

**Networks for Oral Health
Integration Within the
Maternal and Child
Health Safety Net**

Montana



Environmental Scan Results 2022

Executive Summary

This Environmental Scan seeks to understand the baseline facilitators and barriers to integrating oral health into primary care for pregnant people and children in community health centers. The information summarized here was compiled from key stakeholders (primary care and health professional associations) and state and federal agencies (HRSA, Medicaid, public health, etc.).

Montana is one of the most rural and least populous states in the nation, covering nearly 150,000 square miles. Fifty of 56 Montana counties are designated dental shortage areas. It is home to 7 American Indian reservations; American Indian and Alaska Natives make up the largest non-white population in the state.

There are 14 federally qualified health centers and 5 Urban Indian Organizations providing care to ~118,277 patients annually at 90+ delivery sites. Almost 17% of health center patients are children. As of 2020, 5.7% of children nationwide were uninsured, while 7.5% of Montana children lacked health insurance. Nearly 10% of women of childbearing age were uninsured. In 2016, Montana adopted and implemented Medicaid expansion, leading to increased enrollment of eligible people. Currently, 20% of Montana health center patients are uninsured. Montana ranks #31 out of 51 states on access to and affordability of health care.

Health disparities correlate with income, race, and the distribution of human and physical resources. Montana residents who are underserved face multiple barriers to oral disease prevention and treatment. These results specifically describe oral health services available to children and pregnant people in the community health center primary care setting.

Fluoride Varnish Application

- Fluoride varnish can be applied up to six times per year, from birth through age 20 years, for children at high risk for caries.
- Medicaid reimburses federally qualified health centers (FQHCs) for fluoride varnish application as part of the well-child visit.
- Non-dental providers may bill Medicaid for fluoride varnish application using CPT code 99188 or D1206.
- Non-dental providers are not required to complete an oral health training course or to use specific risk assessment to be reimbursed by Medicaid for fluoride varnish.

Fluoride Varnish Billing

The following non-dental providers in Montana can bill for fluoride varnish application:

- Physicians
- Nurse practitioners
- Physician assistants
- Midwives (Although Advanced Practice Registered Nurses, Certified Nurse Midwives are among the non-dental professionals who can bill Medicaid directly, children with dentition are not within the CNM population focus recognized by the state.)
- Nurses and medical assistants can apply fluoride varnish if physician delegates the task and codes directly.

Dental Hygienist, Therapist & Assistant Scope of Practice

- Dental hygienists can seek a limited access permit (LAP) certification with 2,400 clinical hours in the preceding 3 years or 3,000 career hours, with a minimum of 250 in the last 2 years. They must provide proof of liability insurance and the name of the practice where they will be working, complete all 12 continuing education credits, and submit an application. Dental hygienists with this certification can bill independently and be paid directly by Medicaid.
- The Montana law that states that the Indian Health Service and Tribal Health Programs can employ dental therapists as part of the Community Health Aide Program sunsets in 2023. Dental therapists have not been actively providing services.
- Dental hygienists practicing under public health supervision may provide preventive dental hygiene services.
- Dental assistants can perform basic dental procedures, including fluoride varnish application, and can become qualified in radiography.

Teledentistry

- Before COVID-19, Medicaid covered only synchronous teledentistry. During COVID-19, Medicaid reimbursed for both asynchronous and synchronous teledentistry. As of 2022, this policy was still in place.

Community Water Fluoridation (CWF)

- As of 2018, 30.7% of Montana's population was on a water system that delivered fluoridated water, below the national average of 73%. Only Oregon, New Jersey, and Hawaii have lower rates of CWF.

Strengths

- The AbCd program (Bright Smiles Montana) incentivizes dentists to treat children age 0-3 years of age who are at high risk for dental caries.
- Recent legislation requires insurers to cover teledentistry services if the same services would be covered during an in-person visit.
- Medicaid allows three different visits (behavioral, dental, medical) to be billed by an FQHC or other medical facility on the same day.

Opportunities

- Expand the AbCd program (Bright Smiles Montana) to cover children through age 5.
- Expand the settings in which Public Health Dental Hygienist/Limited Access Permit (LAP) can practice under general supervision to include medical clinics and hospitals.
- Adopt 12-month postpartum full Medicaid expansion package, including dental coverage for pregnant women.
- Increase access to fluoridated water and other preventive measures.
- Continue allowing dental therapists to practice in the Indian Health Service and Tribal Health programs.
- Invest in oral health workforce training and expansion in the state.

Resources

- [2022 Allowable and Prohibited Duties for Dental Assistants: Montana](#)
- [Bright Smiles Montana](#)
- [Dental: Dentist and Dental Hygienist](#)
- [Dental Hygiene Scope of Practice](#)
- [Variation in Dental Hygiene Scope of Practice by State](#)
- [Fluoride Application in Primary Care for Medical Providers](#)
- [Smiles for Life: A National Oral Health Curriculum](#)

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NOHI Project

To learn more about the NOHI project, please visit www.mchoralhealth.org/pdfs/nohi-overview-profiles.pdf



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