IDD Workgroup Summary

April, May, June, September 2025

GOALS

- **Short-Term (by Dec 1, 2025):**
  Develop a report identifying the most promising workforce strategies to expand care for people with I/DD.
- **Medium-Term (2–5 years):**
  Establish a long-term advocacy workgroup with consumer participation to champion I/DD oral health needs and workforce reforms.
- **Long-Term (5+ years):**
  Improve access to preventive and treatment dental services for the I/DD community through workforce expansion.

KEY STRATEGIES FROM THE BARRIERS TO BRIDGES REPORT

1. Authorize medical assistants to apply fluoride varnish under supervision to broaden access in primary care and community settings.
2. Allow parents or caregivers to apply fluoride varnish under provider guidance during telehealth visits—especially beneficial in rural areas.
3. Promote medical-dental integration by replicating successful models from other states (e.g., early childhood and I/DD models).
4. Establish training programs for caregivers and professionals supporting individuals with I/DD to improve prevention and early care.
5. Implement supplemental payments for dental providers serving people with special needs (similar to California's D9920 code) to support adequate provider reimbursement.

SUMMARYOF MEETINGS (APRIL, MAY, JUNE, SEPTEMBER)

1. **Consensus Highlights**
   - **Prevention access:** pursue telehealth-supervised caregiver-applied varnish; research/design pathway for MA-applied varnish with defined training, supervision, and billing.
   - **Collaborative Practice Dental Hygiene implementation:** prepare an implementation toolkit and facility models that extend hygienist services into I/DD facilities and other community sites.

- **Medical Dental integration pilots:** adapt proven models to I/DD populations; involve CHWs and interprofessional partners; document referral/data flows.
- **Training & resources:** expand caregiver/professional training; leverage existing toolkits and build an easily navigable resource hub.
- **Payment clarity:** develop Medicaid billing guidance; explore **supplemental payment** options to support providers serving people with special health-care needs.
- **Time-boxed roadmap:** use summer/fall actions to feed a **Dec 1, 2025** recommendations package (legislative, regulatory, fiscal).

2. **Risks & mitigations**
   - **Regulatory ambiguity (delegation/CPDH):** pair policy briefs with practical toolkits and legal FAQs; engage regulators early.
   - **Provider availability/capacity:** use supplemental payment options; phased pilots; leverage hygienists and CHWs.
   - **Data gaps & navigation challenges:** stand up a simple, accurate directory; solicit clinic updates; link to OPWDD resources.
   - **Caregiver confidence in prevention:** offer training with clear, culturally competent materials; include telehealth coaching.

RECOMMENDATIONS FOR 2026

1. Scale RE95 adoption statewide: develop a workgroup to provide materials and training for providers and families on how to utilize this payment opportunity.
2. Develop a task force/learning collaborative for I/DD population to:
   - Develop/Support training providers and families, spreading knowledge
   - Coordinate with teledental task force on best practices for I/DD populations
   - Provide resources/support for billing questions
   - Provide the basis for programs such as an ECHO project
   - Project could start with grant support
3. Investigate the prospect of a Dental Passport for the I/DD population
4. Support allowing parents/caregivers and medical assistants to apply fluoride varnish.
5. Build resource warehouse/website for families (similar to resource developed for early childhood)

RESOURCES IDENTIFIED

- **Known Resources:**
  - HVCC's dental hygiene/nursing collaboration
  - OPWDD's past "train-the-trainer" efforts
  - University of the Pacific's *Overcoming Obstacles* training: Link
- **Desired Resources:**
  - Pilot models from other states
  - Policy support for scope expansions and integration initiatives