



# Maternal and Child Health— Improving Oral Health Integration (MCH-IOHI)

## Environmental Scan Chartbook 2025

# MCH-IOHI Environmental Scan, 2025

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In addition, the following Consortium for Oral Health staff assisted in the development of this chartbook: Katy Battani, Harry Goodman, and Susan Lorenzo.

## MCH-IOHI Environmental Scan, 2025

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# Introduction

## About MCH-IOHI and the Consortium for Oral Health

### About MCH-IOHI

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) funded the *Maternal and Child Health—Improving Oral Health Integration (MCH-IOHI)* projects to advance the integration of preventive oral health care (POHC) into primary care to make POHC more accessible to infants, children, adolescents, and pregnant women, including those with special health care needs, who are at risk for poor oral health. During the 4-year funding cycle (2024–2028), MCH-IOHI projects will implement a two-tier, state-level and local-level improvement approach that addresses three core functions: (1) policy and practice, (2) education and outreach, and (3) data, analysis, and evaluation.

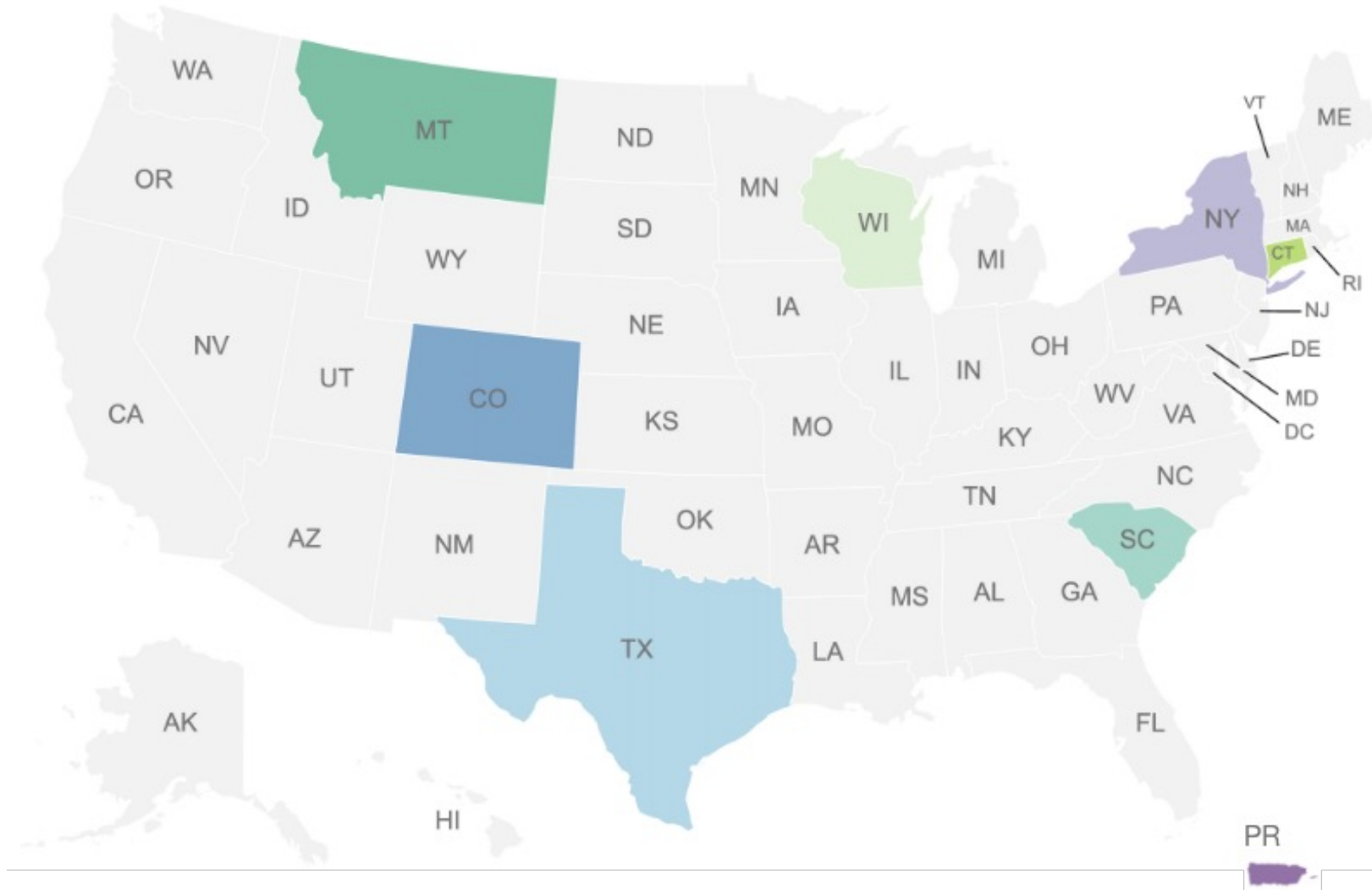
The state-level approach aims to inform state policy and practice decisions that promote integrated POHC (e.g., decisions about Medicaid payment for oral health care, decisions about state practice acts pertaining to health professions); increase oral health literacy across the state using an organizational health-literacy approach; and enhance the state’s oral-health-surveillance activities (e.g., data collection, trends analysis). These activities, in turn, support the local-level approach, which aims to establish, implement, and validate evidence-based models of integrated POHC in communities underserved by oral health care.

### About the Consortium for Oral Health

MCH-IOHI projects participate in a learning collaborative (LC) supported by the Consortium for Oral Health. The consortium is led by the National Maternal and Child Oral Health Resource Center working with the Association of State and Territorial Dental Directors. The MCH-IOHI LC is also supported by FrameShift Group. The consortium promotes evidence-based/-informed information and resources to increase access to and use of oral health care to improve oral health for the maternal and child health (MCH) population. The consortium provides services to federal agencies; national organizations; state Title V (MCH) programs, state oral health programs, and other state organizations; community-based programs; and professionals working in or with state MCH and oral health programs. The consortium is supported by a cooperative agreement from HRSA, MCHB.

# About MCH-IOHI Projects

Eight MCH-IOHI projects were awarded funding for a 4-year period, 2024–2028.



## About MCH-IOHI Projects

**Colorado:** Cavity Free Care Network

Target population: Children ages 1–21

**Connecticut:** Improving Oral Health for Young Children in Connecticut Through Policy, Practice, Education, and Evaluations

Target population: Infants and children ages 6 months to age 5

**Montana:** Montana Oral Health Equity Alliance

Target population: Children ages 1–21

**New York:** Transforming Oral Health for Communities

Target population: Pregnant women and infants and children from birth to age 40 months

**Puerto Rico:** Puerto Rico Maternal and Child Health-Improving Oral Health Integration Demonstration Project

Target population: Pregnant women and infants and children from birth to age 4

**South Carolina:** South Carolina Integration Demonstration Project

Target population: Infants and children from birth to age 11

**Texas:** Preventive Oral Health Care Integration in Texas Initiative

Target population: Pregnant women

**Wisconsin:** Wisconsin Maternal and Child Health—Improving Oral Health Integration Demonstration Project

Target population: Children ages 1–21 and pregnant women

## MCH-IOHI Environmental Scan

### Development

The MCH-IOHI environmental scan was adapted from the *Networks for Oral Health Integration Within the Maternal and Child Health Safety Net* [environmental scan](#). Click [here](#) for the MCH-IOHI environmental scan tool and instructions for completing it. This chartbook presents the results of the MCH-IOHI environmental scan. Consortium for Oral Health staff analyzed the environmental scan data and prepared the chartbook with content reviewed by MCH-IOHI projects and state dental directors in states/jurisdiction with an MCH-IOHI project.

# Scope of Practice

Scope of practice refers to the procedures and actions that a health provider is permitted to perform in keeping with the terms of their professional license or certification. Scope of practice is limited to what state/jurisdiction law allows based on the provider's education, experience, and/or demonstrated competency.

## Oral Health Scope of Practice for Medical Providers

### Is the service allowable under the provider's scope of practice?

State/Jurisdiction	Physician			Physician Assistant			Advanced Practice Nurse		
	Caries Risk Assessment	Fluoride Varnish	Silver Diamine Fluoride	Caries Risk Assessment	Fluoride Varnish	Silver Diamine Fluoride	Caries Risk Assessment	Fluoride Varnish	Silver Diamine Fluoride
Colorado	Yes	Yes	Yes	Yes	Yes	Yes	Yes*	Yes*	No
Connecticut	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Montana	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
New York	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Puerto Rico <sup>^</sup>	Yes	No	No	Yes	No	No	Yes	No	No
South Carolina	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Texas	Yes	Yes	Yes	Delegated	Delegated	Delegated	Delegated	Delegated	No
Wisconsin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Delegated	Delegated

\* Colorado allows advanced practice nurses (APNs) to obtain prescriptive authority under certain rules and regulations. If an APN does not have prescriptive authority, these are delegated tasks.

<sup>^</sup> Puerto Rico's dental practice act does not allow non-dental providers to provide oral health services except for caries risk assessment.

### Summary



Physicians, physician assistants, and advanced practice nurses can complete caries risk assessments in the eight MCH-IOHI states/jurisdiction and apply fluoride varnish in the seven MCH-IOHI states either directly or through delegation. In Puerto Rico, the three provider types cannot apply fluoride varnish or silver diamine fluoride. Physicians and physician assistants can apply silver diamine fluoride in the seven MCH-IOHI states. Advanced practice nurses can apply silver diamine fluoride, either directly or through delegation, in Connecticut, Montana, South Carolina, and Wisconsin.

## Oral Health Scope of Practice for Medical Providers and Team Members

Is the service allowable under the provider's scope of practice?

State/Jurisdiction	Registered Nurse			Licensed Practical Nurse			Certified or Registered Medical Assistant		
	Caries Risk Assessment	Fluoride Varnish	Silver Diamine Fluoride	Caries Risk Assessment	Fluoride Varnish	Silver Diamine Fluoride	Caries Risk Assessment	Fluoride Varnish	Silver Diamine Fluoride
Colorado*	Delegated	Delegated	No	Delegated	Delegated	No	Delegated	Delegated	No
Connecticut	No	Delegated	No	No	Delegated	No	No	Delegated	No
Montana	Yes	Delegated	Delegated	Yes	Delegated	Delegated	Delegated	Delegated	Delegated
New York	Yes	Delegated	No	Yes	Delegated	No	Yes	No	No
Puerto Rico	Yes	No	No	Yes	No	No	Yes	No	No
South Carolina	Delegated	Delegated	Delegated	No	Delegated	Delegated	No	No	No
Texas	No	Yes	No	No	Yes	No	No	Delegated	No
Wisconsin	Delegated	Delegated	Delegated	Delegated	Delegated	Delegated	Delegated	Delegated	Delegated

\* In Colorado, registered nurses, licensed practical nurses, and medical assistants are allowed to ask the subjective components of a caries risk assessment but non are permitted to make any clinical assessments for caries nor make the clinical decision regarding a patient's caries risk.

### Summary



Registered nurses and licensed practical nurses can apply fluoride varnish in all seven MCH-IOHI states. Certified or registered medical assistants can apply fluoride varnish through delegation in five of the MCH-IOHI states (Colorado, Connecticut, Montana, Texas, and Wisconsin). Only Montana, South Carolina, and Wisconsin allow registered or licensed practical nurses to apply silver diamine fluoride. Certified or registered medical assistants can apply silver diamine fluoride in Montana and Wisconsin.

## Oral Health Scope of Practice for Dental Providers

### Is the service allowable under the provider's scope of practice?

State/Jurisdiction	Dentist			Dental Therapist		
	Caries Risk Assessment	Fluoride Varnish	Silver Diamine Fluoride	Caries Risk Assessment	Fluoride Varnish	Silver Diamine Fluoride
Colorado	Yes	Yes	Yes	Yes	Yes	Yes
Connecticut	Yes	Yes	Yes	Yes	Yes	Yes
Montana	Yes	Yes	Yes	Yes	Yes	Yes
New York	Yes	Yes	Yes	Not applicable	Not applicable	Not applicable
Puerto Rico	Yes	Yes	Yes	Not applicable	Not applicable	Not applicable
South Carolina	Yes	Yes	Yes	Not applicable	Not applicable	Not applicable
Texas	Yes	Yes	Yes	Not applicable	Not applicable	Not applicable
Wisconsin	Yes	Yes	Yes	Yes	Yes	Yes

### Summary



Dentists can complete a caries risk assessment and apply both fluoride varnish and silver diamine fluoride in all MCH-IOHI states/jurisdiction. In the MCH-IOHI states with dental therapists (Colorado, Connecticut, Montana, and Wisconsin), therapists can complete a caries risk assessment and apply both fluoride varnish and silver diamine fluoride. In Montana, dental therapists can practice on tribal lands only.

# Oral Health Scope of Practice for Dental Providers

## Is the service allowable under the provider's scope of practice?

State/Jurisdiction	Dental Hygienist		
	Caries Risk Assessment	Fluoride Varnish	Silver Diamine Fluoride
Colorado	Yes	Yes	Yes
Connecticut	Yes	Yes	No
Montana	Yes	Yes	Yes
New York	Yes	Yes	Delegated
Puerto Rico	Delegated	Delegated	Delegated
South Carolina	Delegated	Delegated	Delegated
Texas	No	Delegated	Delegated
Wisconsin*	Yes	Yes	Yes

\* In Wisconsin, dental hygienists can provide services without delegation in all settings except a dental office.

### Summary



Dental hygienists cannot conduct a caries risk assessment in Texas but can apply fluoride varnish in all MCH-IOHI states/jurisdiction. All MCH-IOHI states/jurisdiction, except Connecticut, allow dental hygienists to apply silver diamine fluoride either directly or through delegation.

## Oral Health Scope of Practice for Dental Providers

### Can dental hygienists and/or dental therapists practice in a medical setting?

State/Jurisdiction	Dental Hygienist		Dental Therapist	
	Can Practice in a Medical Setting	Type of Supervision Required	Can Practice in a Medical Setting	Type of Supervision Required
Colorado	Yes	Direct access	Yes	General
Connecticut*	Yes*	Direct access*	Yes	General
Montana^	Yes^	Direct access^	Not applicable	Not applicable
New York+	Yes+	Direct access+	Not applicable	Not applicable
Puerto Rico	No		Not applicable	Not applicable
South Carolina	Yes	General	Not applicable	Not applicable
Texas	Yes	General	Not applicable	Not applicable
Wisconsin	Yes	Direct access	Yes	General

\* In Connecticut, dental hygienists with two years of experience may practice without supervision in institutions, including hospitals and outpatient clinics.

^ In Montana, a dental hygienist can practice in a medical setting if they have a limited access permit.

+ In New York, a dental hygienist can practice in a medical care setting if they have a collaborative practice agreement with a dentist who has a formal relationship with the same facility.

### Summary



Dental hygienists can practice in a medical setting in all MCH-IOHI states/jurisdiction except Puerto Rico. There is direct access in Colorado, Connecticut, Montana, New York, and Wisconsin while South Carolina and Texas require general supervision.

# Medicaid Billing and Reimbursement

## Medicaid Billable Services for Medical Providers

Can a medical provider bill and be reimbursed for the service through Medicaid for children (from birth to age 21)?

State/Jurisdiction	Caries Risk Assessment (D0601–D0603)	Oral Evaluation for Patient < 3 (D0145)	Assessment of a Patient (D0191)	Fluoride Varnish (99188/D1206)	Silver Diamine Fluoride (X115T/0792T/D1354)	Oral Hygiene Instruction (D1330)	Nutritional Counseling for Dental Disease (D1310)
Colorado	No	Yes	Yes (D0190)	Yes	No	No	No
Connecticut*	Yes*	No	No	Yes	No	Yes*	No
Montana	No	No	No	Yes	No	No	No
New York	Yes	No	No	Yes	No	No	No
Puerto Rico^	No	No	No	No	No	No	No
South Carolina	No	No	No	Yes	No	No	No
Texas+	Yes	Yes	Yes	Yes	No	Yes	Yes
Wisconsin	No	No	No	Yes	No	No	No

\* Connecticut reimburses for a caries risk assessment via a DA Modifier attached to well-child visit codes (D0601-D0603 claims are not reimbursed). Oral hygiene instruction is covered under CPT coding for anticipatory guidance (Bright Futures).

^ Puerto Rico's Medicaid program does not reimburse medical providers for any oral health service.

+ In Texas, these services are bundled and billed using current procedural terminology code (CPT code) 99429.

### Summary



Only Colorado, Connecticut, New York, and Texas reimburse medical providers for a caries risk assessment and/or oral evaluation of a patient < age 3. In the seven MCH-IOHI states, medical providers can be reimbursed by Medicaid fee-for-service for applying fluoride varnish. Puerto Rico does not reimburse medical providers for oral health services.



No MCH-IOHI states/jurisdiction reimburse medical providers for applying silver diamine fluoride.

## Medicaid Billable Services for Medical Providers

Can a medical provider bill and be reimbursed for the service through Medicaid for *pregnant women*  $\geq$  age 21?

State/Jurisdiction	Caries Risk Assessment (D0601–D0603)	Assessment of a Patient (D0191)	Fluoride Varnish (99188/D1206)	Silver Diamine Fluoride (X115T/0792T/D1354)	Oral Hygiene Instruction (D1330)	Nutritional Counseling for Dental Disease (D1310)
Colorado	No	No	No	No	No	No
Connecticut	No	No	No	No	No	No
Montana	No	No	No	No	No	No
New York	No	No	No	No	No	No
Puerto Rico	No	No	No	No	No	No
South Carolina	No	No	No	No	No	No
Texas	No	No	No	No	No	No
Wisconsin	No	No	No	No	No	No

### Summary



No MCH-IOHI state/jurisdiction reimburses medical providers for oral health services provided to pregnant women.

## Medicaid Billable Services for Medical Providers

Codes medical providers use for billing and current Medicaid reimbursement rate for children (from birth to age 21)

State/Jurisdiction	Caries Risk Assessment	Oral Evaluation for Patient < 3	Assessment of a Patient	Fluoride Varnish	Silver Diamine Fluoride	Oral Hygiene Instruction	Nutritional Counseling for Dental Disease
Colorado		D0145, \$34.24	D0190, \$17.88	99188 or D1206 \$41.96			
Connecticut*	99201-99205, 99211-99215, 99381-99383, 99391-99393* \$25.00			99188 \$20.00			
Montana				99188 or D1206 \$22.78 or \$23.02			
New York				99188, \$30.30			
Puerto Rico							
South Carolina				99188, \$10.07			
Texas^	99429	99429	99429	99429, \$36.21		99429	99429
Wisconsin				99188 or D1208 \$12.89 or \$18.05			

\* In Connecticut, medical providers bill for a caries risk assessment using an evaluation and management CPT code with a DA modifier (DA-oral health assessment by a licensed health provider other than a dentist).

^ In Texas, listed services are bundled and billed using CPT99429 (\$36.21 for the bundle)

### Summary



Puerto Rico is the only MCH-IOHI state/jurisdiction that does not reimburse medical providers for applying a fluoride varnish. For the seven MCH-IOHI states that do reimburse for fluoride varnish, the reimbursement rate ranges from \$10 to \$42 (rounded). No MCH-IOHI states/jurisdiction reimburse medical providers for applying silver diamine fluoride.

## Oral Health Services Billable Outside Prospective Payment System (PPS)\*

What oral health services performed by FQHC medical providers can be billed to Medicaid outside the PPS?

State/Jurisdiction	Services	Comment
Colorado	None	
Connecticut	None	In Connecticut, oral health services performed by FQHC medical providers cannot be billed to Medicaid outside the medical encounter within the Prospective Payment System (PPS).
Montana	None	
New York	None	
Puerto Rico	None	
South Carolina	99188	Rural health clinics can bill for a fluoride varnish application outside the PPS
Texas	None	
Wisconsin	D1206, D1354, 99188	Only tribal federally qualified health centers (FQHCs) can bill for these services as part of the HealthCheck program

### Summary



Safety-net clinics, such as FQHCs, cannot bill outside the PPS for oral health services in six of the MCH-IOHI states/jurisdiction. In South Carolina, rural health clinics can bill for a fluoride varnish application outside the PSS. In Wisconsin, only tribal FQHCs can bill for oral health services outside the PPS.

\*PPS is a method of reimbursement in which Medicaid payment is made based on a predetermined, fixed amount.

## Medical Providers Who Can Directly Bill for Fluoride Varnish or Silver Diamine Fluoride

Can the medical provider directly bill Medicaid for a fluoride varnish application or silver diamine fluoride treatment?

State/Jurisdiction	Fluoride Varnish Application					Silver Diamine Fluoride Treatment				
	Physician	Physician Assistant	Advanced Practice Nurse	Registered Nurse	Licensed Practical Nurse	Physician	Physician Assistant	Advanced Practice Nurse	Registered Nurse	Licensed Practical Nurse
Colorado*	Yes	Yes	Yes*	No	No	No	No	No	No	No
Connecticut	Yes	Yes	Yes	No	No	No	No	No	No	No
Montana	Yes	Yes	Yes	No	No	No	No	No	No	No
New York	Yes	No	Yes	No	No	No	No	No	No	No
Puerto Rico	No	No	No	No	No	No	No	No	No	No
South Carolina	Yes	Yes	Yes	No	No	No	No	No	No	No
Texas^	Yes	Yes^	Yes^	No	No	No	No	No	No	No
Wisconsin	Yes	Yes	No	No	No	No	No	No	No	No

\* In Colorado, an advanced practice nurse must have prescriptive authority to directly bill Medicaid.

^ In Texas, a physician assistant and advanced practice nurse can directly bill if they are enrolled in Medicaid as a THSteps provider.

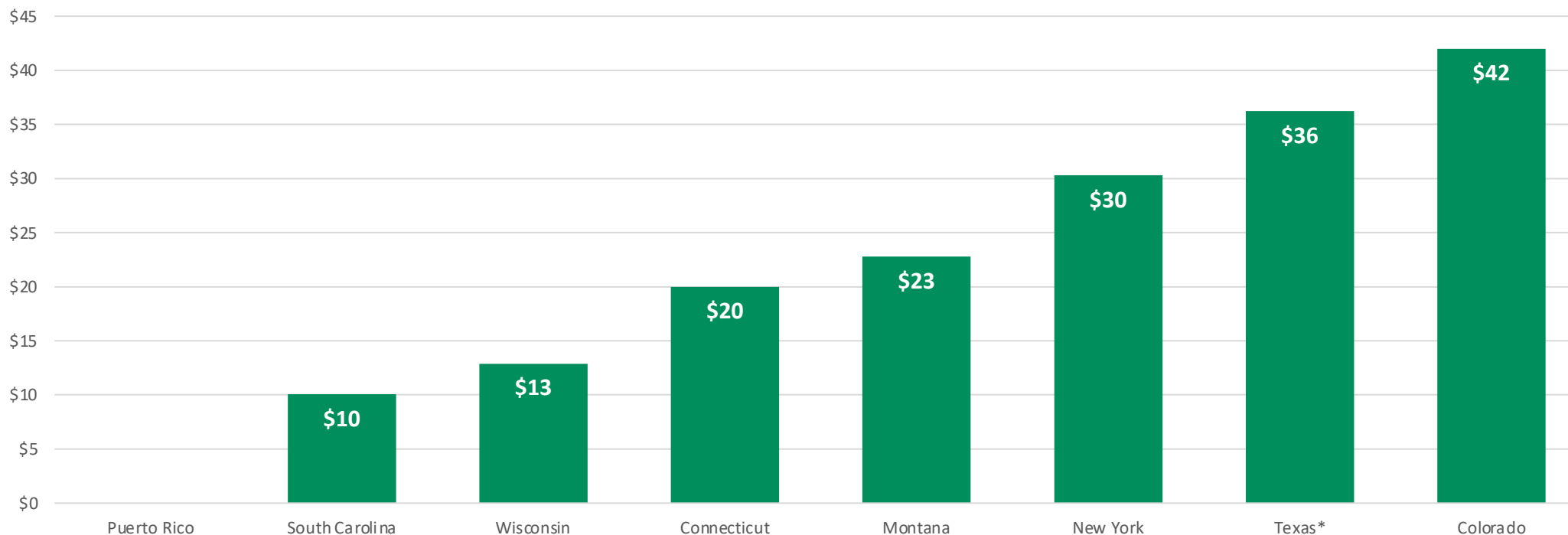
### Summary



Physicians can directly bill Medicaid for applying fluoride varnish in all MCH-IOHI states. Physician assistants can directly bill Medicaid for applying fluoride varnish in all states, except New York. Advanced practice nurses can directly bill Medicaid for applying fluoride varnish in all states, except Wisconsin. In Puerto Rico, physicians, physician assistants, and advanced practice nurses can not apply fluoride varnish.

## Medicaid Reimbursement for Fluoride Varnish Application to Medical Providers

*Medicaid Reimbursement Rates (Rounded) for Fluoride Varnish Application (CPT Code 99188)  
Provided by a Physician or Their State/Jurisdiction–Allowed Designee, 2024*



\* The Texas reimbursement rate is for a bundled service that includes a caries risk assessment, oral evaluation, fluoride varnish application, oral hygiene instruction, and nutritional counseling.



Medicaid fee-for-service reimbursement rates for fluoride varnish application provided by physicians or their state/jurisdiction–allowed designee vary by state/jurisdiction from no reimbursement in Puerto Rico to a high of \$42 in Colorado.

# Fluoride Varnish Application by Medical Providers for Children

## The number of times per year Medicaid will reimburse a medical provider for fluoride varnish

State/Jurisdiction	Number of Times per Year	Age Restrictions for Reimbursement
Colorado	4 3	< age 5 Ages 5–20
Connecticut	At every well-child visit as determined by EPSDT schedule	< age 7
Montana	2 (6 for high risk)	< age 6
New York	4	< age 6
Puerto Rico	0	Not applicable
South Carolina	4 1	< age 7 Ages 7–20
Texas	6 per child’s lifetime (at well-child visits)	6–35 months
Wisconsin	2 (4 for high risk)	From birth through age 21

\* In Colorado, the number of fluoride varnish applications reimbursed accounts for those billed for a member by both a medical and dental provider in a calendar year.

### Summary



Most MCH-IOHI states/jurisdiction allow medical providers to apply fluoride varnish two or more times per year.



While most states restrict reimbursement for a fluoride varnish application to children under age 6, Colorado, South Carolina, and Wisconsin reimburse medical providers for a fluoride varnish application to age 20.

## Fluoride Varnish Application by Medical Providers for Children

State/Jurisdiction	Must Take a Training Course for Medicaid Reimbursement	Must Be Combined with a Well-Child Visit	Number Reduced if Child Receives Fluoride Varnish Application from Dentist
Colorado	Yes	Yes (if child is < age 5)	Yes
Connecticut	Yes	No	No
Montana	No	No	Yes
New York	No	No	No
Puerto Rico*	Not applicable	Not applicable	Not applicable
South Carolina	No	No	No
Texas	Yes	Yes (if child is ages 6–35 months)	No
Wisconsin	No	No	No

\* Puerto Rico's Medicaid program does not reimburse medical professionals for applying fluoride varnish.

### Summary



Three of the MCH-IOHI states (Colorado, Connecticut, and Texas) require that medical providers take a training course before they can be reimbursed by Medicaid for applying fluoride varnish.



Two of the MCH-IOHI states (Colorado and Texas) only reimburse medical providers for a fluoride varnish application in children under age 5 when it is combined with a well-child visit.

## Fluoride Varnish Application by Medical Providers for Pregnant Women

Medicaid reimburses medical providers for a fluoride varnish application to pregnant women  $\geq$  age 21

State/Jurisdiction	Medicaid Reimburses Medical Providers for a Fluoride Varnish Application for Pregnant Women $\geq$ age 21	Number of Reimbursable Applications Per Year
Colorado	No	
Connecticut	No	
Montana	No	
New York	No	
Puerto Rico	No	
South Carolina	No	
Texas	No	
Wisconsin	No	

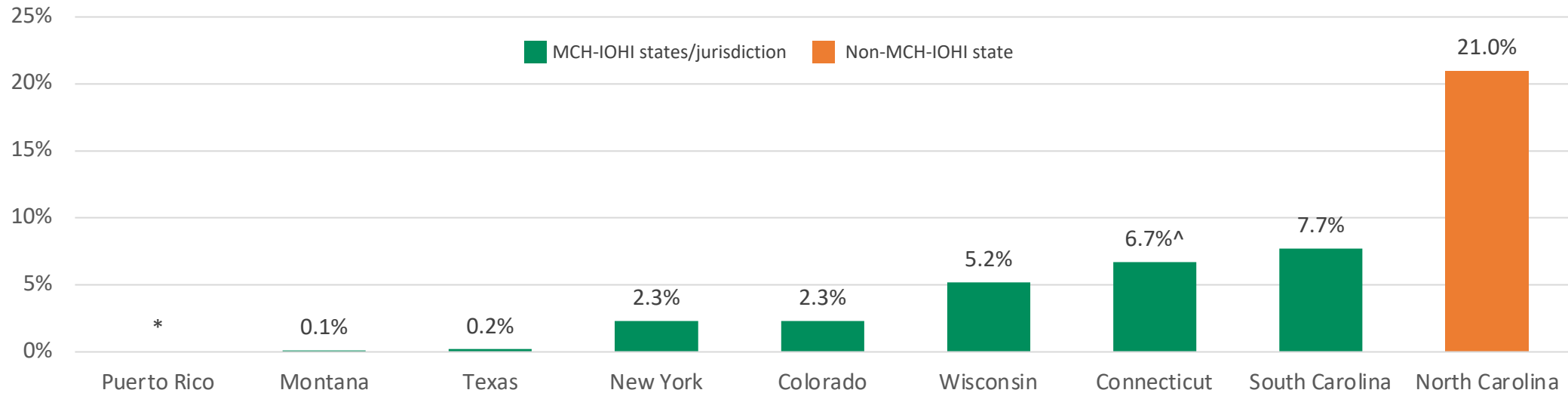
### Summary



No MCH-IOHI state/jurisdiction reimburses medical providers for a fluoride varnish application provided to pregnant women.

# Medicaid Beneficiaries Who Received a Topical Fluoride Application

## Percentage of Medicaid Beneficiaries Ages 1–2 Who Received a Topical Fluoride Application From a Medical Provider or a Direct-Access Dental Hygienist, 2022



\* In Puerto Rico, fluoride varnish application is not within a medical providers scope of practice.

^ In Connecticut, 8.2% of children ages 1 to 2 who were continuously enrolled for 12 months received at least two fluoride varnish applications by a medical provider (CPT 99188).

### Summary



In the MCH-IOHI states/jurisdiction, a low percentage of young children enrolled in Medicaid receive a topical fluoride application from a medical provider or direct access dental hygienist, especially compared to young children in North Carolina (non-MCH-IOHI state), the state with the highest percentage of children receiving a topical fluoride application from a medical provider or direct access dental hygienist.

Source: Herndon J, Ojha D, Layman S, Colangelo E, Aravamudhan K. 2025. *Dental Quality Alliance Oral Healthcare Quality State Profiles*. Chicago, IL: American Dental Association; Gainesville, FL: Key Analytics and Consulting. Accessed July 21, 2025.

Note: The Centers for Medicare & Medicaid Services has two provider classifications, “dental,” which includes services provided by or under the supervision of a dentist and “oral health,” which includes services provided by other personnel (e.g., physicians, direct access dental hygienists).

## Medicaid Billable Services for Dental Providers

Can a dental provider bill and be reimbursed for these services through Medicaid for children (from birth to age 21)?

State/Jurisdiction	Caries Risk Assessment (D0601-0603)	Fluoride Varnish (D1206)	Silver Diamine Fluoride (D1354)	Oral Hygiene Instruction (D1330)	Nutritional Counseling (D1310)	Oral Health Case Management (D9992)
Colorado	Yes (D0190)	Yes	Yes	No	No	No
Connecticut*	Yes	Yes	Yes	No	No	Yes*
Montana^	Yes	Yes	Yes	Yes^	Yes^	Yes
New York	No	Yes	Yes	No	No	No
Puerto Rico	No	Yes	No	No	No	No
South Carolina+	No	Yes	Yes	Yes+	Yes+	No
Texas	No	Yes	Yes	Yes	No	No
Wisconsin	No	Yes	Yes	No	No	No

\* In Connecticut, oral health case management is “manually priced,” which means that reimbursement is determined on a case-by-case basis through a manual review process.

^ In Montana, only Access to Baby and Child Dentistry (AbCd) program providers are eligible to receive reimbursement for oral hygiene instruction and nutritional counseling. In addition, enrollees must be under age 5.

+ In South Carolina, oral hygiene instruction and nutritional counseling are covered through Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).

### Summary



Connecticut and Montana are the only MCH-IOHI states that reimburse dental providers for a caries risk assessment, while all MCH-IOHI states/jurisdiction reimburse for applying fluoride varnish. Puerto Rico is the only MCH-IOHI state/jurisdiction that does not reimburse dental providers for applying silver diamine fluoride.



Connecticut and Montana are the only MCH-IOHI states that reimburse dental providers for oral health case management.

## Medicaid Billable Services for Dental Providers

Can a dental provider bill and be reimbursed for services through Medicaid for *pregnant women* ( $\geq$  age 21)?

State/Jurisdiction	Caries Risk Assessment (D0601-0603)	Fluoride Varnish (D1206)	Silver Diamine Fluoride (D1354)	Oral Hygiene Instruction (D1330)	Nutritional Counseling (D1310)	Oral Health Case Management (D9992)
Colorado	No	Yes	Yes	No	No	No
Connecticut	Yes	Yes	Yes	No	No	No
Montana	No	Yes	Yes	No	No	No
New York	No	No	Yes	No	No	No
Puerto Rico	No	No	No	No	No	No
South Carolina	No	No	No	No	No	No
Texas	No	No	No	No	No	No
Wisconsin	No	Yes	Yes	No	No	No

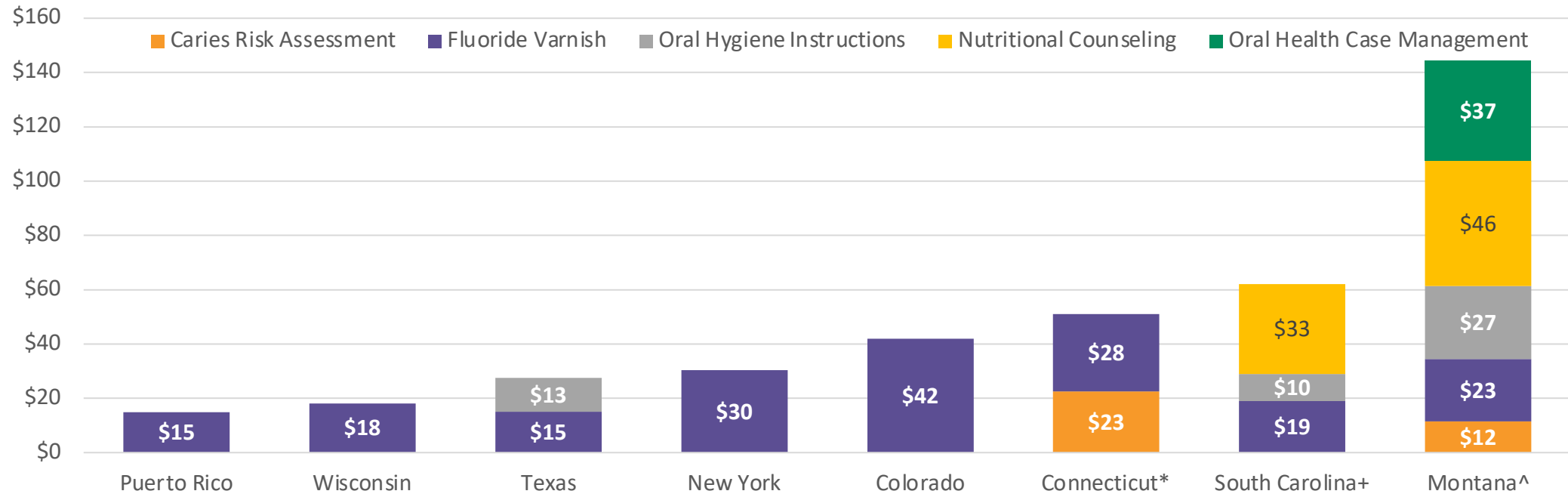
### Summary



Four MCH-IOHI states (Colorado, Connecticut, Montana, and Wisconsin) reimburse dental providers for applying fluoride varnish to pregnant women  $\geq$  age 21. Five MCH-IOHI states/jurisdiction (Colorado, Connecticut, Montana, New York, and Wisconsin) reimburse dental providers for applying silver diamine fluoride to pregnant women  $\geq$  age 21.

## Medicaid Reimbursement to Dental Providers for Children (from birth to age 21)

*Medicaid Reimbursement Rates (Rounded) for Risk Assessment (D0601-0603), Fluoride Varnish (D1206), Oral Hygiene Instruction (D1330), Nutritional Counseling (D1310), and Case Management (D9992) Provided by a Dentist or Their Designee (children from birth to < age 21), 2025*



\* In Connecticut, oral health case management is “manually priced” which means that reimbursement is determined on a case-by-case basis through a manual review process.

^ In Montana, only AbCd providers are eligible to receive reimbursement for oral hygiene instruction and nutritional counseling. In addition, enrollees must be less than 5-years of age.

+ In South Carolina, oral hygiene instruction and nutritional counseling are covered through EPSDT.



Medicaid fee-for-service reimbursement rates to dental providers for this bundle of services varies by MCH-IOHI state/jurisdiction from a low of \$15 in Puerto Rico to a high of \$145 for AbCd providers in Montana. Montana is the only MCH-IOHI state that reimburses for oral health case management.

## Medicaid Reimbursement to Dental Providers for Silver Diamine Fluoride Treatment

### Per tooth reimbursement rate for silver diamine fluoride and age/frequency restrictions for silver diamine fluoride reimbursement

State/Jurisdiction	Silver Diamine Fluoride Per Tooth Reimbursement (D1354)	Age Restrictions	Frequency Restrictions
Colorado	\$54.53	None	2 times per year per tooth, 4 times per lifetime per tooth
Connecticut	\$28.42 per arch and \$1.00 per tooth	Age < 21 Age ≥ 21 if adult has a special health care need	4 times per year per arch
Montana	\$23.02 per quadrant	None	4 quadrants per benefit year
New York	\$15.15	None	2 times per year per tooth, 4 times per lifetime per tooth
Puerto Rico	\$0.00	Not applicable	Not applicable
South Carolina	\$15.00 per tooth not to exceed \$60 per date of service	Age < 21 Age ≥ 21 with ID/RD waiver	No restrictions for first and second application per tooth. Thereafter, every 6 months regardless of tooth applied to.
Texas	\$14.50	Birth to age 6	Once per lifetime per tooth
Wisconsin	\$9.10	None	2 times per year per tooth, 4 applications per tooth per lifetime (may be exceeded for high risk)

### Summary

Puerto Rico is the only MCH-IOHI state/jurisdiction that does not reimburse dental providers for applying silver diamine fluoride. Among the MCH-IOHI states that do reimburse for applying silver diamine fluoride, there are state-to-state variations in reimbursement rates, age restrictions, and frequency restrictions.

## Dental Providers Who Can Directly Bill for Applying Fluoride Varnish or Silver Diamine Fluoride

### Can a dental provider directly bill Medicaid for applying fluoride varnish or silver diamine fluoride?

State/Jurisdiction	Fluoride Varnish			Silver Diamine Fluoride		
	Dentist	Dental Therapist	Dental Hygienist	Dentist	Dental Therapist	Dental Hygienist
Colorado	Yes	No	Yes	Yes	No	Yes
Connecticut*	Yes	No*	Yes	Yes	No*	No
Montana	Yes	Not applicable	Yes	Yes	Not applicable	Yes
New York	Yes	Not applicable	No	Yes	Not applicable	No
Puerto Rico	Yes	Not applicable	No	No	Not applicable	No
South Carolina	Yes	Not applicable	No	Yes	Not applicable	No
Texas	Yes	Not applicable	No	Yes	Not applicable	No
Wisconsin	Yes	Yes	Yes	Yes	Yes	Yes

\* Although Connecticut has dental therapy legislation there are currently no practicing dental therapists.

### Summary



Dentists can directly bill Medicaid for applying fluoride varnish in all MCH-IOHI states/jurisdiction, while dental hygienists can directly bill in four MCH-IOHI states (Colorado, Connecticut, Montana, and Wisconsin). Dentists can directly bill for applying silver diamine fluoride in all MCH-IOHI states/jurisdiction except Puerto Rico. Dental hygienists can directly bill for applying silver diamine fluoride in three MCH-IOHI states (Colorado, Montana, and Wisconsin).

## Restrictions on Applying Fluoride Varnish by Dental Providers

Describe age limits/range for the number of reimbursable fluoride varnish applications/year by a dental provider for a child.

How many times per year can a dental provider be reimbursed for fluoride varnish for a pregnant woman  $\geq$  age 21?

Is the number of reimbursable fluoride varnish applications reduced if child receives fluoride varnish from a medical provider?

State/Jurisdiction	Age Limits/Range for Fluoride Varnish for a Child	Number of Varnish Applications for Pregnant Woman	Number Reduced if Child Receives Fluoride Varnish from a Medical Provider
Colorado	2 for children < age 21 4 for high-risk children < age 21	2	Yes
Connecticut	2 for children < age 21	1	No
Montana	2 for children > age 2 6 for high-risk children from birth to age 2	2	Yes
New York	4 for children < age 21	0	No
Puerto Rico	2 for children < age 19	0	Not applicable
South Carolina	2 for children < age 21	0	No
Texas	2 for children ages 6–251 months	0	No
Wisconsin*	2 for children < age 21 4 for high-risk children < age 21	1 (4 for high-risk)*	No

\* Wisconsin Medicaid does not reimburse providers for dental services for pregnant women if they were enrolled based on their pregnancy status. Dental services are covered for women who are already Medicaid beneficiaries who then happen to become pregnant.

### Summary

All MCH-IOHI states/jurisdiction reimburse for at least two fluoride varnish applications per year for children. The upper age limit for children is age 21 for all MCH-IOHI states/jurisdiction except Puerto Rico which has an upper limit of age 19. Four MCH-IOHI states reimburse for applying fluoride varnish to a pregnant woman  $\geq$  age 21 (Colorado, Connecticut, Montana, and Wisconsin).

## Restrictions on Applying Silver Diamine Fluoride by Dental Providers

**Colorado:** Dental providers are reimbursed for silver diamine fluoride application with no age restrictions, covered two times per tooth in a 12-month period with a total of four times per lifetime of the tooth. Silver diamine fluoride may be applied to up to five teeth on the same date of service, with more teeth considered in exceptional circumstances.

**Connecticut:** For primary teeth, silver diamine fluoride may be applied once every 4 months regardless of the tooth surface until the tooth nears exfoliation. For permanent teeth, silver diamine fluoride may be applied once every 4 months regardless of the tooth surface for a maximum of six times per lifetime of the tooth/teeth. Additional applications may be prior authorized if medically necessary. All teeth requiring silver diamine fluoride application shall be treated in one visit and not over multiple appointments regardless of the type of provider, facility, clinic, or FQHC, delivering the service.

**Montana:** Dental providers can bill four units of silver diamine fluoride per benefit year. One unit = one quadrant; quadrant numbers are used in the place of tooth numbers on claims.

**New York:** Dental providers are reimbursed for silver diamine fluoride application with no age restrictions, covered two times per tooth in a 12-month period with a total of four times per lifetime of the tooth. Silver diamine fluoride may be applied to up to five teeth on the same date of service with more teeth considered in some circumstances.

**Puerto Rico:** Medicaid does not reimburse for silver diamine fluoride application.

**South Carolina:** Silver diamine fluoride can be applied to primary or permanent teeth for covered children < age 21 and for adults  $\geq$  age 21 if they have an ID/RD waiver. Providers may apply silver diamine fluoride to as many teeth as necessary, but total reimbursement may not exceed \$60 per date of application. The first and second date of application must be billed in conjunction with or within 6 months of a periodic or comprehensive examination or a consultation performed by the same provider, provider location, or billing entity. Subsequent applications must be either in conjunction with a periodic or comprehensive examination or consultation and at least 6 months apart.

**Texas:** Dental providers are reimbursed for silver diamine fluoride applied to teeth of children from birth to age 6 and limited to once per lifetime per tooth by any provider in the office setting. Head of household consent must be obtained prior to applying silver diamine fluoride.

**Wisconsin:** Dental providers can bill once per tooth, per 6-month period for a maximum of five teeth per date of service and a maximum of four applications per tooth, per lifetime, per member. Frequency limitation may be exceeded for up to four times per tooth per 12-month period for members with high caries risk.

# Dental Hygienists

Dental hygienists are licensed dental providers who focus on preventing and treating oral diseases to protect patients' teeth, gums, and overall health. They are graduates of accredited dental hygiene education programs and must pass a written national board examination and a clinical examination before they are licensed to practice. Dental hygienists work in a variety of settings such as private dental offices, schools, public health clinics, and nursing facilities.

## Dental Hygienists—Ability to Practice in Community-Based Settings

States/jurisdiction that allow dental hygienists to practice in community-based settings with general or direct-access supervision

State/Jurisdiction	Can Practice in Community-Based Settings	Description
Colorado	Yes	All dental hygienists can practice independently.
Connecticut	Yes	Dental hygienists with 2 years of experience may practice without supervision in institutions, public health facilities, group homes, and schools.
Montana	Yes	Dental hygienists with a limited access permit can provide preventive services in schools and other public health facilities such as nursing homes and Head Start programs.
New York	Yes	Dental hygienists can work in public health settings including schools, long-term care homes, and mobile outreach units if they have a collaborative arrangement with a dentist.
Puerto Rico	No	
South Carolina	Yes	Any dental hygienist employed/contracted by the Department of Public Health may practice under general supervision in settings such as schools and nursing homes.
Texas	Yes	Dental hygienists may provide services in a school, nursing facility, or community health center for up to 6 months without a dentist seeing the patient.
Wisconsin	Yes	In settings other than a dental office, the authorization and presence of a licensed dentist is not required for the practice of dental hygiene.

### Summary and Impact



All seven of the MCH-IOHI states allow dental hygienists to work outside the traditional private dental practice with general or direct-access supervision.



Allowing dental hygienists to provide care in community-based locations such as schools and other public health settings expands access to preventive oral health.

Source: American Dental Hygienists' Association. 2025. [Direct Access States](#). Chicago, IL: American Dental Hygienists' Association.

## Dental Hygienists—Direct Access

Direct access refers to a dental hygienist's ability to initiate treatment based on their assessment of a patient's needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship.

Colorado, Texas, and Wisconsin are the only MCH-IOHI states that allow direct access dental hygienists to apply fluoride varnish in a community-based setting without a special permit, advanced designation, or employment by a public health agency. Direct access to fluoride varnish in a community-based setting is available in four MCH-IOHI states (Connecticut, Montana, New York, and South Carolina) if the dental hygienist has a special permit, has advanced designation, practices in a public health setting, or has a collaborative-practice agreement with a dentist. In Puerto Rico, fluoride varnish must be applied under the general supervision of a dentist.

Source: American Dental Hygienists' Association. 2025. [Direct Access States](#). Chicago, IL: American Dental Hygienists' Association.

## Dental Hygienists—How Primary Care Settings Are Using Dental Hygienists

### Examples of how primary care settings are using dental hygienists

Colorado: Dental hygienists provide direct access services in medical offices and school-based health centers.

Connecticut: Public health dental hygienists can provide care in defined public health facilities including but not limited to community health centers, group homes, schools, preschools, Head Start Programs, WICs, senior centers, managed residential communities, child care centers, temporary dental clinics, nursing facilities, substance use disorder treatment facilities, and facilities for those with intellectual disabilities.

Montana: A dental hygienist with a limited-access-permit endorsement can practice via direct access in FQHC sites and other federally funded community health clinics, mobile health clinics, home health settings, local public health clinics, and state-health-care facilities.

South Carolina: Dental hygienists can work in public health settings such as schools and nursing homes.

Texas: Dental hygienists cannot work in stand-alone primary care offices but can work in community-health-network clinics.

Wisconsin: Dental hygienists are integrated into primary-care locations.

# Dental Therapists

Dental therapists are mid-level providers, similar to physician assistants. Dentists hire and supervise therapists to provide high-quality care to more patients, grow their practices, and provide treatment to populations that are underserved and at high risk for oral disease. Therapists can work in traditional dental offices and clinics or in community settings such as schools or nursing homes. They provide preventive and routine restorative care, including filling cavities, placing temporary crowns, and extracting badly diseased or loose teeth.

## Dental Therapists—Legislation

### States/jurisdiction with dental-therapist legislation

As of July 2025, four MCH-IOHI states have passed dental therapy legislation, but there are fewer than 10 practicing therapists in any of the four states—Colorado, Connecticut, Montana (Indian Health Service and tribal programs only), and Wisconsin.

Note: Montana’s dental therapy legislation removed restorative procedures, including extractions, from the authorized scope of practice for therapists, which limits their ability to meet the oral health care needs of Montana’s tribes. For the purposes of this chartbook, Montana is classified as not having dental therapists.

# Community Health Workers

A community health worker is a frontline public health worker who is a trusted member of and/or has a close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

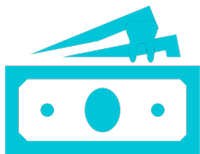
## Community Health Workers—Examples



Four of the MCH-IOHI states—Colorado, Connecticut, South Carolina, and Texas—report having a certification process for community health workers.



One of the four MCH-IOHI states with certified community health workers—Texas—includes oral health in the community-health-worker curriculum.



None of the MCH-IOHI states with certified community health workers has Medicaid programs that reimburse for oral health services provided by a community health worker.



Community health workers have been identified by many titles, such as community health advisors, lay health advocates, *promotoras*, outreach educators, community health representatives, peer health promoters, and peer health educators.

# Teledentistry

Teledentistry is the use of electronic information, imaging, and communication technologies, including interactive audio, video, and data communications, as well as store-and-forward technologies, to provide and support oral-health-care delivery, diagnosis, consultation, treatment, transfer of information, and education.

# Teledentistry

State/Jurisdiction	Practiced in State/Jurisdiction	Which Providers Can Use Teledentistry	Synchronous Reimbursed by Medicaid	Asynchronous Reimbursed by Medicaid	Payment the Same for Synchronous and Asynchronous
Colorado	Yes	Synchronous: dentists Asynchronous: dentists, dental hygienists	Yes (emergencies only)	Yes	No
Connecticut	No				
Montana	Yes	Dentists	Yes	Yes	No
New York	Yes	Dentists, dental hygienists	Yes	Yes	Yes
Puerto Rico	Yes	Dentists	Yes	Yes	Yes
South Carolina	No				
Texas	Yes	Dentist, dental hygienists*	Yes	No	Not applicable
Wisconsin	Yes	Dentists, dental hygienists	Yes	Yes	Yes

\* In Texas, dental hygienists can see patients remotely if under the direction of a dentist.

Synchronous teledentistry refers to live, real-time dental consultations conducted remotely via video conferencing.

Asynchronous teledentistry involves the transmission of patient health information to a dental professional for review at a later time, without a real-time interaction.

## Summary



Teledentistry is permitted in six MCH-IOHI states/jurisdiction (Colorado, Montana, New York, Puerto Rico, Texas, and Wisconsin). Dentists and dental hygienists can use teledentistry in Colorado, New York, Texas, and Wisconsin, while only dentists can use teledentistry in Montana and Puerto Rico.



Medicaid reimburses for synchronous teledentistry in all MCH-IOHI states/jurisdiction that permit teledentistry. Medicaid reimburses for asynchronous teledentistry in five MCH-IOHI states/jurisdiction—Colorado, Montana, New York, Puerto Rico, and Wisconsin. Medicaid reimbursement for synchronous and asynchronous teledentistry is the same in New York, Puerto Rico, and Wisconsin.

# General Information

## Community Health Centers (CHCs), Medicaid, and Pregnancy Benefits

State/Jurisdiction	CHCs Can Bill Same Day for Medical and Dental Services	State's Medicaid Dental Benefit for Pregnant Women $\geq$ Age 21 Extends to 12 Months Postpartum	Extent of State's Medicaid Dental Benefit for Pregnant Women $\geq$ Age 21
Colorado	Yes	Yes	Extensive
Connecticut	Yes	Yes	Extensive
Montana	Yes	Yes	Extensive
New York	Yes	Yes	Extensive
Puerto Rico	Yes	Yes*	Extensive*
South Carolina	Yes	Yes	Limited
Texas	Yes	No	Emergency <sup>^</sup>
Wisconsin	Yes	No (limited to 60 days)	Extensive

\* In Puerto Rico, Medicaid eligibility is based on income rather than on pregnancy status.

<sup>^</sup> In Texas, some managed care plans provide more services through a value-added benefit.

### Definitions for Extent of State's Medicaid Dental Benefit

- **Emergency:** Services provided for the relief of pain and infection under defined emergency situations.
- **Limited:** Fewer than 100 diagnostic, preventive, and minor restorative procedures recognized by the American Dental Association (ADA); per-person annual expenditure for care is \$1,000 or less.
- **Extensive:** A comprehensive mix of services, including more than 100 diagnostic, preventive, and minor and major restorative procedures approved by ADA; per-person annual expenditure cap is at least \$1,000.

## Programs to Incentivize Dentists and Value-Based Care Payments

State/Jurisdiction	State/Jurisdiction Has Programs to Incentivize Dentists to Participate in Medicaid	State/Jurisdiction Has Value-Based Care Payment Models for Oral Health
Colorado	Yes	Yes
Connecticut*	Yes*	No
Montana	Yes	No
New York	No	No
Puerto Rico	No	No
South Carolina	No	No
Texas	Yes	Yes
Wisconsin	Yes	No

\* Connecticut has a student loan repayment program for dentists providing care at a qualifying employer in a Health Professional Shortage Area or at a qualifying state agency.

## Incentives for Medicaid Participation—Examples

### Examples of how states are incentivizing dentists for participating in Medicaid

Colorado: Public service loan forgiveness. There is no annual Medicaid benefit limit.

Connecticut: State student loan repayment program for providers in underserved areas and facilities.

Montana: AbCd is a program for incentivizing access to care for infants and children from birth through age 5. AbCd offers providers additional coding for preventive care, oral health education, caries risk assessment, and nutritional counseling ([http://brightsmilesmontana.com/dental\\_professionals/ABCD.php](http://brightsmilesmontana.com/dental_professionals/ABCD.php)).

Wisconsin: Medicaid reimbursement rates recently increased across the state, and since then, four counties have seen higher rates of procedures to address oral disease in children and emergency oral health problems in adults.

## Value-Based Care Payment Models—Examples

### Examples of value-based care payment models for oral health

Colorado: Incentive payment to managed care medical providers if they apply fluoride varnish to the teeth of infants and children from birth through age 5.

Texas: There are two value-based-payment programs, pay for quality program (P4Q) and alternative payment model (APM). P4Q involves Medicaid and the Children's Health Insurance Program (CHIP) in improvement efforts. If the plan shows no improvement or decline past its threshold, it retains all capitation. If it declines past its threshold, up to 1.5% of its capitation may be recouped by the agency. Incentive payments are earned from improvements beyond the threshold. Incentives are based on fund availability recouped from another plan. APM transitions from a volume-based to a quality-based payment model. Dental contractors follow set guidelines to improve oral health outcomes, improve member experience, lower health care costs, and incentivize contract providers.

## Fluoridated Water Systems and Professional Education

State/Jurisdiction	Percentage with Fluoridated Water* 2022	Number of Accredited Dental Schools July 2025	Number of Accredited Dental Hygiene Programs July 2025
Colorado	75.4	1	7
Connecticut^	90.4^	1	4
Montana	32.8	0	1
New York	71.7	5	10
Puerto Rico	0.0	3	0
South Carolina	92.0	1	6
Texas	70.7	4	28
Wisconsin	84.6	1	8

\* Percentage of the state's/jurisdiction's population on a community water system that had access to fluoridated water, 2022.

^ According to Connecticut's internal data, 86% of the state's population served by a community water system receives fluoridated water.

Sources: (1) Centers for Disease Control and Prevention. 2024. *2022 Water Fluoridation Statistics* [webpage]. Accessed July 21, 2025. <https://www.cdc.gov/fluoridation/php/statistics/2022-water-fluoridation-statistics.html> (2) Commission on Dental Accreditation. 2024. *Find a Program* [webpage]. Accessed July 21, 2025. <https://coda.ada.org/find-a-program/>

## Non-Dental Services Provided by Dental Providers

Can dental providers provide these non-dental services, and if yes, does Medicaid reimburse for the service?

State/Jurisdiction	Blood Glucose Testing		Hypertension Screening		Behavioral Health Screening		Tobacco-Cessation Education		Vaccines	
	Allowable	Reimbursable	Allowable	Reimbursable	Allowable	Reimbursable	Allowable	Reimbursable	Allowable	Reimbursable
Colorado	Yes	Yes	Yes	No	Yes	No	Yes	No	No	NA
Connecticut	Yes	Yes	No	NA	No	NA	Yes	Yes	No	NA
Montana	Yes	No	Yes	No	Yes	No	Yes	Yes	No	NA
New York	No	NA	No	NA	No	NA	Yes	Yes	No	NA
Puerto Rico	No	NA	No	NA	No	NA	Yes	No	No	NA
South Carolina	Yes	No	Yes	No	Yes	No	Yes	No	No	NA
Texas	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Wisconsin	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

NA=Not applicable

## State/Jurisdiction Oral Health Program and Oral Health Coalition

State/Jurisdiction	Has an Oral Health Program*	The Leader of the Oral Health Program Is a Dental Provider*	The Leader of the Oral Health Program Has a Master's Degree in Public Health*	Has an Oral Health Coalition
Colorado	Yes	Yes	Yes	Yes
Connecticut	Yes	No	Yes	Yes
Montana	Yes	No	No	Yes
New York	Yes	Yes	Yes	Yes
Puerto Rico	Yes	Yes	No	Yes
South Carolina	Yes	No	Yes	Yes
Texas	Yes	Yes	No	Yes
Wisconsin	Yes	Yes	No	Yes

\* Source: Association of State and Territorial Dental Directors Membership Roster as of July 21, 2025

## Dentist Participation in Medicaid

State/Jurisdiction	Number of Dentists Working in Dentistry (2023)	Percentage of Dentists Participating in Medicaid/CHIP (2019)	Percentage of Dentists that Served 1+ Medicaid Enrollees (2017)	Percentage of Dentists that Served 100+ Medicaid Enrollees (2017)
Colorado	4,072	60%	28%	11%
Connecticut	2,537	45%	37%	19%
Montana	640	73%	64%	27%
New York	14,146	37%	31%	16%
Puerto Rico	1,420	66%*	30%*	2%*
South Carolina	2,493	39%	48%^	26%^
Texas	16,522	57%	34%	25%
Wisconsin	3,323	38%	24%	10%

\* Source: MCH-IOHI environmental scan, calendar year 2024

^ Source: MCH-IOHI environmental scan, state fiscal year 2024 and calendar year 2023

Sources: (1) American Dental Association. N.d. *The Dentist Workforce* [webpage]. Accessed July 21, 2025. [www.ada.org/resources/research/health-policy-institute/dentist-workforce](http://www.ada.org/resources/research/health-policy-institute/dentist-workforce)  
 (2) Vujicic M, Nasseh K, Fosse C. 2021. *Dentist Participation in Medicaid: How Should It be Measured? Does It Matter?* Chicago, IL: American Dental Association. Accessed July 21, 2025. (3) American Dental Association. 2020. *Dentist Participation in Medicaid or CHIP* [webpage]. Accessed July 21, 2025. [https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpigraphic\\_0820\\_1.pdf](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpigraphic_0820_1.pdf)

# Appendices

## Appendix 1: Medicaid Reimbursement to Dental Hygienists

The following five MCH-IOHI states/jurisdiction have statutory or regulatory language allowing the state Medicaid department to reimburse dental hygienists for services rendered.

- **Colorado:** Unsupervised dental hygienists may provide and bill for specific dental hygiene services.
- **Connecticut:** Qualified public health hygienists may bill Medicaid for services in a public health facility. This includes a community health center, a group home, a school, a preschool operated by a local or regional board of education, or a Head Start program.
- **Montana:** Dental hygienists practicing under public health supervision may provide preventive dental hygiene services.
- **Wisconsin:** Dental hygienists certified as Medicaid providers by the Wisconsin Department of Health and Family Services may be directly reimbursed for a specific set of preventive services, including prophylaxis, fluoride treatments, dental sealants, and oral health evaluations.

Sources: (1) American Dental Hygienists' Association. N.d. *Reimbursement* [webpage]. Accessed July 21, 2025. [www.adha.org/reimbursement](http://www.adha.org/reimbursement), (2) Connecticut MCH-IOHI environment scan, 2025.

## Appendix 2: Community Water Fluoridation

### Percentage of population served by a community water system (CWS) receiving fluoridated water

State/Jurisdiction	Number of Persons Receiving Fluoridated Water	Number of Persons Served by CWS	Percentage of Population Served by CWS Receiving Fluoridated Water	Rank Out of 52 States/Jurisdiction
Colorado	4,173,964	5,533,326	75.4	27
Connecticut*	2,490,818	2,756,260	90.4*	15
Montana	259,366	791,719	32.8	47
New York	12,321,385	17,192,696	71.7	30
Puerto Rico	0	~3,200,000	0.0	52
South Carolina	3,685,922	4,006,552	92.0	11
Texas	20,215,247	28,591,918	70.7	31
Wisconsin	3,603,383	4,260,914	84.6	20

\* According to Connecticut's internal data, 86% of the state's population served by a community water system receives fluoridated water.

Source: Centers for Disease Control and Prevention. 2024. *2022 Water Fluoridation Statistics* [webpage]. Accessed July 21, 2025. <https://www.cdc.gov/fluoridation/php/statistics/2022-water-fluoridation-statistics.html>

## Appendix 3: Dental Workforce and Health Professional Shortage Area (HPSA) Designations

### Dentists working in dentistry and dental health professional shortage area (dHPSA) information

State/Jurisdiction	Number of Dentists Working in Dentistry 2023	Number Dentists per 100,000 Population 2023	Total Dental Care HPSA Designations December 31, 2024	Population of Designated dHPSAs December 31, 2024	Percentage of Need Met December 31, 2024	Practitioners Needed to Remove dHPSA Designation December 31, 2024
Colorado	4,072	69.3	109	884,783	58%	85
Connecticut	2,537	70.1	40	480,128	40%	71
Montana	640	56.5	115	240,970	43%	31
New York	14,146	72.3	161	2,779,530	16%	588
Puerto Rico	1,420*	44.4*	99	2,292,005	48%	297
South Carolina	2,493	46.4	90	1,557,360	45%	221
Texas	16,522	54.2	261	2,004,423	29%	368
Wisconsin	3,323	56.2	164	867,740	26%	164
<b>Total U.S.</b>	<b>202,304</b>	<b>60.4</b>	<b>7,067</b>	<b>59,506,039</b>	<b>32%</b>	<b>10,153</b>

\*Source: MCH-IOHI environmental scan and U.S. Census Bureau, 2024 and 2023

Sources: (1) American Dental Association. N.d. *The Dentist Workforce* [webpage]. Accessed July 21, 2025. [www.ada.org/resources/research/health-policy-institute/dentist-workforce](http://www.ada.org/resources/research/health-policy-institute/dentist-workforce)  
 (2) Kaiser Family Foundation. 2025. *Dental Care Health Professional Shortage Areas (HPSA)* [webpage]. Accessed July 21, 2025. [www.kff.org/other/state-indicator/dental-care-health-professional-shortage-areas-hpsas](http://www.kff.org/other/state-indicator/dental-care-health-professional-shortage-areas-hpsas)

## Appendix 4: Acronyms Used in Chartbook

- AbCd: Access to Baby and Child Dentistry program
- APM: Alternative payment model
- CHC: Community health center
- CHIP: Children’s Health Insurance Program
- CPT code: Current Procedural Terminology code
- CWS: Community water system
- dHPSA: Dental health professional shortage area
- EPSDT: Early and Periodic Screening, Diagnostic, and Treatment
- FQHC: Federally qualified health center
- HPSA: Health professional shortage area
- MCH-IOHI: Maternal and Child Health—Improving Oral Health Integration
- PPS: Prospective payment system
- P4Q: Pay for Quality program