



# Connecting Kids to Coverage National Campaign

## Medicaid and CHIP: Dental Coverage Provides Families with Peace of Mind

WEBINAR TRANSCRIPT | FEBRUARY 14, 2024

**Helen Gaynor:** Hi everyone. Good afternoon, and welcome to the Centers for Medicare and Medicaid Services Connecting Kids to Coverage National Campaign Webinar. Medicaid and CHIP: Dental Coverage Provides Families With Peace of Mind. My name's Helen Gaynor. I'm from Porter Novelli Public Services, and I work closely with the campaign and the team at CMS as a contractor to support education and outreach to families eligible for free or low-cost health coverage through Medicaid and the Children's Health Insurance Program or CHIP. I'm really looking forward to be moderating the discussion today.

**Helen Gaynor:** February is National Children's Dental Health Month, and we are so excited you've joined us as we shine light on the importance of dental health. We have an excellent panel of speakers ready to discuss children's oral health and its connection to overall wellness. You'll hear from experts from the Centers for Medicare and Medicaid services, the Indian Health Service, and Connecting Kids to Coverage grantees.

**Helen Gaynor:** Tooth decay is the most common chronic disease among children in the country. Children with poor dental health can experience trouble eating, delays in physical and social development and can miss more days of school. Additionally, there is a connection between dental health and mental and behavioral health. These two are often linked, and we'll be exploring that more today. Additionally, families can face barriers to accessing care, and we'll be sharing best practices for helping parents and caregivers find dental care for their children. Healthy habits like visiting the dentist regularly can help prevent oral health issues, including tooth decay and keep kids healthy.

**Helen Gaynor:** Medicaid and CHIP provide coverage for dental visits, fillings, fluoride treatments, x-rays and more. And this dental coverage through Medicaid and CHIP can bring families peace of mind by providing relief from worrying about dental emergencies and giving kids confidence in their smiles. Today, our speakers will discuss important strategies, resources, and best practices for dental health outreach and enrollment in Medicaid and CHIP, discussing the importance of partnerships, providing actionable tools, and we'll also share some materials from the campaign's Dental Health Initiative to support your outreach.

**Helen Gaynor:** Before I introduce our first panelist, I do want to touch on a few housekeeping items. So if you've joined this webinar on the WebEx desktop platform, you'll see a few features that'll be helpful to you during the presentation. We will be saving time for Q&A at the end of the presentation, and we encourage you to submit any questions you have into the Q&A box. We will either respond back in the Q&A if you're looking for a link or we will respond verbally during the Q&A portion at the end. So even as you drop questions in during the presentation, just wanted to note we will be holding those for the time reserved at the end of the presentation. For any questions that we are not able to get to, we'll make sure to follow up with individuals separately over email after the webinar. This webinar is being recorded and will be posted at InsureKidsNow.gov in the coming weeks. So thank you again for being here today, and I would now like to introduce our first speaker, Dr. Natalia Chalmers, Chief Dental Officer at the Office of the Administrator at CMS. So Dr. Chalmers, over to you.

**Dr. Natalia Chalmers:** Thank you, Helen, and welcome to all of you. It's wonderful to greet you and happy Valentine's Day if you celebrate. If you eat all the candy, remember to brush your teeth.

**Dr. Natalia Chalmers:** As Helen highlighted, we're so excited to hear from our partners who are engaged with the community to provide this essential comprehensive dental coverage to the families, and particularly to those who live in underserved communities. But as you also heard her comment that the importance of oral health extends beyond just maintaining a healthy smile and is deeply intertwined with the overall well-being and mental health of children and adults.

**Dr. Natalia Chalmers:** Oral health can be the source of significant stress and anxiety for many individuals and family. And sometimes the discomfort and pain that's accompanying a dental problem not only affects one's physical health, but also one's mental health, leading to conditions such as depression and anxiety. Furthermore, the social implications of oral health issues such as self-esteem and confidence in social settings underscore the profound connection between oral health and mental wellbeing. And you'll hear a lot more today of how these interplay. But this relationship is bidirectional. And mental health condition can also lead to neglect in oral hygiene, unhealthy dietary choices, sometimes medications have terrible side effects, dry mouth, and behaviors such as grinding, teeth grinding, which can all have negative effect on oral health. And again, these mental health challenges can hinder access to dental care and exacerbate these conditions.

**Dr. Natalia Chalmers:** So I am so grateful to have all of you, our partners, who are here to learn about how you can improve and help families connect to ensure that they have access to comprehensive dental coverage. I wanted to open the conversation with the landscape of all of our programs just so you appreciate that every day CMS ensures that close to 160 million people in the US have health coverage that works. And that includes the 88.4 million in Medicaid and CHIP, 66.4 million in Medicare and about 16.4 million consumers access healthcare through the marketplace. And of course, just to highlight on the bottom, we have many beneficiaries and they could be the parents of children who are seeking dental coverage or caregivers that may be duly eligible and have experience both with the Medicare and Medicaid program. Next slide please.

**Dr. Natalia Chalmers:** Last year we launched the Oral Health Cross-Cutting Initiative, and I'll talk about it in a second, but that initiative fits very well with our vision and our strategic pillars. We are committed at CMS to serve the public as a trusted partner and steward dedicated to advancing health equity, expanding coverage, and improving health outcomes. And these are not in random order. With the strategic pillars on focusing and advancing health equity, expanding access to services, engaging with our partners, this is why we're here today with all of you, driving innovation, protecting our programs, and fostering excellence. Next slide, please.

**Dr. Natalia Chalmers:** As I highlighted, we launched the Oral Health Cross-Cutting Initiative. It is one of many cross-cutting initiatives, where the work impacts multiple beneficiaries, not just Medicaid or Medicare. And under the Oral health Cross-Cutting Initiatives, we'll consider all opportunities to expand access to oral health coverage using our existing authorities and health plan flexibilities. And again, as you saw, the impact is almost one in two Americans can be impacted by our policies. Next slide, please.

**Dr. Natalia Chalmers:** As already was highlighted, and I shared with you, Medicaid covers dental services for all children enrolled as part of a comprehensive set of benefits referring to, they're known as EPSDT or early and periodic screening and diagnostic treatment. And these dental services must, at least the minimum is to include relief of pain and infection, restoration, and maintenance of dental health. And I don't know how many of you know or appreciate that Medicaid is the single largest payer for mental health services. That's why we are focusing today on this connection, is understanding the needs of the children, but also of their parents and caregivers that need to find how to sign their children for dental coverage.

**Dr. Natalia Chalmers:** And as I mentioned, Medicaid is one of the biggest payers for these services, many of them being either with mental behavioral health disorders and significant, significant healthcare services. Close to 12 million visits in the emergency department are for mental health issues. So next slide, please.

**Dr. Natalia Chalmers:** I wanted also to share with you that many of our beneficiaries, what happens if you don't access to the dental delivery system here portrayed on the left as the dental office? With those patients that come again and again, the well-established patients, we also have some that only show up when there is an emergency. But what happens if children don't have access to the dental delivery office to receive the dental care they need? They will end up in the broader healthcare system. They will end up in the hospital either pain or infection that's life-threatening. And this could happen to them or their parents or their caregivers. And so it becomes really important to understand that having access to preventive services, first to the coverage and then to the preventive services that are a part of it is really important. These two systems don't necessarily interact very well or share information. That presents further challenges of navigating and accessing dental services in the appropriate time and space. Next slide, please.

**Dr. Natalia Chalmers:** This is a little bit hard to see, but I wanted to share with you a really important perspective of how important public health coverage, and you see that on the charts on the left, how important public health coverage is for children and adults. And this is stratified by their race and ethnicity. So if you look at the top arrow, the way you would interpret this is that for children under 19, 60%, 58.7 of American Indian and Alaskan Native children have public health coverage. Very similar for Black and African American. And then you have on the bottom Hispanic and Latino, the three arrows. So public health coverage and your efforts to connect children to coverage are really critical to close some of the racial disparities we know exist in the prevalence of oral disease and access to dental services. Next slide, please.

**Dr. Natalia Chalmers:** And one additional consideration is that not every state looks the same. All of you live in a state that may have a different proportion of the population be touched by our programs. Here you see the percentage of children and adults together that are enrolled in Medicaid and CHIP. And I want you to appreciate just the geographic variation, but also then in some states this could be as low as 13% and in other states it's as high as 42%. So that, in terms of your effort to connect the caregivers and the children to coverage, has a real big implication. But the next slide will show us what this looks like if you only look at children, because our focus here is dental health coverage for children. So let's look at that. And next slide, please. Oh, there, thank you.

**Dr. Natalia Chalmers:** So this is the percentage of children in each state that is enrolled in Medicaid. I just hope you appreciate that in some states, close to 80% of children in that state are enrolled in Medicaid. Again, only highlighting the importance of being connected to coverage first and second, connecting to care, because the coverage is the first step. Getting into the dentist to see, get access to these preventive services is the second step. And I think we have another map that shows, next slide, please, what this looks like for the adults. Why is this important? Well, if the parents are navigating the system to connect their children with coverage, but they don't know what this looks like for them, and you'll see that in a minute, I will show you the connection of the parent experience with dental services and the child experience, just to appreciate that in some states, less than six to 12% of adults are enrolled in Medicaid, and in other states could be pretty high, up to 34%. So just the context is really important and the scale of your effort ever more so important. Next slide, please.

**Dr. Natalia Chalmers:** I've already shared in the beginning how oral health and mental health are intertwined, but I wanted to share this with you because it tells you something about the challenges some of the families may experience. So this is parents reporting mental health status of children enrolled in Medicaid. And the top bar, the 30% says that 30% of children currently have either mental, emotional, developmental, or behavioral problem. Well, this has numerous implications, but one of them that's related to accessing dental services is how is the parent navigating the system when they already may experience some of the additional burden of managing a child that has mental, emotional, developmental problems, finding the coverage for those and making sure that they also have access to a dental office and specialists who understands how to manage children who experience mental and emotional and developmental problems.

**Dr. Natalia Chalmers:** I'm a pediatric dentist and I can share with you when we see patients with special healthcare needs, we have to plan our day accordingly. These are not quick appointments. You have to have a

lot of conversations with the mom, the caregiver, dad, whoever is in the office in order to provide the best experience for these children. So just wanted to highlight this. And then we will also look at the adults in a minute. But the other piece of the pie is of those who actually need care but didn't receive it, these 3%, they need it, but they didn't receive it. 13% of them said it was just very difficult, difficult to find it. And again, if you don't have the coverage, it gets even harder. So your work is critical in navigating this space. Next slide, please.

**Dr. Natalia Chalmers:** And this is the piece about adults. So what about the adults, the caregivers, the parents of the children that are trying to connect to coverage? Well, about 30% have depression and 28 anxiety, hypertension, et cetera. The reason this is important is that the parents you're trying to help navigate the system may also be dealing with their own issues and their own health conditions and need for care and may not have access to those. So it also requires a special approach, understanding what is their perception about dental health? Do they have a fear and they're not interested in maybe necessarily about dental coverage for their children based on their own experience, really understanding what are some of these problems that may be preventing them to accessing and getting that coverage. Next slide, please.

**Dr. Natalia Chalmers:** And this is a similar picture of the mental health status of adults. Very similar. So how many adults with symptoms of anxiety and depression? About 23 regularly have such feelings of worry, nervousness, anxiety, depression, or 20 have regular feelings of worry, nervousness and anxiety, only highlighting the need to have a conversation with the caregiver, the parent of these children that we're trying to connect to dental care to say you probably have your own set of challenges, here is one way to avoid this in your children, like the poor oral health or implications of that is to connect them with care, have access to preventive services as early as possible. Next slide, please.

**Dr. Natalia Chalmers:** And the other consideration is that, in a given year, this is from 2018, but it hasn't changed significantly, in the US about 121 million people access both dental and medical care. This is great. It doesn't mean that they necessarily communicate, but they access both services. What I hope you appreciate is that the yellow on the side, the moon shape on the side tells you that 112 million people only access medical care. And the blue one shows that about 28 million people only access dental care.

**Dr. Natalia Chalmers:** So in both sides, there is an opportunity to talk about, for example, in the dentist's office about high blood pressure, diabetes screening, A1C, and on the medical side to also talk about the importance of oral health to overall health. And of course we have about 65 million people that don't have access to either, presenting a huge challenge and an opportunity for them to manage their health conditions. When initially this was published, people thought, "Oh, well this is only true for people with commercial insurance." But not so. The next slide will show that. Next slide, please.

**Dr. Natalia Chalmers:** And we will look at these. So if you just look at the bars to the very left that says overall, it's another way of showing what I just showed you. About 9% only see a dentist, 36, 37%, see both a medical provider and a dentist, 33 only see a medical visit, and then 20 don't see anybody. Well, if you look on the bottom and you look at private medical with dental, and then you have private medical without dental and public only, a really interesting picture emerges. So for private medical with dental, you see the highest bar for those that have both dental and medical visits. Again, highlighting that coverage is really important. If you don't have coverage, that's the first barrier of accessing the services that you need. So having that dental coverage really helps people get into care. And then how similar they are, private medical without dental and public only. And even in those instances, there's still people that only see their dentist or only see their medical provider providing these opportunities for them to talk about the coordination of care and the impact of one to the other. Next slide, please.

**Dr. Natalia Chalmers:** I wanted to share with you the findings from a human-centered design engagement that our Office of Burden Reduction and Health Informatics conducted asking our beneficiaries, the caregivers, the parents, the providers, close to a hundred engagements of what are some perceived barriers to oral healthcare. What we'll share in the next few slides is the visual summary of these interviews and what our

stakeholders helped us understand of what these barriers to oral healthcare are. Why do I think it's important for you to see it? Because you are navigating and trying to help our parents, beneficiaries, caregivers connect their children to coverage. And these are some of the perceived barriers. So you'll see how this may impact their perceptions of the importance of oral health or how difficult it is. Next slide, please.

**Dr. Natalia Chalmers:** This is the visual. You'll have access to it and the link we'll post in the chat and then you can have it after. This is a very high level summary. Three colors coordinated with what can government do, what the barriers are, what the patients can do, and then the providers in the purple. So let's just zoom in and see some of the direct quotes we heard from our providers and patients. Next slide, please.

**Dr. Natalia Chalmers:** Well, some of them said, in the provider space they said, "I'm tired. I can't hire dental assistants." If we were to do this today, they would say, "I can't hire a dental assistant or front desk person or dental hygienist." Patients told us it takes very long time to find a dental specialist, like six months. We heard from the stakeholders that real-time data is really important to understand the needs and the barriers and people are thinking, how do we make this system better? There are people waiting in line on the bottom that says, "Oh, I have to get back to work. I can't wait to get this appointment." And then you see the person with disabilities right here. This is really a challenging place to get care as they need it. Some of the managers told us they can't keep the clinics open because of the reimbursement rates. And then we also heard that patients show up in the emergency department because they were not able to have access early to the preventive services that were mentioned in the beginning. Next slide please.

**Dr. Natalia Chalmers:** This is the, again, just zooming into what the stakeholders shared with us, what the states have authority, and obviously the legislation allocates more funding that leads to better benefits. The role of FQHC, of the Federally Qualified Health Centers, how important they are as a point of access to care for these children and their parents. Better funding, better coverage. An interesting one has to do with the records and how easy it is to exchange the records between medical and dental providers. There's actually a really big issue and problem in the system today. Next slide, please.

**Dr. Natalia Chalmers:** From the patients, we heard the delays of care already shared. If you live in a rural area, there are many different challenges. Mobile dentistry can play a role. Mid-level providers can help. There's still lack of providers. Missed appointments. Patients, the parents, remember for children, children are not going to drive themselves to the dentist. So it's their caregiver, the parent unable to attend because of transportation or work, or they can't find childcare for the other children or how difficult it is and how long they need to travel. And then loud and clear, and your critical role is to provide culturally competent communication and explanation of what is needed, how they get it, what's the treatment need, what's the treatment plan, what's the duration? But I would say this is also very applicable in connecting them to care. Can they understand? And I think Helen will share with you all of the resources that are available in many languages, so that's one of the real barriers for patients. Next slide, please.

**Dr. Natalia Chalmers:** And we heard from the [inaudible 00:23:57] our beneficiaries may experience high out of pocket costs, the enrollment, audits, credentialing, these are the burden perceived by the providers. Emergency pain. We already talked about the role of teledentistry, really important in the beginning of the pandemic, and we'll see where this leads now that the public health emergency has been lifted. And most importantly, both providers felt that if there was better communication between the dental and medical providers, this will lead to better outcomes. Next slide, please.

**Dr. Natalia Chalmers:** And I've shared with you, we've done actually really great. If you look at the chart to the left of access to dental services for children, what you see in the blue are children who live below the federal poverty guideline and in green are those above 400% of the federal poverty guideline. Now, one thing you would notice is the gap has lessened, which is really great progress. We are seeing that advancement, but the gap is still substantial. The gap hasn't changed for the adults in the middle, and actually the gap has widened when it comes to those that are seniors, 65 and older, with those seniors that are 400% above the federal poverty guidelines now enjoying some of the best access to dental care in the country. Next slide, please.

**Dr. Natalia Chalmers:** And in addition to this, there are huge racial disparities that are persistent and consistent. And again, I would say your role, your assistance with navigating, connecting kids to coverage helps us close these gaps. Because if you don't have the coverage, you won't have access to care. What I want to share with you with this research from the ADA Health Policy Institute is that we've known for these racial disparities, they are again, as I said, consistent and persistent, but the gap is smallest for children, it's only about 13%, and you'll see that in adults it's much bigger. That again, has implications because they're usually the one that are seeking the coverage for their children. Next slide, please.

**Dr. Natalia Chalmers:** We also looked at the geographic variation of how many of our children have at least one oral exam. That is a good indicator of they have the coverage and they're connected to the dental delivery system. And again, you can just appreciate the geographic variation. In some states, 17% of kids have access, and in other states it's close to 70. So that's, with a national average of about 46 with oral examination and 44 about topical fluoride. The little bar chart on the left is a really interesting one because you see how it's U-shaped highlighting that very young children don't have access to dental care. Now, less than 4% of them have access to an oral exam or fluoride varnish. And that is a real challenge because their first tooth erupts, then the decay can start developing. And if they make it to the dentist when they're three or five, sometimes they come to us with, a 3-year-old with 20 cavities. And we don't have a lot of options when it comes to this. We have to go to the hospital typically for such a young child to provide the care they need to bring them back to health. There are some advancements that are helping us keep these kids stable until they're able to cooperate for dental treatment in the chair, but just highlighting the need for very early connecting kids to coverage, not when they're 10 or 14, but really when they're just born and understanding that they're eligible for this dental health coverage. Next slide, please.

**Dr. Natalia Chalmers:** I talked to you about the importance of the parental experience and the data couldn't be more clear. If you look at the two bars, the one on the left is, if the parent had a dental visit, what happens to the child? And the one on the right is if the parent didn't have a dental visit. So the way to read this is if the parent had a dental visit, about 86% of kids are going to have a dental visit. And very little, only about 3% didn't have a dental visit. I don't know, life got in the way. They couldn't make it to the dentist, et cetera. But if the parent didn't have a dental visit, a lot fewer kids made it to the dentist, not zero, about 63%, but see how many more didn't have a dental visit. So the parental experience, the caregiver experience, is really critical when it comes to children and their access to dental services. Next slide, please.

**Dr. Natalia Chalmers:** This is the gap in adults I shared with you, it's much bigger. Next slide, please.

**Dr. Natalia Chalmers:** And so we have now shared with you the bidirectional connection between oral health and mental services. Sometimes these are the same children that need both. And I can't wait to hear from our next panelist, Dr. Ricks on the work that Indian Health Service is doing exploring that connection. Thank you, next slide.

**Helen Gaynor:** Thank you so much Dr. Chalmers for speaking on the connection between dental health, overall health and mental health, addressing some of those barriers families may face and connecting why it's so important for families to all have access to dental care. I'd now like to introduce our next panelist, Dr. Tim Ricks, a dental public health specialist at the Indian Health Service Division of Dental Health. So Dr. Ricks over to you.

**Dr. Tim Ricks:** Thank you so much, Helen. And thanks to Dr. Chalmers for really laying the groundwork in talking about the bidirectional relationship between oral health and oral disease and behavioral health. So she talked about how oral health or oral disease can lead to a myriad behavioral health problems, anxiety, depression, substance abuse, et cetera. What I'm going to focus in on is the effect that behavioral health and specifically depression has on oral health and oral health access.

**Dr. Tim Ricks:** So Dr. Chalmers, I think she showed two ways of displaying the data from the Agency for Healthcare Research and Quality, Statistical Brief #544 that she and I co-wrote, and this is yet another way of

showing it as a pie chart. And this was the most recent one that was published in 2022. So the numbers had changed just a little bit from... So the number of people that saw exclusively a dental provider and not a medical provider rose from 28.2 million to 29.5 million, still about 9 to 10% of the overall population.

**Dr. Tim Ricks:** And so we focus in the Indian Health Service, and by the way, the Indian Health Service, if you don't know, is one of the agencies of the Department of Health and Human Services, and we're dedicated to providing care to 2.6 million American Indians and Alaskan natives from 574 federally recognized tribes. And we do that through programs in 37 different states across the US. But the point of this slide is that 29.5 million people may only see a dental provider. Because there's a substantial portion of patients that only see dental providers, we've initiated multiple integration initiatives where we do primary care screening and behavioral health screening. Next slide, please.

**Dr. Tim Ricks:** So I'm going to focus in on specifically a depression screening initiative. And you say, "Well, what does depression have to do with oral health?" I mean, we know the other way around, if you have poor oral health, then you're more likely to have bouts of depression, you may decide on unhealthy coping mechanisms and so forth. But depression itself can lead to poor outcomes as well. And the data show that prior to the pandemic, and we think that the number may have even doubled during the pandemic and estimated 10 million people, adolescents and adults, suffer from undiagnosed depression. And so the US Preventive Services Task Force, which has a lot of preventive recommendations, recommends with a grade of B that depression screenings be done in adults and adolescences. And a grade of B, in school, we always wanted an A and an A means there's an overwhelming amount of evidence, a B is a good score from the US Preventive Services Task Force and it says, "That there is a high certainty that the net benefit is moderate, or there's moderate certainty that the net benefit is moderate to substantial in doing the screening." Next slide, please.

**Dr. Tim Ricks:** So when we talk, and Dr. Chalmers mentioned the way adult behavior affects children as far as dental services. So when we talk about adult depression, there's really two effects. There's an indirect effect. So the adult with depression is going to be less motivated to access dental care themselves, and because of that, their child or children will be less likely to receive dental care. And of course, that results in the child's oral health worsening. But there's also a direct effect that we don't always talk about, and that is an adult that is depressed will have poorer hygiene. The brushing and flossing will be much less. And because of that, they'll have increased dental caries or tooth decay, and the bad bacteria in the mouth can be transmitted from parent to child. And that transmission can also cause a child's oral health to worsen because they'll be more likely to get dental caries. Next slide, please.

**Dr. Tim Ricks:** Oh, go back one. Yeah. So let's talk about adolescents because we don't typically screen very young children for depression, but we do screen adolescents, and we're talking 12 and over. Adolescents that have depression are less likely to brush their teeth, they're more likely to develop coping mechanisms that are unhealthy, like a larger consumption of sugar-sweetened beverages, energy drinks and baked sugary goods, and of course candies. And all of those things together, the lack of brushing, lack of flossing, and the increased consumption of sugar increase the risk for tooth decay. Next slide, please.

**Dr. Tim Ricks:** So in the Indian Health Service, we use this tool called the Patient Health Questionnaire. And there's a depression screening tool that only has two questions and there's one that has nine questions. And in our dental program, we use the one with two questions and we actually incorporate it into our health history form. So as a patient comes in for any dental visit, as they update their health history form, they complete this PHQ too. And the question is, "In the past two weeks have you, A, had little interest or pleasure in doing things or, B, felt down, depressed or hopeless?" And with adolescents, we add the word irritable to that second part. And then they score themselves, it's self-scoring on a scale of zero to three with three being nearly every day. And then here's where it becomes really important, if the overall score between the two questions is a three or higher, it warrants a follow-up to a behavioral health provider. Next slide, please.

**Dr. Tim Ricks:** So when we first did this in 2016-17, we had some programs already doing, that had a connection with behavioral health and had done screenings, but we had 12 of our programs. And just for reference, we have 364 dental programs in the Indian Health Service, but we picked 12. And just in a six-month period, that green bar shows the first six months of 2017, we had 14,000 screenings performed at these 12 sites compared to just 1,000 that were done in the 12 sites previously. And then we actually stopped it at six months and said, "Hey, this works." So that's why we stopped at six months.

**Dr. Tim Ricks:** And then if you look at the bottom graph, these are referrals to behavioral health. And so I think what's important for people to understand is that dental and behavioral health really don't communicate often. I mean, in private practice, very few dentists actually work with any type of behavioral health provider. So what we were trying to do is bridge that gap. And as you can see, we had almost a 400% increase just in that six-month period in direct referrals from dental to behavioral health because of depression. Next slide, please.

**Dr. Tim Ricks:** So this year we decided we would do it again because like any good thing after a while, the interest kind of wanes and we had to try to get it kick started again. So we picked five sites and just... I mean, it started January the 5<sup>th</sup> and just in the first month, and those are all the data I have at this point, the five sites. And it's really only three that have reported so far, 381 patients have been screened and six have been referred to behavioral health because of a PHQ two score of three or higher. So if you look at the table down at the bottom, because one of the issues that when we tried to market this screening, a lot of dentists especially said, "Wow, this is going to take a lot of time doing the referrals and so forth." What we're trying to do is catch patients with depression and get them to a provider so that we can catch it early enough to where there's not a lot of negative consequences. But you can see the positivity rate is actually really small. So far, and again, we only have three sites that have reported data, only 1.6% have screened positive. And then the first time we did this back in 2017, it was only 2.6%. So we're not talking large numbers here, so there's not a real big burden on the dental provider. Next slide, please.

**Dr. Tim Ricks:** And just for context, I want you to know that when we talk about integration of oral health and overall health, it's not just integration of primary care into oral health or oral health into primary care, there's integration of behavioral health into oral health as well. And this is just a list of different initiatives that the Indian Health Service Division of Oral Health has begun or has done in the past where we're committed to whole person health. And you can just read those for yourself. Next slide, please.

**Dr. Tim Ricks:** And finally, I just want to give you my contact information should you have any follow-up questions. And that's, again, my name's Tim Ricks and our IHS Dental portal has data, I know Dr. Chalmers showed some data that included American Indians and Alaska natives, but if you'd like to learn more about disease prevalence in Native Americans, specifically oral disease, you can go to that website and you can also review many of our prevention initiatives, including our integration initiatives. And last but not least, if any of you are interested in a position ever in the Indian Health Service or know someone who is, there is a website for that as well. Thank you for the opportunity to showcase the Indian Health Service.

**Helen Gaynor:** Thank you so much, Dr. Ricks. We so appreciate you sticking on and sharing that really important information about the connection between dental health and mental health, so thank you so much. And just noting that those links that Dr. Ricks shared will be available in this slide deck that will be posted on InsureKidsNow.gov as well.

**Helen Gaynor:** I'd like to introduce Marla Smith-Brown, senior director at Seedco Midsouth Regional Office, one of the connecting kids to coverage grantees. So Marla, over to you.

**Marla Smith-Brown:** Alrighty, thank you so much, Helen. Good afternoon everyone. I am Marla Smith-Brown, senior director for Structured Employment Economic Development Corporation. I know that's a lot of words, so we lovingly call it Seedco. I am here in the Midsouth regional office that encompasses Tennessee, Arkansas, and Mississippi, and we are just so proud and privileged to be a Healthy Kids grantee. We're really excited here in the Midsouth to continue the work. Seedco as a whole has offices and provide services in Tennessee,



Arkansas, and Mississippi, Baltimore, Maryland, and the Upper Eastern shores of Maryland, so kind of around the Elkton, Maryland area. And we are headquartered in New York. Seedco is a national nonprofit that was founded in 1987, and we work to advance economic opportunities for people, businesses and communities in need. Next slide please.

**Marla Smith-Brown:** Here in the Midsouth region, we have six key program services. They include our largest program, the Strong Father Stronger Families Program, which is funded by the Department of Health and Human Services and serves dads and/or father figures in the Midsouth with healthy parenting skills. We of course, again, have our Connecting Kids to Coverage program, our Red Nose Day or Comic Relief Program, which is a global partnership. Our Tennessee Navigator program or Linking You & Neighbors to Coverage and two Department of Justice programs that serve reentry populations Midsouth More Than Ready and Impact. Now, I would be remiss if I did not take just a brief moment to recognize Seedco's Connecting Kids to Coverage team who's on the call with me today because without them I would not have this great privilege and opportunity to present this afternoon. So hey, team. Thank you for your hard work. Next slide please, Helen.

**Marla Smith-Brown:** The Connecting Kids to Coverage program is funded through a cooperative agreement via the Department of Health and Human Services. We connect West Tennessee families with children to free or low-cost health insurance via the state of Tennessee. Families are connected with an enrollment counselor and receive supportive services as well. Next slide.

**Marla Smith-Brown:** The importance of Children's Dental Health Month is so very far-reaching. So as we know, we celebrate and acknowledge this month and we do so because as Dr. Chalmers stated, and as Dr. Ricks began to delve into, tooth decay as one of the most chronic conditions in the United States, but we have to realize that cavities are preventable and it is so important to do so because untreated cavities can cause not just pain and infections. They can lead to problems with eating, speaking, learning, with self-esteem, and poor oral health impacts school attendance and overall academic performance.

**Marla Smith-Brown:** Good dental health on the other hand can prevent serious diseases such as heart disease, stroke, and diabetes. The human body is so amazing. If I can share just a personal story very quickly, as a diabetic, my endocrinologist always share and has often said that oral health and eye health are of such great critical importance and we must realize this over the lifespan. We can't wait until we're 16, 17, 18, 20 into our 30s and 40s to talk about oral health and the importance of oral health. We must start early. We also heard Dr. Chalmers mentioned that a 3-year-old came in with over 20 cavities. There's not, as she stated, a lot you can do at that point, so it is just so very critical to engage children in the oral health process very early on. One thing my dentist often says is, "The mouth is a window to the rest of the body and so what happens there can impact other systems," and therefore again, education, treatment, sharing knowledge is just so very important, not just in the month of February Children's Dental Health Month, but all throughout the year. Next slide please.

**Marla Smith-Brown:** I just wanted to share a bit of regional data with you because it is just so important to have consideration and just see big picture perspective as it relates to oral health opportunities in certain sections of the country. So the main office is here in Shelby County, Tennessee or the larger Memphis Metropolitan area, but we serve in all of these smaller adjacent counties in our rural areas such as Tipton County, where if you look at them side by side, you'll see that Memphis and again, the larger Memphis Metropolitan area or Shelby County has 58 practicing dentists per 100,000 residents versus Tipton County that has only 21 practicing dentists per 100,000 residents. Now, let's scan on down to Lauderdale County that has only 16 practicing dentists per 100,000 residents, and that's why it is so critical and my staff has done a great job in connecting individuals with the mobile dental clinics is something that we do annually to the communities and the rural areas even that we serve. And that is a mantra of ours here at Seedco, Midsouth Regional office, and we work to truly meet people where they are. Next slide please.

**Marla Smith-Brown:** Again, here's some other regional data, Tennessee as compared to the United States as a whole, and so we are neck and neck from a Tennessee versus the USA in that perspective. We are really

ranking very close, which is excellent and we appreciate again partnerships because they allow us to do this and, of course, the great dentists and hygienists that we have in this area. Next slide please.

**Marla Smith-Brown:** And so while I cannot speak to the systemic healthcare pieces of oral health as Dr. Chalmers has done and Dr. Ricks will do, they are a tough act to follow. I can talk about how partnerships are truly a best practice protocol. It is such great work to be able to partner with entities that support the work because, of course, as just one entity, Seedco cannot do it all. So we partner with local entities such as Concord Career College, the Bellevue Mobile Dental Services, DentaQuest, Tennessee CEAL, Humana, ShotRx and Meharry Medical College School of Dentistry.

**Marla Smith-Brown:** And so again, some of these are national partners, some are local partners and we know that Meharry Medical College is based in Nashville or Middle Tennessee, and while we are in West Tennessee, there is still great connectivity and collaboration. Next slide. Thank you.

**Marla Smith-Brown:** Let's talk a little bit about why and how it is so important to have those partnerships and collaborations, and acknowledge Children's Dental Health Month. Seedco is dedicated to advocating for quality healthcare for children and their families. So over the past five years, we've hosted again the annual dental fairs and mobile dental clinics to promote that awareness regarding the importance of oral health. Again, we cannot do this alone, so we reach out to community partners such as DentaQuest and the Bellevue Mobile Dental Services to go out into our rural areas and again, touch the masses. We are able to touch more, treat more people if we partner and connect.

**Marla Smith-Brown:** My team is so great and magnificent during the pandemic and after the public health emergency even ended. They continue to do virtual webinars with medical providers to provide tips to parents about good oral health. And those virtual webinars are just as important as in-person meetings and discussions because again, it allows people to access information and have real time knowledge and understanding with dental health providers. So again, kudos to my team. Our Seedco staff recently volunteered with a local partner at the event called Midsouth Mission of Mercy that was hosted at Bellevue Church. And in those two days, this was a two process, we were able to connect with touch, educate and provide information and knowledge to over 3000 individuals, again, just in 48 hours. So while Seedco cannot host an event that huge and that large, as dental professionals are flown in from across the country to do this wonderful work, Seedco is absolutely happy and privileged to be able to partner with such a very large initiative. We provided on-the-spot healthcare enrollments to children and family members over those two days, and it was really truly a win-win for everyone who attended and participated. Thank you so much.

**Marla Smith-Brown:** Seedco's Annual Dental Health Mobile Clinic happens every February and this year again, we are really super happy to partner with Tennessee CEAL, Meharry Medical College School of Dentistry, Humana and ShotRx. So we will, on February 24th, provide dental cleanings and extractions. ShotRx will do vaccinations and children's immunizations. There will be dental supplies and giveaways. And again, real-time on-the-spot health insurance enrollments through our enrollment counselors. This is going to be a great and fantastic day because again, Seedco works to serve the whole person. So we'll collaborate with Meharry and a different section of the medical college that will triage and address the social determinants of health with individuals who will be attending our mobile dental clinic on the 24th, and that will provide such a tremendous care coordination opportunity. And I think that is just so greatly important because after the event, I want people to understand and recognize that we truly, one, meet people where they are, but it is never considered the event, and it's a one-and-done. That is not how we operate because we truly want to prioritize holistic family-supportive services. Hats off to Dr. Chalmers who during our prep call stated, and this really resonated with me, that if the parent or caregiver is not whole, the child will not be either. So again, it is so, so important and critical to after events or after the initial touch with children and their families to continue those wraparound supports that are so important to address the social determinants of health because we as a community and as a service provider, Seedco as a whole, we really want to work to disrupt the cycles of intergenerational poverty. You can only do that again with holistic care and wraparound services. So if we, after the event are addressing and making referrals regarding housing assistance, that is providing a safe living

space for children who can then be more productive as it relates to school, as it relates to other healthcare issues. If we are providing utility efficiency education that puts more money back into the household, so again, managing processes, working closely with families, making proper referrals to disrupt the cycles of intergenerational poverty and, of course, that moves families to a greater sense of well-being and self-sufficiency.

**Marla Smith-Brown:** Seedco takes great pride in our social media presence from providing health facts to highlighting our events. Our social media platforms allow us to connect with the community at large. We monitor our actions on a monthly basis. And just in the month of December, we reached an additional 464 individuals, and we are steadily moving up on our Facebook page as well. So please be sure to like and follow us on our Facebook and our Instagram accounts. Next slide. This is just some of our collateral in regards to our upcoming event on February 24th. And that is it for me. I know there will be questions at the end. I am happy to answer any and all. Thank you so much.

**Helen Gaynor:** Awesome. Thank you so much, Marla. We really appreciate you sharing a little bit more about your work at Seedco. And now I'd like to introduce our next speaker, Yoselyn Ayon, project manager at Medi-Cal programs at Aliados Health. So, Yoselyn, over to you.

**Yoselyn Ayon:** Can you hear me, Helen?

**Helen Gaynor:** Yes, I can hear you just fine.

**Yoselyn Ayon:** Okay, perfect. Hello. I'm Yoselyn Ayon. I'm going to give a little brief background about who Aliados Health is and where we're located, and then I'll dive in into outreach strategies. So we are a coalition of health centers in the California Bay Area region in six counties. We're a total of 16 health centers, and 55% of our patients are Latinos, so a little bit more than half. Next slide.

**Yoselyn Ayon:** Our mission and vision is Aliados Health strengthens the capacity of member health centers to provide comprehensive integrated care that improves health and health equity in their communities through leadership and advocacy, informatics, outreach, enrollment and population health. Our work ensures that members have the support and resources they need to offer consistently high quality clinical care and effective care coordination, so we really want to give our member health centers everything they need to be successful. And our vision is we want to create vibrant community health centers partners to advance well-being and health equity for all. Next slide.

**Yoselyn Ayon:** Next, I want to talk about the Medi-Cal Dental program here in California. So next slide. So California's Medi-Cal Dental Services offers a variety of services, but the main ones are diagnostic and preventative dental hygiene. That's x-rays, teeth cleanings, emergency services for pain control, tooth extractions, fillings and crowns, root canal treatments and complete and partial dentures. Those are the main services. There are a list of a lot more, but those are the primary ones. Next slide. So we at California has been able to reach a lot of patients and CBOs, community organizations is that they created a portal called Smile California, and it's a website and it could be used for both patients to learn more about their dental treatments and what it covers. So also talks about who qualifies, the populations and what they offer, but they've also made it a place where other community organizations can come and get resources to use out in the community. So if you look to the right, there's a flyer for medical denture cover services. There's a dental brochure, older adult expansion flyer, pregnant members, and then a pregnancy toolkit. So we go through this website and we encourage all of our member health centers and all of our partners to use this toolkit so we spread a unified message. Next slide.

**Yoselyn Ayon:** Now, when we're out spreading a unified message, we have to reach the community. So I want to talk about some key strategies that we do here at Aliados Health to reach those members and probably our rural areas here in California as well. Next slide. So there's three outreach strategies and one of them being partnerships. Creating partnerships is crucial for us to reach all of our populations, so reaching

schools, daycare services with our mobile clinics, and also hosting and attending outreach events out in the community. So health fair, back-to-school events, health hubs or what we call food distribution sites. And also providing that material that I talked about, Smile California, it's bilingual material that's easy to read, Spanish material. There's also other languages, and keeping the wording simple about their benefits so it's not so complicated for the parents or individuals when they get the flyer to read. Next slide.

**Yoselyn Ayon:** One of our key outreach strategies has also been, somebody mentioned it earlier, is our mobile clinic and going out to the community and finding those folks that might not be walking into our health center. So we have been participating in Give a Kid A Smile Day since 2005. This program has been running and it provides preventative dental exams and sealants to undeserved children, and it also helps with urgent need dental treatment services that maybe they haven't gone to a dentist in a while and they can get seen there. And you can see the flyer on the right, an example of last year was held February 3rd, and you just call a register and it gives you the time and then we put you there and then you'll get seen that same day. And another thing that they've also expanded because they saw the need for this service is that now the mobile clinic from this particular health center called Petaluma Health Center. They go to elementary school visits every two weeks and they provide dental services there for the kids and they become a well-known mobile clinic in that area, and so the outreach to that school and neighbors around are now attending that mobile clinic. And then they also help parents with dental insurance and finding dental home for their children, so these children might not even know where to go or how to enroll in these services. So that has been a major key outreach strategy is just going to schools, partnering with them, and then letting the community know that they're going to be there every two weeks. Next slide.

**Yoselyn Ayon:** Another health center of ours is Marin Community Clinics, and they're really at the forefront of creating and hosting their own events, so they host a few distribution that provides food for 400 to 600 families a week, so that's a lot of families. And they're in two different locations and they provide outreach flyers there and it's been really a great tool to use to do wraparound services and provide the mobile health clinic with all the material they need to reach the community. They recently hosted a resource Fair Toy Drive, so they had resources for the family, but they also gave away some toys, and then they had their mobile clinic there doing teeth screening and scheduling appointments for the kids. They also had story time for the kids and really outreaching to the community and say, "We're here, we have the resources, but here's other resources that you might need." So they're also providing housing support services, nutrition education, and reading time and even a jumpy house. So being able to host these big events, inviting the community out, giving something, I know that's not always possible, but giving something away for free or having somebody come and read to the children has really proven for it to be successful just to give something out to the community, and also bringing those mobile dental clinics to the community, not always be waiting in the health centers hoping that they're going to come in, really reaching the community in that way.

**Yoselyn Ayon:** Those are the two key strategies that I wanted to talk briefly about, just reaching the community, taking the mobile clinics, outreaching to schools, food banks, and saying, "How can we partner? How can we offer these services?" I think California also really cares about providing health insurance and covering as much as possible these services for children, families, everybody. It's been great to be able to share. I've seen a lot of duplication from what Marla also spoke about in Tennessee. It's been great to hear how even across different states we have these mobile clinics. I also think it's going to be a key to expanding on services of dental treatment.

**Yoselyn Ayon:** With that being said, I think that was the last slide. That's just my contact information. If anybody has any questions or wants to brainstorm outreach strategies, I'm more than happy to network and work together. Thank you.

**Helen Gaynor:** Awesome. Thank you so much, Yoselyn. We really appreciate it. Like you mentioned, it's really great to see some of the same really effective outreach strategies being implemented across different states. Thank you so much for sharing.

**Helen Gaynor:** I am now going to talk through a few of the Connecting Kids to Coverage Campaign resources that are available for our dental health outreach during February and beyond. CMS's Connecting Kids to Coverage National Campaign, as a lot of y'all know, reaches out to families with children and teens eligible for Medicaid and CHIP to encourage them to enroll their kids in the programs and to raise awareness about health coverage under these programs and all of the covered services.

**Helen Gaynor:** The Campaign conducts annual initiatives tied to priority topics around key times of year. You'll see those on the screen a list of our initiatives. Back to school is a big one. We have a mental health initiative coming up in May. We do a lot of outreach around mental health during Mental Health Awareness month, vaccinations, and then of course oral health. You can see the rest of those on the screen.

**Helen Gaynor:** We have outreach resources tied to these specific topics that are all available at our website on [InsureKidsNow.gov](https://InsureKidsNow.gov). You can find these resources, like I said, on our website via both the Outreach Tool Library and our Initiatives page. You'll see these bubbles circled on the screen. A full list of the Campaign's initiatives is available on the right. You can click down and click to Oral Health or you can visit the Outreach Tool Library and search whatever you're looking for.

**Helen Gaynor:** For our Oral Health Initiative, this is an opportunity to remind families that children who are enrolled in Medicaid and CHIP have coverage for comprehensive dental health services, including checkups, x-rays, fillings, and more. Resources include digital videos, infographics, posters, and more for outreach.

**Helen Gaynor:** We've recently added coloring pages for kids, both in English and Spanish, that can be used at different events for families. We also have a poster, tear pad, and newsletter tied specifically to dental health during pregnancy. Many of these resources are available in up to 24 languages. I know everyone has spoken about the importance of cultural communication and making sure we have resources available for different communities. Part of that for us is making sure we have things available in as many languages as we can. We do have some of our dental health resources available in up to 24 languages. Everything is available in English and Spanish.

**Helen Gaynor:** Next, again our Outreach Tool Library houses all of our Campaign materials. Beyond dental health, we have resources for all of our other initiatives. To access these materials and resources, you can visit the Outreach Tool Library and search by what you are looking for. Another cool thing about the resources we offer is that a lot of them are customizable. The Campaign has a guide that details how organizations can request free customized versions of many of the Campaign resources by adding your organization's name, logo, or any other relevant state-specific info. To request customization and review available materials, you can visit the Outreach Tool Library and there's a link to the guide right there. Then it'll give you instructions for emailing the CMS Division of Multimedia Services at [Multimediaservices@cms.hhs.gov](mailto:Multimediaservices@cms.hhs.gov) with your requests and information. On the screen is an example of a customizable piece where you can add your program's name, your website or phone number and up to two logos.

**Helen Gaynor:** Lastly, another priority for CMS continues to be the unwinding of the Medicaid and CHIP continuous enrollment requirement. In March 2020, CMS waived certain Medicaid and CHIP requirements and conditions as part of the public health emergency. The easing of these rules helped prevent people with Medicaid and CHIP from losing their coverage during the pandemic.

**Helen Gaynor:** However, as of April 1st last year, states are required to restart eligibility reviews, meaning some people could lose their coverage or others will need to renew. CMS and the Campaign are encouraging beneficiaries to make sure their address, email, and phone number is up-to-date with their state Medicaid office and to look out for the mail to see if they receive a renewal form, to fill that out and return it right away.

**Helen Gaynor:** Resources are available to support states and partners, including a communications toolkit that's available in several languages as well. There's also a couple of newer toolkits for specific populations like healthcare settings. Many of these include social graphics, messaging, drop-in articles, and things like that.

You can find the toolkits at [Medicaid.gov/unwinding](https://www.Medicaid.gov/unwinding). There is a consumer-facing site, [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals), to help families connect with their state Medicaid office. Definitely check those two out.

**Helen Gaynor:** Lastly, if you'd like to learn more about the Campaign and its resources or have questions that come up after today's webinar, you can email us at [Connectingkids@cms.hhs.gov](mailto:Connectingkids@cms.hhs.gov). To stay up-to-date with all of the Campaign's activities, we encourage you to follow IKNgov on Twitter and sign up for Campaign Notes E-newsletter, which can also be found on [InsureKidsNow.gov](https://www.InsureKidsNow.gov). If you do share any of the Campaign's resources, we encourage you to tag us and use the #Enroll365.

**Helen Gaynor:** That concludes our presentations for today. We do have just a few minutes left for questions. We will take some time to take a look at the Q&A box and see if there are any questions that we can share with our panelists. I have a couple, I think, that are mainly directed at Dr. Chalmers. Dr. Chalmers, one of the questions that came through, "In the research that CMS did around barriers to oral health, or accessing oral healthcare, was there anything that came up about specific barriers for people with disabilities?"

**Dr. Natalia Chalmers:** Thank you for this great question. It's such an important one. We received some feedback that any barriers that are encountered by our beneficiaries are only exaggerated or worse when the family is navigating the system and has a child or adult with disabilities. We've definitely seen that. One of the challenges that we heard is the physical accessibility of the dental office sometimes can be a barrier, like not being able to go and see the dentist. Or the other challenge that came up is the lack of the provider training in order to treat patients who have intellectual and developmental disability, or the extent of the coverage on their need. Of course, all of these barriers are very complex. They require a collaborative approach to improve first the training of dental professionals. As a pediatric dentist, we are used to treating many children with special healthcare needs. One of the challenges is as they age out of the pediatric care into adult care, they encounter additional barriers, finding the providers who are able to deliver that care.

**Dr. Natalia Chalmers:** But since this is such a great topic, I want to share with you two recent reports that highlight and touch on the dental services needs and access for people with intellectual and developmental disabilities. The first one is actually the NCD report on Medicaid oral health coverage for adults with intellectual and developmental disability. Helen, I will post the link in the chat, and I think they will make it into the notes, but the National Council of Disability put this comprehensive report on what are some of the challenges related to coverage specifically for adults. Then just recently, I want to say last week, the MACPAC released a brief. That brief goes into deep details around adults with intellectual and developmental disability. Part of their analysis also focused on access to dental services. What was really surprising in that brief, and I just want to highlight, they used a survey, a key survey in order to analyze the disparities. This is called the National Core Indicators in Person Service, so it's known as the NCI-IPS. What was pleasantly surprising is actually the high rates of access to dental services for people with disability. Remember how I said for children and adults the rate is very low, especially those living in poverty? Well, according to this brief, close to 87% of some of them had access to dental services or had an exam. Something to consider and reading more. I will share the link to both of these, the National Council of Disability as well as the MACPAC. But great question, a lot more work. The states can do a lot when it comes to children and adults with disabilities.

**Helen Gaynor:** Awesome, thank you so much, Dr. Chalmers. And yes, we'll make sure any of the links that Dr. Chalmers is referring to will be included in the resources that go up when the webinar is posted online. Another question, "Coverage is clearly a required component, but the major issue we in Rhode Island face is workforce. We do not have sufficient dentists, hygienists, assistants, and private dentists do not accept Medicaid. Does CMS have a parallel effort to support workforce capacity, specifically at FHCs or possibly in partnership with HRSA?" Is there any work, Dr. Chalmers that's being done or any insight we can lend around this issue?

**Dr. Natalia Chalmers:** Yeah, thank you for highlighting this. I think you saw some of that come through the barriers to access to dental care that I shared the dentist reflecting and saying, "Oh, well. I can't hire an assistant." I think that has only been exacerbated as the time goes by. It is absolutely true. There are many

challenges for recruiting support staff, the assistants, the hygienists, the front desk, but also other dentists who can work as an associate to join the practice and be able to provide the care that our beneficiaries need.

**Dr. Natalia Chalmers:** We are working on strengthening and clarifying all of the opportunities at the state level that exist in order to increase access to services. I would say stay tuned as we are finalizing some of these proposed rules. But in general, the states have a lot of authority of how they pay providers under these federal requirements. As you know, states operate under broad federal guidelines, the Medicaid program. One of the challenges of recruiting Medicaid providers is the reimbursement rates. We heard this. But according to federal law, Medicaid payments must be consistent with the efficiency, economy, and quality of care, and they have to be sufficient to provide access equivalent to the general populations. Again, the states have a lot of flexibility in monitoring all of this and ensuring that that is indeed the case.

**Dr. Natalia Chalmers:** We have taken a lot of actions to ensure access to care in Medicaid and CHIP, including proposing access standards. That's why I say stay tuned. We've proposed them. The rule is still not final. Improving the proposed access standards as well as payment rates transparency measures, and strengthening the engagement with the beneficiaries and the providers in order to improve that, it will take all of them working together. As I said, these are complex issues navigating the system when you have coverage to actually get the care you need, but thank you for this really important question.

**Helen Gaynor:** Awesome, thank you so much, Dr. Chalmers. We have a question for Marla. "Is there a mobile dental unit for the Pike County and Amite County in Mississippi?" Marla, are you able to share any information about the mobile dental unit?

**Marla Smith-Brown:** Absolutely. We have focused here recently on Tennessee, but if you can me just about 24 hours to research that, I'm certain I can locate one for you or even perhaps even just a provider who might be able to come out and do some cleanings and extractions in a centralized location. I know some providers do that as well. But if, Helen, is it possible to share with me the contact information?

**Helen Gaynor:** Yes.

**Marla Smith-Brown:** Okay, awesome. I will get right back to you. Give me 24 hours. I'll start researching it now.

**Helen Gaynor:** Awesome, thank you so much, Marla. And yes, we will be able to connect with folks asking questions directly via email, so we can definitely follow up on that with you in the next day or so. Thank you so much, Marla.

**Helen Gaynor:** Another question I think that would be geared towards Marla and Yoselyn, "Are there suggested messages to use when connecting with families when it relates to dental care? Are there specific resources?" Are either of you able to share any insight into any specific messaging or tactics that work when connecting with families whose children y'all are trying to get enrolled in health coverage?

**Yoselyn Ayon:** I can talk a little bit about that. In California, we look a lot into the toolkits from DHCS at the state level, and messaging, and any type of flyers that they have for us. California is a little bit unique in certain income limits and expansion for dental care to other populations. We use those type of messaging tools from the state. I would suggest, I'm not sure what state they're in, but if their state has any toolkits to use that are more targeted to certain populations, definitely use that. Or you could always create your own depending on what state you live and maybe there's certain benefits that are more targeted to your state, so definitely looking into those. Like I said, our Smile California really makes it easy to provide that information in a very straightforward, not complicated language.

**Helen Gaynor:** Awesome. Thank you so much, Yoselyn. I'll just add that the Connecting Kids to Coverage Campaign, some of the resources that we shared towards the end of the webinar could be helpful in terms of

suggested messaging. We have a couple of e-newsletter drop-in articles that have some more detailed information. Then in addition to our posters and tear pads and social media copy and graphics that have messaging that's more specific to digital. That is a good place to look as well for outreach materials and suggested messages. Again, InsureKidsNow.gov is where you can find those things as well.

**Dr. Natalia Chalmer:** If I could share an additional resource that I didn't cite when we were talking about recruiting dentists, and it's a really important one. Is there an opportunity?

**Helen Gaynor:** Yeah, absolutely.

**Dr. Natalia Chalmer:** I know we are wrapping up, but maybe as a final comment. Yes.

**Helen Gaynor:** Absolutely.

**Dr. Natalia Chalmer:** We, over the last few years, engaged with close to 13 states in a quality improvement affinity group to encourage and advance prevention in primary care, increasing the number of fluoride applications the children receive. That's a preventative, evidence-based measure. As part of that conversation, it was really interesting when you bring 13 states together to work on such problem, the recruitment of dentists actually became one of the points. I will share the link where we have posted all the summaries from the states and the learning. I encourage you, again, to read through that material not only about the quality improvement piece, but how states tackled that challenge. I just want to make sure that our listeners have access to this great resource.

**Helen Gaynor:** Awesome. Thank you so much, Dr. Chalmers. That's a super important one. And again, we'll be sure to have these resources together with the online posting.

**Helen Gaynor:** But I believe that's all we have time for today. There are about two questions I think that we did not have time for, but like I mentioned, and there's a couple more that were coming in. We've been recording these and we'll reach out via email. We're able to reach out to individuals directly. Over the next few days, we will reach out to you after getting an answer to your question from one of our experts.

**Helen Gaynor:** Thank you all again so much for joining us today. Thank you to all of our presenters for taking the time to share their expertise. I know there was a lot of amazing information shared today. We'll have again this info posted online at InsureKidsNow.gov in the coming weeks. Thank you again. We'll be sure to be in touch. I appreciate you all. Have a great afternoon.