eliminate-acute-infection~~
- ~~operative-procedures-required-to-prevent-pulpal~~
~~death-and-imminent-loss-of-teeth~~

~~treatment-of-injuries-to-teeth-and/or treatment
of injuries to supporting structures (2 visits
per year)
denture-repair
root-canal-therapy-at-discretion-of-contractor
extraction (2 visits per year. maximum 3 extractions
per visit)
removal-of-decay-and-use-of-temporary-filling
material-or-maximum-of-a-two-surface-alloy
restore-fractured-off-tooth-structure-only-in
instances-where-protection-of-pulp-tissue-is
necessary-by-use-of-filling-material,-stainless
steel-crown-or-temporary-acrylic-crown
provide full dentures and-replacement-of-teeth
with-full-dentures-if-teeth-extracted-while-a
beneficiary-of-the-GRM-program~~

... and of those benefits still covered is restricting them as noted to the right of each item and adding only the construction of full dentures for those who have never had a full denture or want their old dentures replaced.

It is our belief that SB #214:

1. Discriminates against the adult who must decide between pain or losing his teeth. He is given no choices to save his teeth.
2. Is fostering the need for dentures.
3. Is increasing the cost of dentistry to the state and/or the beneficiary since the teeth lost must eventually be replaced. The cost of replacement almost always exceeds that of repair.
4. A tooth can be saved with a temporary (IRM) with equal or less cost than an extraction.
5. Temporary restorations for the purpose of relieving pain without sacrificing the tooth is more valid emergency procedure than the desire to replace an old denture or fabricate a new one.
6. Many dentists will refuse to pull a tooth that in his professional judgement can and should be saved.
7. From the information provided at the hearings and the bill itself, it is easy to surmise that the changes in this program are motivated by a desire other than to maintain or improve the level of care or services provided to beneficiaries of this program, possibly releasing the state from some real or imagined financial responsibility.

The members of the South Central District Dental Society do not view this bill as an improvement or as even maintenance of an existing level of care to the citizens of Alaska. It fundamentally inhibits the practitioner from utilizing his skills and techniques to benefit the patient and by dictate reverts the

practice of dentistry to a level in vogue at the turn of the century.
It creates a double standard of care at a time when legislation in health
care delivery strives to establish the right to equal treatment for all
regardless of social status.

Sincerely,

Ronald I. Glaeser, D.D.S.

Ronald I. Glaeser, D.D.S.
President
South Central District Dental Society

Members of the South Central District Dental Society

Charles R. Blum D.D.S.

Walker E. Blum D.D.S.

Von A. Minton D.D.S.

Thomas S. Redmond D.D.S.

Phillip L. Locker Jr. D.D.S.

Ralph B. Ferin D.D.S.

Robert H. Sharp D.D.S.

Robert E. Warren, D.D.S.

W. Morrow D.D.S.



OFFICE OF THE PRESIDENT

March 9, 1978

Senate HESS Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Attention Committee Members: Senators Hackney, Ferguson, Colletta, Sturgulewski
and Fahrenkamp

The Alaska Dental Society, a voluntary professional organization with 178 members,
wishes to comment on Senate Bill #214.

It is our understanding the Medicaid eligible recipients over age 21 who are
presently eligible for the benefits of the state GRM (General Relief Medical)
program, along with those who qualify directly as beneficiaries of the GRM
program will be affected by the requirements as set forth in this bill.

Currently the GRM program covers the following under its emergency benefits:

- control bleeding
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- operative procedures required to prevent pulpal
death and imminent loss of teeth
- treatment of injuries to teeth and/or treatment
of injuries to supporting structures
- denture repair
- root canal therapy at discretion of contractor
- extraction
- removal of decay and use of temporary filling
material or maximum of a two surface alloy
- restore fractured off tooth structure only in
instances where protection of pulp tissue is
necessary by use of filling material, stainless
steel crown, or temporary acrylic crown
- provide full dentures and replacement of teeth
with full dentures if teeth extracted while a
beneficiary of the GRM program

The proposed legislation eliminates: (as crossed out)

~~control-bleeding
relieve-pain
eliminate-acute-infection
operative-procedures-required-to-prevent-pulpal
death-and-imminent-loss-of-teeth
treatment-of-injuries-to-teeth-and/or treatment
of injuries to supporting structures (2 visits per yr.)
denture-repair
root-canal-therapy-at-discretion-of-Contractor
extraction (2 visits per yr. maximum 3 extractions per visit)
removal-of-decay-and-use-of-temporary-filling-material
or-maximum-of-a-two-surface-alloy
restore-fractured-off-tooth-structure-only-in-:ns:ances
where-protection-of-pulp-tissue-is-necessary-by-use
of-filling-material, stainless-steel-crown-or
temporary-acrylic-crown
provide full dentures and-replacement-of-teeth
with-full-dentures-if-teeth-extracted-while-a
beneficiary-of-the-GRM-program~~

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7. From the information provided at the hearings and the bill itself, it is easy to surmise that the changes in this program are motivated by a desire other than to maintain or improve the level of care or services provided to beneficiaries of this program, possibly releasing the state from some real or imagined financial responsibility.

We of the Alaska Dental Society do not view this an improvement or as even maintenance of an existing level of care to citizens of Alaska. It funda-

mentally inhibits the practitioner from utilizing his skills and techniques to benefit the patient and by dictate reverts the practice of dentistry to a level in vogue at the turn of the century. It creates a double standard of care at a time when legislation in health care delivery strives to establish the right to equal treatment for all regardless of social status.

Thank you for the opportunity to express our opinion.

Sincerely,



Thomas S. Redmond, D.D.S.

President

Alaska Dental Society

MEMORANDUM

TO: Denise L. Knapp, Executive Director
Delta Dental Plan

FROM: Senator Glenn Hackney, Chairman
Senate HESS Committee

SUBJECT: SB 214

DATE: February 8, 1980

I'm sorry I missed you when you were in Juneau. If you are planning to be in Juneau in the very near future I'd appreciate knowing. I would like to talk to you at some length about SB 214. I want to push this bill, but I want to do it in a responsible way that will be satisfactory both to the dental community and the to those for whom the bill is designed.

Would appreciate hearing from you.

Introduced: 2/13/79
Referred: Health, Education
& Social Services and
Finance

1 IN THE SENATE

BY HACKNEY AND STIMSON

2 SENATE BILL NO. 214

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 ELEVENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act establishing a state program providing dental
7 assistance for needy persons; and providing for an
8 effective date."

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

10 * Section 1. AS 47.07 is amended by adding a new section to read:

11 Sec. 47.07.035. DENTAL SERVICES TO BE PROVIDED. (a) Dental
12 services to be offered to eligible persons include only emergency dental
13 services and denture services.

14 (b) Payments for emergency dental services do not require prior
15 authorization by the department. Except when required by unusual
16 physiological circumstances, emergency dental services for which payment
17 is allowed under this section include only

- 18 (1) two emergencies within a fiscal year;
19 (2) one visit per emergency;
20 (3) three extractions per visit; and
21 (4) single film x-rays of areas to be treated. HK

22 (c) Payments for denture services require the prior approval of
23 the department. Denture services for which payment is allowed under
24 this section includes payment for only

25 (1) complete dentures, exclusive of partial dentures, immedi-
26 ate dentures, or appliances that are not complete upper or lower den-
27 tures;

- 28 (2) unless required by unusual physiological circumstances,
29 (A) one set of dentures within five years;

1 (B) relinement or rebasing of existing denture sets not
2 more often than once each three years;

3 (C) relinement of dentures only if the relinement occurs
4 more than 12 months after receipt of the dentures; *they don't cover*

5 (3) new dentures only if a relinement or duplication will not
6 satisfactorily resolve problems with existing dentures;

7 (4) replacement dentures only if the dentures to be issued
8 are not issued as replacement for lost or stolen dentures previously
9 paid for under this section; and

10 (5) dentures of standard materials, excluding payment of
11 dentures composed of nonstandard materials, acrylic bodies, case clamps,
12 and chrome alloy devices. *they don't cover*

13 (d) Payment may not be made under this section for

14 (1) cosmetic procedures; *but to*

15 (2) gold or porcelain restoration; *but to*

16 (3) sedative filling or palliative treatment in place of
17 permanent repair; *but to*

18 (4) extractions on asymptomatic teeth; *no*

19 (5) broken dental appointments; *no*

20 (6) nonemergency dental care performed in a hospital, nursing
21 home, or at patient's residence; or *but to*

22 (7) dental specialty services, including but not limited to,
23 orthodontics, periodontics, prosthodontics (including fixed and partial
24 bridgework), endodontics, and crowns.

25 * Sec. 2. AS 47.07.080 is amended by adding new paragraphs to read:

26 (5) "complete dentures" means artificial structures made by
27 or under the direction of a dentist to substitute missing upper or lower
28 full sets of teeth;

29 (6) "department" means the Department of Health and Social

1 Services;

2 (7) "emergency dental services" means those services provided
3 by or under the direction of a dentist in the practice of his profession
4 including emergency treatment of

5 (A) pain or acute infection,

6 (B) bleeding,

7 (C) injuries of the oral cavity or related structures,
8 including reduction of fractures of maxilla or mandible and dislo-
9 cation of the mandible, and

10 (D) conditions requiring emergency surgery to the jaw or
11 related structures requiring services of a qualified oral surgeon;

12 * Sec. 3. This Act takes effect July 1, 1979.

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COST OF DENTAL CARE COMPUTATION

COMMUNITY GROUP	TOTAL POPULATION	UTILIZATION FACTOR (1)	ESTIMATED ANNUAL UTILIZATION	ESTIMATED COST PER PERSON (2)	ESTIMATED GROUP COST
CHILDREN (3-20)	9,662	0.60	5,800	\$175.00	\$1,015,000
ADULTS (Basil)	9,164	0.60	5,500	269.00	1,479,000
ADULTS (Dentures(3))	9,164	0.10	916	618.00	566,000
TOTAL					\$3,060,000
ADMINISTRATIVE COST (estimated)					306,000

(1) The estimated number of persons that would receive dental care in one year.

(2) \$175.00 is based on title 19 cost for FY 79 plus 20% inflation, \$269.00 (Delta).

(3) Removable dentures - full and partial.

DIAGNOSTIC

Oral examination is a benefit, but not more than once in a 12 - month period.

Bite Wing radiographs - 2 only, except where prevented by missing teeth.

Periapical radiographs - only a benefit for teeth to be extracted, suspected anterior lesions and where bitewings are not feasible.

PREVENTIVE

Prophylaxis, not more than once in any 12 - month period. Prophylaxis for children must include fluoride application.

EXODONTICS

Pre-operative periapicals required for payment of fee.

RESTORATIVE

Amalgams and composite resin restorations for the treatment of caries. Payment is based on one restoration per surface regardless of the # or combination of restorations placed. Composite resin restorations are a benefit only in permanent anterior teeth and on buccal surfaces of maxillary premolars. The fee for a restorative procedure includes bases and local anesthesia.

PROSTHETICS

Partial and full dentures are a benefit, not more than once in a 5 - year period. Repairs, relines and tissue conditioning are a benefit once in a 12 - month period.

RECOMMENDATION #1

A dental preventive program should be designed to serve every community that does not have a resident dentist. The title for this proposed position could be --- dental preventive aide. Her duties would involve weekly visits to individual classes to encourage daily brushing, monthly fluoride rinses and two prophylaxis (polishing and flossing) and fluoride treatments per school year.

Such a program would involve about 160 communities. The initial salary for this part time position would be between \$200 - \$300 per month with an annual budget of \$350,000 for a school session of nine months. The start up cost would be about \$75,000. Each aide would need a small portable dental engine for polishing the children's teeth before the application of fluoride paste, a couple of polishing handpieces, supplies such as fluoride paste and rinses, dental floss, toothbrushes and home care instruction materials.

An integral part of an effective preventive program would necessitate employing at least two licensed dental hygienists. They would be in charge of the training and supervision of the preventive aides.

Budget For The Preventive Program

1. Salaries for the preventive dental aides-----	\$350,000
2. Travel and per diem for first year of the program*-----	\$100,000
3. Salary and benefits for two hygienists-----	\$ 75,000
4. Equipment and supplies-----	\$ 75,000
TOTAL-----	<u>\$600,000</u>

*An example of why the first year travel and per diem budget is estimated at \$100,000 -- A hygienist would travel from Anchorage to Kotzebue, while the dental aides from communities served by the Northwest School District would be brought to Kotzebue for initial training. This effort would be repeated in Nome, Galena, Barrow, and so forth.

RECOMMENDATION #2

Appropriation of \$100,000 to Budget and Audit Committee to evaluate the effectiveness of the statewide dental demonstration project combining the resources of federal and state programs. A well controlled delivery system that is complimented with

pre-authorization and quality will prove less expensive than a poorly run Medicaid program.

Post-operative review of between 3-5 percent of all patients served by the program would minimize abuses and insure quality. The dental evaluation team, which would consist of a dentist and his assistant will be able to provide emergency care (extractions when indicated to relieve pain, treat sensitive teeth, adjust high or rough fillings, adjust and repair dentures, and etc, etc --). This service will be at no cost to the program in as much as the dentist and his assistant will be on monthly salaries.

Evaluation Team Budget

1. Dentist salary for 12 months-----	\$39,000*
2. Transportation and per diem-----	25,000
3. Portable equipment and supplies-----	20,000
4. Dental assistant salary for 12 months-----	12,000*
5. Contingency-----	4,000
TOTAL-----	<u>\$100,000</u>

* Salaries for dentist and his assistant is based on working in the program between 65 - 70 hours per month.

RECOMMENDATION #3

You should incorporate the General Relief Medical dental program into the demonstration project to avoid fragmentation. ~~_____~~

~~_____~~. I would further suggest that you use the identical criteria now used by HESS to determine eligibility

Summary Of HESS Design

1. Enclosure B of the position paper-----	\$2,759,981
2. Existing HESS program plus administration-----	<u>1,060,000</u>
TOTAL-----	\$3,819,981

Summary of Your Program

1. Adults basic care-----	\$1,479,000
2. Childrens basic care-----	655,000
3. Dentures (adults)-----	566,000
4. General Relief Medical dental budget-----	<u>185,000</u>
TOTAL-----	\$2,885,000
5. Administration by Delta (10%)-----	<u>288,500</u>
TOTAL FOR BASIC PROGRAM-----	\$3,173,500
6. Preventive program-----	600,000
7. Evaluation team (Budget and Audti)-----	<u>100,000</u> ✓
GROUND TOTAL-----	<u><u>\$3,873,500</u></u>

Please note that I have reduced the \$1,015,000 estimation for children on the Cost of Dental Care computation by \$360,000, the estimated saving in billings to the program through the efforts of the dental preventive aides. \$1,015,000 minus \$360,000 = \$655,000 budgeted for childrens basic care.

*The above bill
Employees now have*

Proposed revision of SB 214 "An Act establishing a state program providing dental assistance for needy persons; and providing for an effective date."

Beginning with line 10

Section 1 AS 47.07 is amended by adding a new section to read:

Sec. 47.07.035 DENTAL SERVICES TO BE PROVIDED.

- a. Persons who are 60 years of age or older and eligible under Medicaid or General Relief Medical requirements are eligible for the services listed.
- b. Payments for emergency dental services do not require prior authorization by the department.
Emergency services for treatment of trauma or to eliminate pain or infection include:
 1. Placement of medicated fillings, *explan services*
 2. Single film x-rays of areas to be treated,
 3. Root canal treatment if pain and infection *with 1500.* exists,
 4. Control of bleeding,
 5. Treatment of traumatic injuries,
 6. Extraction of non-restorable teeth,
 7. Incision and drainage for control of infection.
- c. Treatment which require submission of a treatment plan for authorization of the department include:
 1. Complete examination including necessary radiographs, *not*
 2. Preventive and interceptive periodontal treatment as necessary, i.e. periodontal scaling and oral hygiene instructions as well as routine prophylaxis,
 3. Routine restorative dentistry, *view*
 4. Root canal treatment (endodontic therapy) *view*
 - a. Subsequent restoration of root canal tooth including post and amalgam buildups prior to crowning the tooth if necessary, and subsequent crown,
 5. Fixed prosthetics are eligible benefits once *AK 216* every five years if needed. Fixed prosthetics include
 - a. Crowns on teeth that cannot be restored in an *NOT*

optimum manner with routine restorative materials, ^{No}
b. Bridges for restoration of occlusion and function.
c. Crowns are not to be placed for esthetic reasons only but for restoration of function.

6. Removable prosthetics are eligible benefits once every five years if needed. Such prosthetics include
- a. Partial dentures including crowns necessary to facilitate path of insertion and retention of partial dentures, ^{No}
 - b. Full dentures ¹⁰⁵ to include immediate dentures, replacement dentures, and initial set of dentures, ^{No}
 - c. New dentures only if a relinement or duplication will not satisfactorily resolve problems with existing dentures,
 - d. Replacement dentures only if the dentures to be issued are not issued as replacement for lost or stolen dentures previously paid for under this section,
 - e. Relinement or rebasing of existing dentures not more often than once every three years,

7. Surgery

- a. Routine extractions as needed, *only pain in jaw*
- b. Preprosthetic surgery,
- c. Periodontal surgery *} extra with jaw*
 - 1. Any splinting of teeth with fixed prosthetic as indicated following periodontal surgery,
 - 2. Occlusal equilibration.

Section 2 AS 47.07__ is amended by adding new paragraphs as follows:

() Dental Services are to be administered in such a manner that would require

- 1. a treatment plan authorization except as excluded under AS 47.07.035 (b), *the under mentioned*
- 2. fees paid consistent with Medicaid and General Relief Medical authorized limits,
- 3. peer review to insure quality control and prevent fraud.

South Central District Dental Society

P.O. BOX 3-487
ANCHORAGE, ALASKA 99501

February 18, 1980

Rose Palmquist
2621 Northrup
Anchorage, Alaska 99504

Dear Rose:

Enclosed are the following documents relating to the recently completed Low Cost Denture Demonstration Project.

Fiscal Reports #2 & #3 which were sent to the Office on Aging, State of Alaska. (Report 1 contained tentative figures.) These reports do contain final figures for ALL months the program was operational - August, 1979 - February, 1980.

Quarterly Progress Report - sent to the Office on Aging, State of Alaska, to augment the above two reports.

Statistical/Narrative Analysis - prepared by the South Central District Dental Society office with statistics provided by Donna Lindsay, Project Coordinator.

Patient Record of Treatment - Who was seen, by whom, when and the date of claim adjudication.

Please accept our sincere thanks for unselfishly participating in this program. It was my personal pleasure to get to know and work with you in this effort. Please feel free to contact me if I can answer any questions.

Best Regards,

Martha Dearborn

Martha Dearborn
Exec. Secretary, SCDDS
Member, Bd. of Directors
Low Cost Denture Demonstration Project

OFFICE ON AGING
SOUTH CENTRAL DISTRICT DENTAL SOCIETY
QUARTERLY PROGRESS REPORT

Report for quarter ending February, 1980.

Briefly summarize progress this month:

Enclosed are the descriptive, statistical and financial reports for the South Central District Dental Society Low Cost Denture Demonstration Project.

Following is a further explanation of what was included with each Budget Category.

"DENTAL SERVICES".....Dental treatment provided for those Senior Citizens qualifying for the program. Treatment was provided by dentists volunteering for this program - in private dental offices.

"TRAVEL".....Automobile expenses (gas) incurred by Project Coordinator Ms. Donna Lindsay.

"SUPPLIES O.P.A.G".....Copying and postage used by Project Coordinator Donna Lindsay and paid for by OPAG. OPAG (Older Persons Action Group), was the Senior Citizen's organization most directly involved with this project. They donated space, desk and telephone for Donna to conduct business.

"ADMINISTRATION".....All screening work done by Project Coordinator Donna Lindsay. including: interviews, contact with dentists, arranging appointments, statistical gathering and analysis.

"CLAIMS PROCESSING".....All dental claims were adjudicated by Delta Dental Plan of Alaska through contract arrangements with the South Central District Dental Society.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
CUMULATIVE FISCAL REPORT

Grantee	Project Name	Report Date	Period Ending	Report No.	Grant No.
South Central District Dental Society/Low Cost Denture Demonstration Project/	12-31/	2	#060525		

BUDGETS - EXPENDITURES

Budget Categories	Expenditures This Period					Approved Budget	Cumulative Expenditures to Date								
	State Funds	Federal Funds	Other Funds		TOTAL		State Funds	Federal Funds	Other Funds		TOTAL				
			Cash & P.I.	In-Kind					Cash & P.I.	In-Kind					
DENTAL Services	SEE ATTACHED SHEET	XXXXX	XXXXX	XXXXX	XXXXX		\$18,224.00								
Travel						\$30.72									
Facility Expense															
Supplies															
Equipment															
Other Operating ADMIN										\$2,619.00					
CLAIMS PROCESSING Indirect Cost										\$1,500.00					
* TOTAL COST										*	\$22,373.72				
Subtract Program Income						XXXX	XXXXXX		XXXX		XXXX	XXXXX		XXXX	
NET COST											\$22,373.72				

* Total Cost is further broken down into program components on page 2 of this report.

RECEIPTS

Source of Fund	Receipts This Period	Budgeted Receipts	Cumulative Receipts To Date
Federal Funds None			
State Funds	9-7-79 \$6,250./10-19-79 \$18,750.00		\$25,000.00
In-Kind Match None			
Local Cash Match None			
Program Income None			
TOTAL			

Meeting 6: October 15, 1979 12:00 pm to 12:45 pm

Present: Older Persons Action Group
Lois Pillifant

South Central District Dental Society
Martha Dearborn

Senior Citizens/Municipality
Norma Lundy

Dentist Representative
Dr. Phillip L. Locker

Project Coordinator/Referral Worker
Donna Lindsay

Public Relations Coordinator/Alaska Dental Society
Betzi Woodman

Not Present: Senior Citizens Advisory Co
Rose Palmquist

Municipal Health Dept.
Arne Beltz

State Dept. of H. & S.S.
Alice Guest

Purpose of the meeting:

1. To consider extending this program to those eligible individuals residing in nursing homes.
2. To establish the exact time an individual can be considered eligible for the program.
3. To provide an updated report of the project's progress to the members of the Board of Directors.

Decisions:

1. Pioneer Home and Nakoyia have inquired as to the possibility of obtaining care for eligible residents.
For Nakoyia, following a preliminary visit by Donna Lindsay, Dr. Lee McKinley will be contacted to see if he would be interested in going to the home and evaluating the actual care that will be needed - and then, possibly, providing that treatment.
2. RESOLUTION: Motion by Norma Lundy, seconded and carried, to establish that an applicant be considered eligible for this program from the date of service - not the date of application.
3. To date, 36 applicants have been served, 7 are waiting and statistics have been gathered on approximately 75 inquiries. \$10,634.00 has been committed for treatment and administrative expenses.

Next Meeting: No date was set. Donna Lindsay will call a meeting when she feels one is needed.

DENTURE PROJECT UPDATE

Statistics on 117 persons, including eligible applicants.

- 1) Most frequent age group 65-69 range from 52 to 80. 38% in 65-69 range.
- 2) Most are females - 64%.
- 3) Most frequent marital status widow or widower 35%.
- 4) 62% live alone.
- 5) 76% support only themselves.
- 6) Last full mouth x-rays range from 1 week to 50 yrs. 16% do not remember--7% have never had x-rays.
- 7) The most common dental need was initial or replacement of full mouth dentures. 33%
- 8) There are 27 different sources of referrals. Most common sources as follows.
 - a) Old Age Assistance checks 31%
 - b) Senior Voice 22%
 - c) Chugach View 12%
 - d) Salvation Army 5%
 - e) State Disability Check 5%
- 9) 91% of all persons talked to are not eligible for ANS.
- 10) 90% of all persons talked to have no earned income.
- 11) 49% of all persons talked to receive Old Age Assistance.
- 12) 38% of all persons talked to were eligible for this program.

Above statistics do not include 18 persons residing at Nakoyia who are in need of relines or full dentures.

41 persons have had or will have dentures services provided
1 person waiting due to poor health - funds available.
2 eligible persons in addition to the 18 Nakoyia residents are waiting to see if funds are available.

Funds definitely committed are 12,374 out of 20,000. Expenditures for 7 persons are unknown - could be up to 1,000 each.

Average expenditure per person is \$343.

MONTHLY PROGRAM COMPONENT COSTS

List each budgeted Program Activity EXAMPLES ARE: Transportation, Outreach, Information & Referral, etc.

January, 1980			February, 1980												Total Cost for All Compo- nents
State Funds	Federal Funds	Non- Federal	State Funds	Federal Funds	Non- Federal	State Funds	Federal Funds	Non- Federal	State Funds	Federal Funds	Non- Federal	State Funds	Federal Funds	Non- Federal	
100.00			\$1,824.57												
Total This Component			Total This Component			Total This Component			Total This Component			Total This Component			
\$100 DENTAL SERVICES			\$700 DENTAL SERVICES			\$			\$			\$			
			\$1000. CLAIMS PROCESSING												
			\$124.57 SUPPLIES												
State Funds	Federal Funds	Non- Federal	State Funds	Federal Funds	Non- Federal	State Funds	Federal Funds	Non- Federal	State Funds	Federal Funds	Non- Federal	State Funds	Federal Funds	Non- Federal	
Total This Component			Total This Component			Total This Component			Total This Component			Total This Component			\$
\$ NO ADMIN/TRAVEL			\$ NO ADMIN/TRAVEL			\$			\$			\$			

\$1,924.57

CERTIFICATION: I certify that the above information is true and correct, and that expenditures have been made for the purpose of, and in accordance with, applicable grant terms and conditions.

NAME Martha A. Dearborn TITLE Executive Secretary SIGNATURE Martha A. Dearborn
Member/Bd. of Directors
 DATE February 15, 1980 COMPLETED BY: Martha A. Dearborn

Department of Health & Social Services
 Office on Aging
 Pouch H-01C
 Juneau, Alaska 99811

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
CUMULATIVE FISCAL REPORT

Grantee	Project Name	Report Date	Period Ending	Report No.	Grant No.
South Central District Dental Society/Low Cost Denture Demonstration Project/	Jan.-Feb., 1980	3	#060525		

BUDGETS - EXPENDITURES

Budget Categories	Expenditures This Period					Approved Budget	Cumulative Expenditures to Date				
	State Funds	Federal Funds	Other Funds		TOTAL		State Funds	Federal Funds	Other Funds		TOTAL
			Cash & P.I.	In-Kind					Cash & P.I.	In-Kind	
PERSONAL DENTAL Services	\$800.00						\$19,024.00				
Travel							\$30.72				
Facility Expense											
Supplies O.P.A.G.	\$124.57						\$124.57				
Equipment											
General Operating Expenses ADMIN							\$2,619.00				
INDIRECT COST CLAIMS PROCESSING	\$1,000.00						\$2,500.00				
* TOTAL COST	\$1,924.57				*		\$24,298.29				
Subtract Program Income	XXXX	XXXXXX		XXXX			XXXX	XXXXXX		XXXX	
NET COST							\$24,298.29				

* Total Cost is further broken down into program components on page 2 of this report.

\$25,000.00 Initial Grant
24,298.29 Expenses

\$ 701.71 Remaining Funds

RECEIPTS

Source of Fund	Receipts This Period	Budgeted Receipts	Cumulative Receipts To Date
Federal Funds None			
State Funds	None	As Above	Program completed
In-Kind Match None			
Local Cash Match None			
Program Income None			
TOTAL			

RECORD OF TREATMENT - CLAIMS PROCESSED

Dentist	Date Seen	Amount	Claims Bil
Dr. Bevins	8-29-79	\$500.00	10-29-79
Dr. Bevins	9-17-79	\$136.00	11-12-79
Dr. Warren	9-11-79	\$500.00	11-12-79
Dr. Bline	9-24-79	\$200.00	10-29-79
Dr. Miller	9-18-79	\$250.00	11-12-79
Dr. Chang	9-6-79	\$250.00	11-28-79
Dr. Fredenberg	9-5-79	\$500.00	10-29-79
Dr. Stranik	9-13-79	\$100.00	10-29-79
Dr. Darling	9-11-79	\$500.00	11-12-79
Dr. Clark	9-25-79	\$250.00	10-29-79
Dr. Feriani	9-19-79	\$500.00	11-12-79
Dr. Stranik	9-18-79	\$500.00	11-12-79
Dr. Reder	9-13-79	\$560.00	11-12-79
Dr. Kennedy	9-11-79	\$250.00	10-29-79
Dr. Burk	9-4-79	\$200.00	10-29-79
Dr. Burk	9-6-79	\$500.00	10-29-79
Dr. Bline	9-27-79	\$200.00	11-12-79
Dr. Layman	9-5-79	\$250.00	11-12-79
Dr. Locker	9-5-79	\$100.00	11-12-79
Dr. Priebe	9-13-79	\$500.00	11-12-79
Dr. Warren	9-19-79	\$200.00	11-12-79
Dr. Burk	9-27-79	\$100.00	11-12-79
Dr. Sharp	9-13-79	\$100.00	10-29-79
Dr. Fredenberg	9-19-79	\$ 63.00	11-12-79
Dr. Darling	9-5-79	\$500.00	11-29-79
Dr. Priebe	9-19-79	\$500.00	11-12-79
Dr. Feriani	9-21-79	\$500.00	11-28-79
Dr. Clark	9-26-79	\$250.00	11-12-79
Dr. Stranik	11-18-79	\$500.00	1-23-80
Dr. Clark	11-30-79	\$ 50.00	1-15-80
Dr. Locker	9-13-79	\$200.00	11-12-79
Dr. Bevins	10-29-79	\$100.00	11-28-79
Dr. Burk	10-23-79	\$250.00	11-28-79
Dr. Stone	10-29-79	\$500.00	1-15-80
Dr. Smithson	12-11-79	\$100.00	1-23-80
Dr. Reder	10-26-79	\$500.00	11-28-79
Dr. Stone	10-30-79	\$500.00	11-28-79
Dr. Miller	10-3-79	\$250.00	11-28-79

Dentist	Date Seen	Amount	Claims Billed
Dr. Lathrop	10-25-79	\$500.00	11-12-79
Dr. Locker	10-25-79	\$100.00	1-15-80
Dr. Lathrop	10-16-79	\$250.00	11-28-79
Dr. Reder	10-15-79	\$390.00	11-28-79
Dr. Stone	10-19-79	\$500.00	11-28-79
Dr. Wright	10-11-79	\$500.00	11-12-79
Dr. Davis	11-27-79	\$500.00	1-15-80
Dr. Davis	11-19-79	\$500.00	1-15-80
Dr. Darling	12-19-79	\$500.00	1-23-80
Dr. Sture	11-16-79	\$125.00	1-15-80
Dr. Derksen	11-8-79	\$500.00	1-15-80
Dr. Stone	11-20-79	\$500.00	1-15-80
Dr. Priebe	11-14-79	\$600.00	1-23-80
Dr. Locker	12-17-79	\$200.00	1-23-80
Dr. Locker	12-17-79	\$200.00	1-23-80
Dr. Locker	12-17-79	\$100.00	1-23-80
Dr. Derksen	12-6-79	\$250.00	1-23-80
Dr. Locker	12-17-79	\$100.00	1-23-80
Dr. Locker	2-4-80	\$500.00	2- -80
Dr. Kennedy	1-28-80	\$100.00	2-12-80
Dr. Locker	2-4-80	\$200.00	2- -80

Dave Davidson is here from
DEPT H/SS to address SB 214
if we want some^{one} from
the DEPT to speak to
this bill

Rammy Townsend SB214

Jana Varatti -

Sen. Stinson
(Lisa DiCaro)

Mr. Morgan

Dave Davison - HSS
AS4707000

TELECOPY: TO SENATOR
GLENN HACKNEY

STATEMENT OF

DELTA DENTAL PLAN OF ALASKA

ON SENATE BILL 214

PRESENTED AT TELECONFERENCE HEARINGS

February 28, 1979 1:30 p.m.

Legislative Information Office

Anchorage

My name is Denise Knapp. I am here today as the Executive Director of Delta Dental Plan of Alaska, the organization acting as fiscal intermediary for the State of Alaska to administer the dental portion of the State Early Periodic Screening, Diagnosis and Treatment program (more commonly known as EPSDT), the General Relief Medical (GRM) programs.

It is my understanding from reading Senate Bill 214 that Medicaid eligible recipients over 21 years of age who are presently eligible for emergency treatment only under the GRM program, will be entitled to receive limited services under the EPSDT program.

1. Services curtailed under the proposed bill

Services under the proposed bill will be greatly curtailed. Specifically excluded are the following emergency services involving pain, infection and bleeding:

- a. Sedative filling and palliative treatment. This category include services as follows:
 - i. Apicoectomy. This is an excision and drainage of the tooth root or tip to treat an abscessed tooth. This service is presently a benefit under GRM and would be excluded under the proposed bill.
 - ii. Root canal treatment. This involves treatment for an abscessed tooth, or exposed nerve. Treatment includes completely removing the pulp (dying tissue) of the tooth, sterilization of the pulp chamber and root canals of the tooth, and then filling the spaces with an inert sealing material. The opening is then sealed with a temporary filling material, typically IRM. The term "temporary" is a misnomer, since the temporary filling material not only lasts for months or years, but can often end up being a permanent restoration because the patient may never return for treatment if he/she is no longer in pain. The dentist may use a silver alloy filling material also; however, under the GRM program payment is restricted to not more than the maximum allowance for a two-surface filling. Root canal treatment is presently a benefit under GRM and would be excluded under the proposed bill.

3 pages
2/28/79

- iii. Sedative filling. This service is required as a medication for an inflamed or exposed pulp area of the tooth, enabling the tooth to be saved rather than extracted or filled by root canal treatment. Under the proposed bill this service would be eliminated, thus leaving the dentist no choice but to remove the tooth. Good dentistry always encourages saving the teeth, not automatic extraction if the patient has pain, infection or bleeding in the tooth. Sedative filling is presently a benefit under GRM and would be excluded under the proposed bill.
 - iv. Restoring a severely fractured tooth where protection of the treated pulp is necessary. If a temporary filling or permanent alloy filling will not be adequate to protect the tooth pulp, as a temporary measure a stainless steel crown or preformed acrylic-type crown would be considered the best treatment. This device is presently a benefit under the GRM program and would be excluded under the proposed bill. The more permanent-type gold or porcelain crown should not be covered as a benefit under any emergency-type program.
- b. Examination. Typically, patients seeing a dentist on an emergency basis under the GRM program have neglected their teeth and mouths for years and are only visiting the dentist because the pain is too much to bear. Under the present GRM program and the proposed of the area in which the patient complains of pain. However, good dentistry would dictate the dentist check the patient's entire mouth at least visually to determine any other problems which might exist - these could be tissue lesions or cancer of the mouth, which could be deadly to the patient if not caught in time.

A complete examination includes medical/dental history information from the patient, oral structure evaluation (the contour of the bite) visual examination of the teeth (with an explorer) and checking the gingival (gum) tissues. Consideration should be given to allowing the dentist reimbursement for the time required to conduct this complete history and examination, which acts as a preventive measure and protection to the patient.

2. Additional services of the proposed bill.

- a. Dentures - Dentures are not presently covered under the GRM program except in unusual circumstances where it is necessary to eliminate pain or spreading of infection. In these cases the GRM program would then cover dentures to replace the teeth removed under the program. The proposed bill would greatly increase costs under the program. We would also like to correct a minor point of dental terminology in the bill which appears to be a clerical error. The terms "acrylic bodies" and "case clasps" are foreign to dentistry. The intention would appear to be Acrylic saddles for acrylic bodies and cast metal clasps for case clasps. However, if the proposed bill is excluding payment of dentures composed of acrylic bases, it would appear the intent is to have all dentures be made of cast metal, which would be more costly.

- b. Fractures - Another service under the proposed bill will cover emergency treatment for fractures or dislocation of the upper or lower jaw and related services requiring a qualified oral surgeon. These services are not presently covered under the dental portion of the GRM program. If these services are intended to be added under the dental rather than considered medical-related services, this will increase the cost of the dental program under Medicaid. Although the bill makes reference to use of a "qualified oral surgeon" to treat fractures, many physicians also treat fractures. Would Delta begin paying physicians, also, or will fractures of any kind be paid under the medical portion of the Medicaid program?

3. GRM patients not Medicaid eligible will lose coverage

Some 47% of the patients treated under the GRM program are not Medicaid eligible. They represent approximately 40% of the dollars paid out in 1978 by Delta under the GRM program. If the proposed bill is intended to move adults age 21 and over presently covered under GRM to the EPSDT/Medicaid program what will happen to the 47% not Medicaid eligible who have received emergency treatment under the GRM program? Will the State continue the GRM program for these individuals who do not qualify for Medicaid but are in need of a dentist to control bleeding, or eliminate pain or acute infection and cannot afford to pay for the treatment?

The opportunity to present comments on this bill is much appreciated. I hope the committee will feel free to direct any questions to me concerning this statement or other related matters. Thank you on behalf of Delta Dental Plan of Alaska.

Delta Dental Plan of Alaska is a not-for-profit dental service corporation licensed in the State of Alaska under AS 10.20 and AS 21.87, supervised through the Department of Commerce and Economic Development, Division of Insurance. Delta was formed in 1973 by the dental profession through the Alaska Dental Society to assure quality dental care at a reasonable price to the public at large.

PLEASE PRINT

(T)

Name Karin Lundgren
Representing muso 16
Address 917 W. 95th #2
Phone 2159-4016

Here to TESTIFY
Here to OBSERVE

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

PLEASE PRINT

(T)

Name Anna Yonatic
Representing U Ark South Coalition
Address 7030 South Hill
Phone 333-0719

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BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Anna Yonatic
(signature)

PLEASE PRINT

(T)

Name M. David D. Townsend
Representing Human Support Services
Address 225 Cordova
Phone 276-3700

Here to TESTIFY
Here to OBSERVE

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

M. David D. Townsend
(signature)

Have you participated in other legislative teleconferences? _____ How many? _____

Would you have participated in this hearing if the network were not available? _____

How did you learn about this hearing?

If yes, did you use the network:
_____ instead of travel
_____ instead of phone conversations
_____ instead of mailed testimony

FRED D. BAST, D.D.S.
A PROFESSIONAL CORPORATION
570 UNIVERSITY AVENUE
FAIRBANKS, ALASKA 99701
—
TELEPHONE 479-2206

April 5, 1979

Senator Glen Hackney
Pouch V
Juneau, Alaska 98111

Dear Senator Hackney;

Please excuse my lateness in getting this information to you about your Senate Bill No. 214.

Our North Central District Dental Society met and discussed the bill at length and came to some concerns about it.

First, we do not see the need for the bill, and if the bill were to become a law, probably the state would see much abuse of it.

To explain the first and most important part of my conclusion: Dr. Hansen here in Fairbanks, and several other dentists have been trying an access program for the aged in this area.

Since the first of this year, we have seen only 21 individuals who have presented for examination and treatment and this has all been at no charge to the individuals. We were very surprised at the low number of people who presented for examination or treatment.

There is no question in my mind that there are others in need of care, but this initial access program has shown that the need may not be as great as one would be led to believe.

FRED D. BAST, D.D.S.
A PROFESSIONAL CORPORATION
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FAIRBANKS, ALASKA 99701
—
TELEPHONE 479-2206

The initial definition most dentists had trouble with, specifically, "needy person", is open for abuse by all concerned. Part B under sec. 47.07.035 under what is allowed should be eliminated completely, because the individual who wrote this for you is trying to define how a dentist should practice, which is impossible; for by the definition of an emergency one cannot limit the number of teeth extracted at one time, or the necessity of radiographic knowledge necessary for a correct diagnosis.

I could go on with other parts of the bill but won't at this time. If you are totally convinced you wish to proceed with this, please drop me a note about same and I will be glad to discuss this with you.

Sincerely,



Fred D. Bast, D.D.S.

FDB/pc

This person will give special
note (Cost)

STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY

POUCHY - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

February 14, 1979

Denese Knapp
Delta Dental Program
Post Office Box 3-726
Anchorage, Alaska 99501

Dear Ms. Knapp:

As we discussed, I am enclosing a copy of SB 214, adding dental services and complete dentures, to the state's Medicaid program. I am in need of obtaining cost estimates for relating to the bill. Please don't forget to itemize the cost of these services currently being provided to Medicaid clients under General Relief-Medical program. These costs can be used to reduce the total cost of the bill. I have enclosed standard fiscal note forms for your use. If you are unfamiliar with the fiscal note form, please call me at 465-4917 and I will be glad to advise you on procedures for completing them. As we discussed, I would appreciate any comment your organization might care to make regarding the provisions in the bill. As I mentioned to you, I am contacting HEW directly to obtain a statement as to whether or not the bill meets the requirements for Medicaid reimbursements.

Thank you for your cooperation. We are on a tight time frame, so that a response by Wednesday, February 21 would be appreciated. Please do not hesitate to contact me regarding any questions you may have in connection with this request.

Sincerely,

Deborah Behr
Policy Analyst

DB:lmk
Enclosures

This is person from HEW
who will ^{give} us his opinion
Lettie Beck will get his reply
& get back with us

STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

February 14, 1979

Dr. Selvin Sonken, Dental Advisor
Office of the Director, Medicaid Bureau
Health Care Financing Administration
Department of Health, Education & Welfare
330 C Street, S.W.
Washington, D. C. 20201

Dear Dr. Sonken:

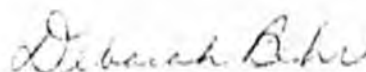
Attached please find the draft proposal for coverage of limited dental program under Medicaid. I have also enclosed a copy of the bill that was just introduced in the legislature. I am in need of receiving your comments in writing regarding:

- (1) Does the limited Medicaid dental assistance program outlined in SB 214 meet the necessary requirements for federal reimbursement under the Medicaid program?
- (2) Do you have any suggestions to improve SB 214 or comments that you would care to offer concerning the bill?
- (3) Would the dental program outlined on the attached memo meet basic requirements for federal reimbursement under Medicaid?

We also discussed the possibility of incorporating the American Dental Association's definition for emergency dental services in SB 214. Were you able to locate a copy of that definition and do you recommend incorporation of it in the bill?

Thank you for your cooperation. We are working on a tight time frame, so that I would appreciate receiving your comments in writing as soon as possible. Please call me at (907) 465-4917 regarding any questions you may have.

Sincerely,



Deborah Behr
Policy Analyst

DB:lrk
Enclosure
cc: Bob Tanna, HEW, Region X

STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

February 14, 1979

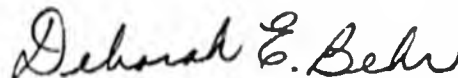
Albert J. Benz, Regional Medicaid Director
Region X, SMSA
MS 709 - Room 7000
Department of Health, Education, and Welfare
1321 Second Avenue
Arcade Plaza Building
Seattle, Washington 98101

Dear Mr. Benz:

Enclosed please find a copy of SB 214 regarding the addition of limited dental program to the state's Medicaid program. Would you please respond in writing as to whether or not the bill as drafted would meet the necessary requirements for federal reimbursement? We are working on a tight time frame and would appreciate a response by Friday, February 23.

Thank you for your cooperation. If you have any questions, please contact me at (907) 465-4917.

Sincerely,



Deborah E. Behr
Policy Analyst

DEB:jm
Enclosure

DRAFT PROPOSAL FOR COVERAGE OF LIMITED DENTAL PROGRAM
UNDER MEDICAID FOR ADULTS AND CHILDREN NOT COVERED UNDER EPSDT
(Children receiving care through the EPSDT will continue
to have the same comprehensive program that is currently in force.)

- I. Dental services paid without prior authorization
 - A. No preauthorization is necessary if total cost of eligible dental services is \$50 per episode or less. In all cases, restorative care is limited to the use of amalgam, silicate, or plastic fillings.
 - B. Emergency services need no preauthorization
 1. Basic definition of emergency treatment
 - a. Palliative treatment for the relief of pain or acute infection
 - b. Control of bleeding
 - c. Treatment of injuries of oral cavity or related structures, including reduction of fractures of the maxilla or mandible and dislocation of the mandible
 - d. Emergency surgery to the jaw or related structures requiring services of a qualified oral surgeon
 2. Limitations on emergency coverage, exceptions granted only on extreme basis
 - a. Covers only up to three extractions at one sitting
 - b. Covers only one visit payable per emergency, including necessary follow-up as direct result of the emergency
 - c. X-rays that are single films of involved areas
 - d. Covers only two emergencies per year
 - C. Diagnostic and preventative care, if cost is \$50 per episode or less
 1. Limitations
 - a. Only one initial diagnostic visit in 12 months is eligible for coverage
 - b. Dental prophylaxis is limited to once every 12 months
 - c. Dental X-rays are limited to one set of bitewing X-rays during a 12 month period and one full mouth X-ray during a three year period, during which period bitewing X-rays may be taken, according to the above conditions

II. Dental services requiring prior authorization

- A. Required when the total cost of dental services exceeds \$50 per episode
- B. Required for any dental consultation, other than dealing with an emergency condition
- C. Required for restorative dentistry
 - 1. Limited to the use of amalgam, silicate, or plastic fillings
- D. Required for removal of impacted teeth
- E. Required for extraction of more than three teeth

III. Dentures - always requiring preauthorization

- A. The program pays for only complete upper or lower dentures.
- B. No dentures, except under unusual physiological circumstances, will be replaced more often than every five years.
- C. New dentures will not be authorized under circumstances when a reline or duplication will satisfactorily resolve the existing problem.
- D. Any denture provided by the program that is lost or stolen generally will not be replaced.
- E. Relines and rebases are limited to once in three years unless authorization allows an exception. The first reline of dentures obtained under Medicaid is covered no sooner than 12 months after the receipt of dentures paid for by Medicaid, unless exception is granted.
- F. Only standard materials (such as acrylic body and case clamps) are covered. Chrome alloy devices are not covered.
- G. Immediate dentures are not covered.
- H. Partial dentures are not covered.

IV. Dental or denture services not covered under proposed Medicaid plan

A. General restrictions

1. Cosmetic procedures
2. Broken dental appointment
3. Hospital, home or nursing home visits (except on emergency basis)
4. No payment is made for sedative filling or palliative treatment in lieu of permanent repair
5. Extractions on asymptomatic teeth

B. Restrictions on restorative care

1. Gold restoration (gold foil, gold inlay)
2. Porcelain restoration

C. Restrictions on speciality services

1. Orthodontics
2. Periodontics
3. Prosthodontics and fixed and partial bridgework (excludes dentures, which are listed separately)
4. Endodontics
5. Crowns

D. Preventative Services

1. Fluoride treatment (for those over 21)

E. Dentures

1. Immediate dentures
2. Partial dentures