



Improving Oral Health Care for Patients with Special Health Care Needs in Wisconsin

Wisconsin Oral Health Coalition Special Needs Work Group Final Report

February 28, 2025

The Wisconsin Oral Health Coalition (WOHC) represents a diverse group of over 200 individuals, organizations and agencies dedicated to addressing oral health access and improving oral health outcomes across the state. In 2024, the WOHC formed a workgroup tasked with advancing oral health access and outcomes for individuals with special health care needs across the lifespan. These individuals who face chronic physical, developmental, behavioral or emotional conditions require healthcare services beyond those typically needed by their peers. For these patients, traditional outpatient dental clinics may not be able to meet their comprehensive oral health needs, resulting in care delivered by specialized dental team members, unique equipment and environmental needs (such as sedation or anesthesia) and/or care provided in alternative settings (such as hospitals or surgery centers). Many efforts have been made throughout Wisconsin to improve oral health care for patients with special needs, and this work is not new. However, the post-pandemic environment poses an opportunity to revisit the challenge in a coordinated, cross-sector approach and brings a sense of urgency to policymakers interested in collaborating to improve outcomes. This report provides an overview of activities in Wisconsin already moving the needle on improving oral health for individuals with special health care needs and describes new opportunities for policymakers' consideration.

Although oral health is a key component of overall health and well-being, limited data exists on the oral health of individuals with special needs both in Wisconsin and nationally. Available data reveals troubling and significant disparities. Wisconsin state surveillance data from 2007 found that 17% of children with special needs had a toothache in the last six months – more than double the rate for children without special health care needs.¹ Adding to this challenge, the few clinics in Wisconsin that can treat individuals with special needs have waitlists thousands of patients long, leaving Wisconsin families waiting to receive care² or unable to access care altogether. These delays often result in severe and preventable tooth decay that requires treatment under anesthesia in a hospital operating room. Earlier access to care could prevent many of these cases, reducing the burden on children, families and hospitals. Many families struggle to access care at all and are unable to make the long drive for treatment or are bounced between referrals that ultimately are unsuccessful.

¹ <https://www.dhs.wisconsin.gov/publications/p0/p00209.pdf>

² <https://www.jsonline.com/story/news/health/2023/06/26/4000-kids-wait-for-specialized-dental-care-at-childrens-wisconsin/70306768007/>



Access to oral health care is an issue that persists into adulthood for patients with special health care needs. Nationally, 32.6% of adults with a disability have not seen a dentist in two or more years, compared to 19.7% for those without a disability³. Adults with disability also report more frequently denied dental care³. These differences reflect a gap in high-quality, specialized care for adults with special health care needs. Consequently, adults with special health care needs have higher rates of untreated dental decay that lead to complex interventions, such as a being 3 times more likely to visit an emergency room for dental care³. Wisconsin data collected by Special Olympics Wisconsin also reflects disparities in care for adults with disability, finding that 5% of Special Olympics athletes had an urgent dental care need.

In 2024, patients and family members connected with the Wisconsin Board for People with Developmental Disabilities (BPDD) shared their experiences of dental care. People provided their experience in the fall of 2024, although their ongoing lack of dental care may have occurred in 2024 and before. Dental care has been a significant focus area for BPDD and the individuals they support. Families shared:

"Our child with Down syndrome and autism spectrum disorder has been receiving all of his dental care under general anesthesia in the O.R. It is not ideal because it entails extra risks, less frequent check-ups and cleanings, and fewer opportunities for self-determination in care. One reason he needs to be sedated is it has been extremely difficult to arrange the accommodations he would need to make non-sedated care in the dental office feasible for him."

"We have done sedation dentistry thru the Gardetto dental clinic which to my understanding is the only pedo-dentistry office that accepts Medicaid. My son waited over 2 years for an appointment."

"We were fortunate to get in with CHW dentistry after no other dentist in Milwaukee could understand our son's special needs. They could not even give him a basic first exam or x-rays. It was like they had never seen a special needs kid before."

Unfortunately, these stories are not a rarity. Too many families struggle to find oral health care for individuals with special needs in Wisconsin.

WOHC Special Needs Workgroup

The workgroup convened monthly to identify challenges and potential strategies to improve oral health care access for individuals with special health care needs.

The Work Group identified two desired outcomes:

³ <https://www.carequest.org/resource-library/family-affair-snapshot-oral-health-disparities-and-challenges-individuals>



1. Understand existing resources that support dental care for patients with special health care needs; and
2. Identify opportunities to improve access to dental care for patients with special health care needs.

All interested parties were welcome to join the workgroup, as improving outcomes can only occur when an interdisciplinary team works in collaboration from multiple perspectives. While patient perspectives were not explicitly included, several members shared their own experiences as family and support members who have navigated this challenge. Major themes that emerged from the workgroup's conversations include Medicaid reimbursement, provider and caregiver training, improving coordination and funding, addressing data gaps and facilitating office-based sedation.

The group began by identifying several recent and ongoing efforts in the state to improve access and oral health outcomes for patients with special needs.

Initiative	Details
Children's Wisconsin - Dental Clinic Expansion	In 2023, Children's received state funding, among other investments, to expand its Milwaukee dental facility. The new clinic will feature improved accommodations to better serve individuals with special health care needs. Thirty-five percent of those served at Children's have a special need or disability. Many are adults who grew up in the practice and continue to receive care at Children's due to the lack of general dentists to whom they can transition their care.
Delta Dental Urgent and Special Care Clinic and Marquette University General Residency Program	In 2024, Marquette opened the Delta Dental Urgent and Special Care Clinic formerly known as the Advanced Care Clinic, equipped to serve patients with special health care needs, and expanded curriculum in this area. Marquette also recently received state funding to develop a General Residency Program (GPR) which will expand training and care for medically complex patients, including residents trained in hospital-based care. Lack of a GPR has been a long-standing challenge. Notably, Meriter Hospital in Madison operated a general residency dental program until 2015, and its closure limited options for hospital-based care and left a training void.
Education and Training	Oral health providers in the state, including Children's Wisconsin and Marquette University, are expanding education and training for treating patients with special health care needs. Efforts include increasing clinical work credits or 'Relative Value Units' for students treating these patients, incorporating inclusive education and behavioral training in academic coursework, and promoting collaboration with allied specialties, such as physical, occupational and behavioral therapy. There is also a focus on caregiver training and preventive care to reduce reliance on hospital-based services. Externships, seminars, and continued learning opportunities further support providers in improving care for this population.

Medicaid Reimbursement Changes	Various state efforts have implemented changes to Medicaid payment for dental care, some specifically targeting patients with special health care needs and others more general. These recently included a 40% across-the-board rate increase for traditional outpatient dental practices, a \$700 incentive payment for hospital-based care and an incentive for clinics that serve a high concentration of patients with special health care needs. No comprehensive analysis has been performed to understand how these changing may be impacting patients with special health care needs, but anecdotally, the effects appear limited.
Clinic-level Infrastructure, Equipment, and Innovations	Many dental practices are investing in new technology, equipment and practices to serve patients with special health care needs. Examples include using wheelchair lifts and bariatric rooms, conducting a virtual walkthrough with an anxious patient and sensory adjustments.
Partnerships	Dental clinics develop partnerships with hospitals to provide Operating Room time and team support for advanced care, such as anesthesia. Often finding a receptive partner for advanced care is difficult.
Mobile Care and Special Access Events	Taking care <u>to</u> the patient is becoming more common, with Special Olympics featuring dental care at their regional events, and mobile clinics traveling to schools and employers. Through special events, patients (athletes) receive restorative care and may be referred for follow-ups. Clinicians also gain more experience working with patients with special needs.
Navigation and Referrals	Through Wisconsin Wayfinder, families are connected to regional centers staffed by resource guides that can help navigate care for individuals with special health care needs.

While these strategies are significant, more investments are needed. Considering existing efforts, high-priority gaps, the workgroup identified several potential opportunities for improvement that warrant further exploration and consideration. These opportunities are not intended to be the only solutions but were identified by the members of the workgroup as having the potential to address the issue at hand.

Opportunity for Improvement	Rationale
Implement code D9997 (Case Management for Patients with Special Needs) in Wisconsin Medicaid fee schedule with adequate payment rate	Wisconsin's Medicaid program does not currently reimburse for D9997, the dental case management code for patients with special needs. By adopting D9997, dental care providers would be compensated for treatment accommodations essential to providing high-quality care for patients with special health care needs. These modifications include extended appointment times, the use of specialized equipment, sedation and collaboration with primary care providers and social service providers to ensure comprehensive care.

	Several state Medicaid Programs, such as Colorado and Nevada, have successfully implemented reimbursement for D9997.
Provide long-term state funding for regional Centers of Excellence	Few dental team members have specialized training treating individuals with special needs. Further, existing reimbursement mechanisms are not resulting in improving access to care at the systemic level. To address these gaps sustainably, Wisconsin could invest in developing state infrastructure to support one or more regional Centers of Excellence for specialized dental care. Center(s) would provide access to state-of-the-art facilities with specialized dental operatories fully equipped to manage the unique needs of individuals with special needs, ensuring that patients across the state can receive high-quality care. In addition to direct patient services, the Center of Excellence would serve as a hub for education, offering specialized training for Wisconsin dental students, providing continuing education credits for current dental providers seeking to hone their skills with special populations and host medical and primary care providers to encourage cross-discipline collaboration. A new facility would not necessarily be needed, rather an existing hospital or clinic could be identified and augmented to meet the collective needs of multiple partners. This initiative would position Wisconsin as a leader in specialized dental and collaborative care for individuals with special needs, with the state's investment to be determined through further discussions with policymakers and state agencies. Ongoing, sustainable funding would bring multiple, collaborating stakeholders to the table such as a hospital, clinic and education partners.
Develop funding for interdisciplinary oral health training, with a focus on caregiver education	Maintaining good oral health and preventing cavities requires regular at-home care. However, caregivers may not know how to provide oral health care to individuals with special needs. To address this gap, Wisconsin could allocate funding for the development and dissemination of caregiver training programs and materials. These resources would equip caregivers with the necessary resources and skills to provide at-home oral health care for individuals with special health care needs, reducing oral health disparities. Further, ensuring that medical team members have improved basic knowledge of oral health care for populations with special needs will improve care by identifying issues that present in settings outside the dental office, and improving coordination and referrals. Such an initiative could be a collaboration between the state, private and non-profit entities and/or foundations and academic partners.

Improve accessibility of in-office sedation for both children and adults	For many patients with special health care needs, in-office sedation is necessary to provide dental treatment and may be clinically appropriate. However, Medicaid reimbursement rates are inadequate to incentivize providers to treat this population, and other administrative hurdles pose challenges. Increasing Medicaid reimbursement rates would increase accessibility in addition to simplifying and updating Medicaid requirements in the traditional outpatient setting.
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While opportunities for improvement identified in this brief address urgent and pressing issues in oral health for individuals with special needs, future efforts should also focus on collecting more comprehensive data on oral health outcomes for this target population. Expanding surveillance efforts, such as conducting regular state level surveys on oral health outcomes of individuals with special health care needs and using administrative data to report trends, will help identify geographic gaps, track the progress of interventions and identify where new approaches are still needed. However, it is important to act now while waiting for additional data. The limited data that does exist is compelling and highlights significant disparities for individuals with special health care needs. Implementing the workgroup's ideas will improve access and outcomes now while creating a strong foundation to identify further improvement strategies and systemic barriers through long-term surveillance.

The workgroup also considered other proposals such as changes to existing statutes, but wanted to ensure implementation would have a high impact without unintended adverse consequences, and therefore additional considerations were not included.

Summary of Opportunities for Improvement and Next Steps

Individuals with special health care needs face significant barriers in accessing oral health care, such as limited provider availability, long waitlists and insufficient Medicaid reimbursement for providers. To address these challenges, the workgroup identified the following opportunities for improvement:

- 1. Implement Medicaid code D9997 to more appropriately compensate providers for the specialized care required for patients with special needs**
- 2. Establish a regional Center of Excellence to expand specialized services and training**
- 3. Provide funding for caregiver education to improve at-home care and improve interdisciplinary education**
- 4. Increase Medicaid reimbursement and remove administrative barriers for clinically appropriate in-office sedation**

Advocates across the state look forward to engaging with state legislators, the Evers Administration, the Department of Health Services and allies to move this important agenda forward.



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"At every stage of the health care system, individuals with special needs face challenges – and that holds especially true for oral health care. I am proud of the collaborative efforts of this workgroup to compassionately consider opportunities to move collectively toward the common goal of an improved system that centers our most needy family members and neighbors. We know that without sound oral health, families cannot work, children cannot learn, and we hold our communities back. This Work Group was focused on celebrating wins and identifying tangible solutions and forms a collaborative basis for future work to improve the oral health of patients with special needs across the state. I urge policymakers to urgently consider the depth and breadth of expertise from workgroup members in future funding deliberations, and thank each contributor for sharing their wisdom, which I am confident will ultimately lead to better lives for Wisconsinites." - Richelle Andrae, WPHCA, workgroup Facilitator