

# Special Needs Code

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Addressing the oral needs of  
special people

# Code implementation

- Incorporating the Special Needs Code (SNC) into Medicaid
- Utilization of Behavior Management Code D9920

# Aim of the Special Needs Code (SNC)

- Network of skilled practitioners
- Components of the SNC
- Financial justification for the SNC
- Preventing exploitation of the SNC

# Caring for adults

- Pediatric dentist treating adults with special needs
- Maintaining adult dental benefits

# Access to care

- Special needs code works:
  - ★ Requires commitment
  - ★ Importance of oral health
  - ★ Helps maintain a provider network
  - ★ Encouraging the team concepts

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# SNC- Development and Mission

- Barriers to Access:
  - ◆ Lack of Experiential Training
    - ★ Pretend Care
    - ★ Supervised Neglect
    - ★ Reliance on General Anesthesia
  - ◆ Poor Financial Resources
    - ★ Demanding/challenging care to provide
    - ★ Requires Increased time and skills

# Additional Barriers to Access

- State Medicaid hassles
- Managed Care
- Tight Health Care Market
- Dental Education lacks incentive to provide training
- Professional Attitudes- lack of sensitivity, heart, patience
- Chronic Disease: Benefits artificially cease after age 21. **The patients needs do not!**
- Lack of Evidence Based Practice Guidelines for PDD
- ADA Codes are for typical care provision



# Origins: Establish Need to Policymakers

- Deinstitutionalization- legal pressure
- ADPD Policy Statement- “Preservation of quality oral health care services for people with developmental disabilities”
- Establish/preserve “centers of excellence”
- Cabinet Level Support
- Identify Legislators with interest
- Must justify issues to “people with the money” (HSD)

# Complicating Factors for Comprehensive Oral Care for the Person with a Disability

- Oral Hygiene
- Malocclusion
- Trauma
- Behaviors
- Oral Functional Deficits/Habits/Reflexes
- Diagnosis: no finger that points, no voice to complain

# Is Dentistry Really Healthcare?

Clinical dental treatment is the most exacting and demanding medical procedure that PWD's must undergo on a regular basis throughout their lifetimes. Dental treatment is basically surgical in nature and places sharp instruments in intimate proximity to the face, airway and highly vascularized and innervated oral soft tissues.

Medicaid allows physicians to utilize billing codes that compensate for additional time

# Practical reasons that complicate access to care

- Increased appt. failure rate
- Increased legal duties/risks
- Complicated medical, pharmaceutical, and behavioral histories
- Premedication: sedation, SBE, antiemetics, muscle relaxants
- Behaviors that disrupt office
- Need for additional staffing

# Why not Just Throw \$\$\$ at It!

- Poor results in other states
  - ◆ No increase in access
  - ◆ Increased fraudulent care
- Additional QA Measures
- Collaboration: DOH justified reasons for additional payment/HSD was happy with QA and training components

# Mission and Goals

- Create access to comprehensive care
- Seek least restrictive approach (not given when GA used)
- Offer experiential training
- Develop Consultative resources
- Create Statewide Network
- Provide “Safety-net” backup

# Develop Training Resources

- Identify Core Providers
  - ◆ Respected practitioners already providing care
  - ◆ Ask their help in review/curriculum development
  - ◆ Grandfather Credential
- Core Curriculum
- Define Experiential Clinical Component
- Obtain CE Certification from Dental Board
- Offer Free CE Credits for each stage

# Strictly Define Patient Eligibility

- *Developmental Disability- a severe chronic disability that is attributable to a mental and/or physical impairment, originating prior to age 22, which can be expected to continue indefinitely and constitutes a substantial handicap resulting in limitations in three or more areas including self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency.*
- Require Medical Diagnosis
- Documentation of approaches to care in dental progress notes



# Core Curriculum

- Self study training modules
  - ◆ Specific Literature Review
  - ◆ Standard of Care Documents
  - ◆ Chaptered Topics: SAID Courses
  - ◆ Product Resource Guide
  - ◆ Sensitivity Training
  - ◆ Document Examples
- Post tests

# Elective Curriculum

- Videos
- Additional Chapters
- On-line training
- Conference Attendance

# Clinical Hands-on Training

- Once self-study/post tests complete
- Two Clinical Centers
- 40 hours (or as needed)
- Allow key staff to attend with dentist
- Hygienists (in conjunction with a certified dentist)

# Has it Worked?

- 77 Practitioners have sought out training (57 dentists, 20 hygienists)
- 37 have completed training and been certified to HSD (28/9)
- Presently, children and adults with DD have access to comprehensive clinical care in NM
- Travel is often required (NM is a big state)!

# What is the Future of the Special Needs Code?

- Threats
  - ◆ “No Soul, No Memory!”
  - ◆ Medicaid Cuts
  - ◆ Block Grants
  - ◆ Shrinking Dental Workforce
  - ◆ Fraudulent Abuse of similar initiatives
- Supports
  - ◆ Governor’s Oral Health Council
  - ◆ Medicaid carve outs
  - ◆ Federal Special Care Dentistry Bill

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