

Illinois Department of Healthcare and Family Services  
Dental Policy Review Committee  
April 24, 2024

**Dental Policy Review Committee Member Present**

Dr. Jason Grinter, Chair, Delta Dental, Onsite Dental  
Dr. Mona VanKanegan, Vice Chair, Illinois Department of Public Health  
Dr. David DePorter, Centene Dental Services  
Dr. Danny Hanna, University of Illinois Chicago  
Dr. Flavia Lamberghini, University of Illinois Chicago/Apple Dental Care  
Dr. Henry Lotsof, Avesis  
Dr. Cyrus Oates, Oates Dental  
Dr. Sharon Perlman, Oral Health Consultant/Illinois State Dental Society  
Dr. James Thommes, DentaQuest  
Dr. Kathy Shafer, Macoupin County Public Health  
Dr. James Thommes, DentaQuest  
Ann Tuscher, Chicago Department of Public Health  
Dr. Ryan Tuscher, PCC Community Wellness Center  
Lindsay Wagahoff, Illinois State Dental Society

**Dental Policy Review Committee Member Not Present**

**HFS**

Dr. Arvind Goyal, Medical Director for HFS  
Jose Jimenez, Bureau Chief of Professional and Ancillary Services  
Kelly Pulliam, Bureau of Professional and Ancillary Services  
Shannon Hughes, Bureau of Professional and Ancillary Services  
Bradley Ray, Bureau of Professional and Ancillary Services  
Mary Richey, Office of the Inspector General

**Other Interested Parties**

Lisa Lynn, Illinois Hospital Association  
Krista Smothers, DentaQuest  
Nate Miller, DentaQuest  
LaDessa Cobb, DentaQuest

**CALL TO ORDER AND INTRODUCTIONS**

Dr. Jason Grinter called the meeting to order at 1:01pm. Dr. Grinter asked for a motion to begin. Dr. Tuscher motioned for meeting to begin. Lindsay Wagahoff second the motion. Dr. Grinter completed roll call and reminded everybody that this meeting is being recorded; adding that it's an open meeting so everyone is welcome to attend but asked that only board members speak until the Open Discussion at the end.

## **OLD BUSINESS**

### **Minutes from Previous Meeting**

Dr. Grinter asked if anyone had changes to the January 24, 2024, meeting minutes.

Dr. Shafer asked for a revision stating that she is no longer with Southern Illinois University. Dr. Grinter acknowledged the change and stated correction will be made.

### **Bylaw Changes**

Dr. Grinter stated that the bylaws were largely mirrored after the Medicaid Advisory Committee. Dr. Grinter asked if the committee if there were more suggested changes.

Dr. Hanna proposed a change in the bylaws for the chair and vice chair to have term limits of two consecutive terms. Dr. Grinter agreed as no individual should stand for perpetuity. Dr. Grinter requested confirmation from the committee on how term limits should be set. Dr. Perlman stated that a term limit is an excellent idea to have and should have it worded in the bylaws as a three-year term with an option of one additional term for a total of two terms. Dr. Grinter stated two terms is appropriate and wanted to know if any other committee member had any suggestions.

Dr. Lamberghini stated that the current bylaws only give a number that include dentists and hygienists and doesn't specify how many dentists and hygienists would be on committee. Dr. Perlman gave a suggestion that there should be at least one hygienist specified but should keep the composition broad. Dr. Ryan Tuscher added this committee should neither define or commit to a certain number but indicate that we are representative of different positions, i.e., dentist and hygienists. Ms. Tuscher stated she likes the idea of having maybe two hygienists and they should come from the health department and not a corporation. Dr. Hanna stated that this committee doesn't need to specify it and HFS would accept a proposed nomination to the committee based on balancing the needs of the committee. Dr. Grinter agreed that the committee wouldn't want to be very specific and asked for clarification on the membership composition to add up to two dental hygienists. Dr. Grinter said the committee would stay in communication about this topic and no motions to approve or oppose and will continue to revise.

## **NEW BUSINESS**

### **Dental Program Updates**

Kelly Pulliam introduced the new HFS BPAS Dental Program Manager, Ms. Shannon Hughes. She will be on these meetings and assisting in the dental program. Ms. Hughes stated she is a long time State employee and a long-time technical lead for dental and is new to the business side. She will be learning from Kelly and joining these meetings.

### **DPRC Meeting July 24, 2024**

Dr. Grinter stated that the upcoming meeting on July 24<sup>th</sup> conflicts with the Illinois Oral Health Conference. Dr. VanKanegan advised that is being presented by the IFLOSS

Coalition. Dr. Grinter continued that many committee members will be at the conference, and some will be presenting. Dr. Grinter suggested that the committee either cancel or reschedule the meeting on July 24<sup>th</sup>. He also stated that the bylaws state that the Committee can meet up to 4 times a year. Dr. Tuscher stated that if it is not in opposition of the bylaws, then this would be appropriate to do. Dr. Grinter asked again to the committee about canceling the meeting in July. No suggestions being heard, Dr. Grinter asked for a motion to cancel the July meeting. Motion given by Dr. Thommes and second by Dr. Lotsof.

## **Dental Program Update**

### **Silver Diamine Fluoride for the All-Kids School Based Dental Program**

Dr. Thommes stated that last year Silver Diamine Fluoride was discussed, but a decision was not made on the matter. Dr. Thommes recommended allowing Silver Diamine Fluoride on the appropriate teeth in a school setting. Dr. Thommes believes this will cost the state nothing to implement because it will use the current application limits. Dr. Thommes also mentioned that there are concerns with staining, but things can be sent home to inform the parents about the risk. Dr. Thommes made a motion to have HFS consider allowing one application per tooth in the school setting.

Dr. Perlman disagreed and stated that Dr. Lamberghini lead a subcommittee and the recommendation, due to several concerns, is that the committee continued to study the matter further. She continued to explain that the primary concern is that there are serious problems that might result with staining. Also, if children don't have access to a dental home and follow up care, then there isn't a definitive way of addressing these situations. Also, she explained that SDF would be a significant cost increase for the State.

Dr. Thommes apologized for missing the sub-committee meeting and stated that when we talk about the cost, the assumption is when it is performed in the school setting, it would be the same as being performed in the dental office. This is already an existing benefit, so there is no increase in the benefit. Dr. Thommes continued to state that he would rather err on the side of having the treatment being performed. Dr. Thommes stated anything to keep the child out of the ER, arresting the decay, and attacking this early, is beneficial. Dr. Thommes stated they will make a motion and will accept the committee's decision. Then, HFS will consider the recommendation.

Dr. Lotsof stated that the Silver Diamine Fluoride is a great treatment. If the children end up in the ER, it is a tremendous expense for the state. He continued to state that the resistance is that informed consent cannot be done adequately in the school setting. Dr. Lotsof stated that it is a great treatment that has side effects, but the benefits outweigh the risks.

Dr. VanKanegan added that over the past 15 years the assessment shows for 3rd grade the decay rates have not gone down and have stayed at 22%. So, even though we have a strong school prevention program that without this program the decay rate could even be higher. The untreated rate is still very high due in part of the limitation of dentists who take Medicaid. Dr. VanKanegan continued to state that there are school programs across the country that provide Silver Diamine Fluoride; including New York.

Dr. Perlman wanted to reiterate Dr. VanKanegan's statements that there hasn't been an improvement in the carries rate, which illustrates that children are not getting dental homes and care. Dr. Perlman discussed that Silver Diamine Fluoride is placed on decay and the decay needs addressed. Dr. Perlman referred to the committee's recommendation to continue to study the Silver Diamine Fluoride and open a pilot program before opening it for the rest of the state.

Dr. VanKanegan stated that published literature shows that with one application of Silver Diamine Fluoride, there is an 80% caries arrest rate. She believes that children who do not have access to care deserve that. She believes that the reason children do not have access to a dental home is because of an insufficient provider network in the Medicaid program.

Dr. Lamborghini mentioned that she sees the benefits firsthand. She understands the side effects and discusses it with parents. She further stated that research supports SDF in the public health setting. She is in favor of this pilot for the underserved population of Illinois.

Dr. Oates stated that he agrees that the Medicaid dental provider network is slim, that we want to keep kids out of the emergency room, and that Silver Diamine Fluoride works. Dr. Oates questioned what would happen when SDF is placed on a child's teeth in the school and their teeth are black? Parents would be upset.

Dr. Grinter stated that Dr. Thommes had made a recommendation and future motion to propose to allow it. HFS and the committee will work to determine the rules. The Chair verified with Dr. Thommes that the future motion was performing the service in the school setting.

Dr. Thommes confirmed that the motion will be to allow SDF in the school setting under the current limitations. Dr. Thommes does not want it to be a pilot program. Dr. Thommes motioned that the committee add code D1354 Silver Diamine Fluoride to the school program within the current limitations of the HFS program with the understanding that there is a recommendation to follow up at a dental office. Dr. VanKanegan second the motion. Dr. Grinter opened the floor for discussion prior to a vote.

Dr. Lamberghini recommends the use of SDF on primary teeth.

Dr. Grinter stated that this recommendation would go to HFS to determine limitations and reminded that the motion is to allow the program and then based on if HFS takes the recommendation or not then the committee would work on rules.

Dr. Hanna stated that since the sub-committee on this recommended a pilot program, He is likely to vote against this motion and make a separate motion that states that the program will be a limited pilot and then discuss how to limit it.

Dr. Grinter clarified that we are making a recommendation to HFS. Dr Grinter further clarified that the committee is not deciding but voting to recommend to HFS. We can vote on the first motion and then Dr. Hanna can make another one to say it is a pilot.

Dr. Perlman asked the committee to make three amendments to Dr. Thommes' motion.

Amendment 1: Setting Silver Diamine Fluoride in the schools as a Pilot Program: Amend the motion to make Silver Diamine Fluoride in the school-based program a pilot program. vote count is as followed: Yes: 5. No: 6. Abstain: 2. Amendment did not pass. Dr. Grinter voted to break the tie.

Amendment 2: The Department to perform a cost analysis to determine how the SDF program is going to be funded. After short discussion, no amendment was needed.

Amendment 3: A Guardian or Parent be present for the SDF treatment. Dr. Perlman added that a parent or guardian be present when the Silver Diamine Fluoride is added to the child's teeth. Dr. Perlman discouraged limiting this procedure to primary teeth because of the adverse effect on the Head Start population. The vote count is as followed: Yes: 2, No: 9, Abstain: 1. Amendment failed.

Dr. Grinter paraphrased Dr. Thommes' motion. After a discussion on the process of what will happen after the motion carries, the vote proceeded. The vote count is as followed: Yes: 7, No: 4, and Abstain: 1. Motion passed.

### **Restorative Care for the All-Kids School Based Dental Program**

Dr. Grinter stated that HFS Dental has received requests from providers and out of state providers requesting to do restorative care in a school setting. HFS needs our recommendation on if we should allow restoratives in the school setting.

Dr. Lotsof questioned if there are already vans doing full-service dentistry right now. Ms. Pulliam advised that is considered a mobile type of clinic. Currently, school providers go into the school to do the preventative and then they take the children either to their office or to the mobile van to do the restorative care.

Dr. Tuscher questioned how the schools are set up to accommodate this relating to infection control. Dr. VanKanegan advised that if this is approved, the Illinois Department of Public Health may have to revise the infection control guidelines. Currently, these infectious control practices are very good, but doesn't expect many changes if any.

Dr. VanKanegan also stated that the program is not providing anesthesia in the school setting now. So, that would have to be reassessed. Dr. VanKanegan asked if the restorative care is going to be completed by the same providers that are doing the prevention in school services? Ms. Pulliam answered that was what HFS Dental understood. Ms. Pulliam continued by stating that HFS will look at the program as a whole and look at parameters such as out of state providers.

Dr. Oates questioned if restorative would be done without x-rays. Ms. Pulliam stated that some providers are asking to do it without x-rays, and they will be doing it by sight. The committee agreed that is not what is wanted. Dr. Oates questioned further that if they are going into a school to do some restorative care and the child needs an additional procedure, who sees the patient if they are gone.

Lindsay Wagahoff asked if providers come in from other states and want to provide services, are those providers licensed in the State of Illinois? Ms. Pulliam informed that these out of state providers are licensed in Illinois and enrolled in IMPACT. They may live on

the border of the state, they may not have an actual dental office, or they might not be local to that area.

Dr. DePorter stated that there are too many flaws with allowing restorative care. There must be follow up care and then who will do the follow up. Dr. DePorter is opposed to restorative care in the school setting.

Dr. Perlman asked how consent was given for specific treatments. She then asked if the work will be performed by licensed dentists or therapists. Dr. Grinter stated that dental therapists are not licensed in Illinois, therefore, it would be licensed dentists performing the work. Dr. VanKanegan shared her experience with restorative care in a school setting and how the consent was given.

Dr. DePorter made the motion to not allow restorative dental in the school setting. Dr. Perlman second the motion.

Dr. Grinter asked for discussion. Dr. Lotsof asked for clarification on the difference between a dental clinic in the school, a mobile clinic outside the school, and bringing mobile equipment into the schools. Dr. Thommes added that this is an expansion of school-based care, and the committee should take baby steps.

Dr. Grinter brought Dr. DePorter's motion to a vote on not allowing the restorative care to be completed in the schools. The vote is as followed: Yes: 9, No: 0, Abstain: 3. Motion passed, and restorative care is not allowed in the schools.

### **Anesthesia Update**

Dr. Hanna stated that in the sub-committee meetings, there has been discussion on expanding the G0330 code, which is associated with a facility fee for hospital care for oral rehabilitation cases. He stated that there is still difficulty getting OR time for more medically complex cases. HFS mentioned to improve access to care under sedation and general anesthesia, the state is reaching out to the federal government to see if D codes can be billed by medical providers. Dr. Hanna mentioned a process of how hospitals bill based on a grouper and how hospitals have different rates. Based on the current billing model in Illinois, the G0330 would not help in the Illinois billing model. He also mentioned a 2023 CMS classified OR cases as dental related to extraction time frames and reimbursement similarly to oral rehabilitation cases and was significantly underestimated. CMS reclassified this model in 2024. Dr. Hanna would like HFS to investigate reclassifying their billing in the same manner. Dr. Grinter summarized that the subcommittee will continue working on allowing non-dentists to bill dental codes.

### **Illinois Department of Public Health Update**

Dr. VanKanegan stated that IDPH has a few new staff members. Introductions were given. She also stated that there will be a job posting for an Administrative Assistant position and a Fluoridation Data Manager. Next year, IDPH is going to have 20 grantees across the state and will be focusing on the maternal and early child population. Dr. VanKanegan stated that school age children already have preventable diseases in the mouth and so IDPH is going

to focus on family groups with our 20 grantees using public health dental hygienists and community health workers to do behavior change, motivational interviewing, and these kinds of more intensive work. IDPH also has three CDC grants right now. One of these grants is being used to update our fluoridation monitoring system. IDPH is also training frontline physicians on the basics of oral health, fluoride varnish application and referrals for care.

Dr. VanKanegan stated that it's almost time to redo the IDPH oral health plan. There is a process in place to do this and this will be a five-year plan and the meetings are getting set up to start in the fall. Dr. VanKanegan mentioned the Health Smiles Healthy Growth assessment and is eager to find out how COVID had affected access. Dr. VanKanegan added that the surveillance brief has a lot of data around oral health outcomes, access to care strategies, infrastructure, and workforce. IDPH also worked with HFS on the provider sheets. These may be used to promote Medicaid provider enrollment. To find more information or sign up for the newsletter please see the IDPH website.

### **Illinois State Dental Society Update**

Lindsay Wagahoff from ISDS stated that the legislation session is in and there are a couple of items being reviewed. Currently the legislation session is starting the phase about budgets and money. She stated that the two initiatives for Medicaid are the Orthodontic coverage and the rates for sedation. Legislation is scheduled to adjourn in the middle of May and during the last week will be discussing the budget. The ISDS will conduct an Access to Care conference that will be virtual on Tuesday June 11<sup>th</sup>, 2024, in the afternoon.

### **Dental School Updates**

#### **Southern Illinois University Update**

Dr. Ketterman from SIU was unable to attend. No update given.

#### **University of Chicago Update**

Dr. Hanna stated graduation is upon us and UIC is again losing our best trainees to go out into the workforce. During the last meeting, Dr. Hanna mentioned that the inclusive care clinic was going to open. It is now open and operational, and they are accepting referrals that can be completed on the UIC website for patients who may qualify.

### **Additional Committee Member Comments**

Lindsay Wagahoff mentioned Mission of Mercy which will be in Peoria on June 28<sup>th</sup> and 29<sup>th</sup> and is still looking for volunteers.

### **Open Discussion**

Dr. Grinter opened it up for open discussion.

## **Adjournment**

Dr. Grinter asked if there were any other questions. Dr. Grinter asked for a motion to adjourn. Dr. Thommes made the motion to adjourn followed by Lindsay Wagahoff who second the motion. Meeting adjourned at 2:48pm. Next Meeting will be Wednesday October 23<sup>rd</sup> at 1:00 p.m.