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**Maine Department of Health & Human  
Services  
Office of MaineCare Services**

**12th Annual Report  
To the Joint Standing Committee  
On Health & Human Services**

**Improving MaineCare  
Dental Access  
For Maine Children**

**(MRSA 22, § 3174-S)**

**February 22, 2010**

# Joint Standing Committee on Health and Human Services

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# ***Introduction***

This report is provided in response to MRSA, § 3174-S: Access to Dental Services for Children under MaineCare. The goal of this legislation is assure that, in all areas of the State, children enrolled in the MaineCare Program have the same access to dental care as children who have private dental insurance.

The Office of MaineCare Services (OMS), MaineCare Member Services, and the Maine Dental Access Coalition, continue to work to provide the best possible outreach and referral services to MaineCare families and dental providers. These services focus on raising awareness of dental coverage for children with MaineCare coverage, providing assistance with finding a dentist, working to increase dental community participation, providing referral services as appropriate, and providing member education. This report outlines all of the services provided this year, as well as additional activities undertaken to improve dental access.

The attachment section includes samples of materials distributed to members, correspondence, pertinent data, and other information referred to in the narrative portion of this report.

# Member Outreach Efforts

## TARGETED MAILINGS

Each new MaineCare member is informed of his or her benefits within 30 days of becoming eligible for the Program. Dental services are available to all MaineCare members under age 21 and MaineCare Member Services provides outreach services to all members.

An informing packet (included as [Attachment A](#)) is sent to all new members. The packet includes a letter, a brochure, and a follow-up response card:

- The letter provides general information about available services and the toll free number for MaineCare Member Services.
- The brochure provides information about when a child should have a healthy visit according to the nationally recognized standard of care known as “Bright Futures.” Information about the importance of healthy dental visits is also included.
- The postage-paid follow-up response card is included for members to request additional assistance.

After members receive the information packets, they receive periodic notices the month before they are due for a healthy child visit. This notice includes a letter and a brochure.

The following table shows the number of information packets and periodic notifications that have been distributed since 2002:

	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>	<b>2004</b>	<b>2003</b>	<b>2002</b>
Information Packets	50,851	54,487	78,931	74,743	69,455	80,840	60,585	52,412
Periodic Notifications	175,022	144,028	142,958	126,019	135,674	131,156	123,198	109,603

The informing and periodic notification letters include MaineCare Member Services toll-free number, a postage-paid follow-up response card offering resource and referral services, and assistance in finding a physician, a dentist, or any other type of MaineCare provider, if needed. MaineCare also offers assistance with scheduling appointments and arranging transportation. (The periodic notification packet is included as [Attachment B](#).)

## **RESOURCE & REFERRAL**

### **MaineCare Member Services Telephone Referral Service**

Toll-Free 1-800-977-6740, or if you are deaf or hard of hearing and have a TTY machine  
Call 1-800-977-6741

MaineCare Member Services maintains a toll free number for MaineCare members who need assistance with benefits for members under 21, and managed care enrollment services. All staff is knowledgeable about MaineCare covered services and provide information and assistance about how to access services, provide education about the importance of regular preventive health care, and recommended frequency of preventive services.

Member Services is available to MaineCare members to make access to the health care system as barrier free as possible. Many services are specific to dental care. The following dental services may be obtained through the **toll free** number:

- Finding a dentist,
- Scheduling a dental appointment,
- Dental referral services,
- Assisting member who are not successful in scheduling an appointment,
- Following up on missed appointments,
- Following up with members needing orthodontic care,
- Home visiting for members who have no phone or need one-on-one assistance.  
(Included as [Attachment C](#))

In 2009, requests for assistance with finding a dentist averaged 521 per month, for a total of 6,246 requests for the year. 548 members received assistance with access to orthodontic care. Additionally, 496 families with a history of broken appointments were contacted regarding the protocol for appointment cancellations, information about transportation services available to MaineCare members who qualify, and additional education relating to dental services.

(Refer to [Attachment D](#) for details on contacts for dental services with MaineCare members.)

## **EDUCATION & AWARENESS**

A brochure (included as [Attachment E](#)) is mailed with the periodic notification packet. The brochure contains information about the importance of keeping dental appointments and what to do if an appointment must be cancelled. The brochure is also included with the letter from Member Services to a member who has missed a dental appointment.

## **CALL-TRACKING REPORTS**

All telephone requests for dental assistance are documented and tracked. In addition, when a child has a healthy visit with their medical provider and needs dental care, the provider indicates that on the Bright Futures form and MaineCare provides assistance finding a dentist. All calls received or made and all assistance provided is classified into a category based on specific criteria. Data classification by category allows the creation of reports, which provide information for monitoring and improving the benefit. The dental tracking categories and specific criteria used are listed below:

No Access, General	Either the staff was not able to make a referral or the member did not accept the referral.
No Access, Orthodontic	Either the staff was not able to make an orthodontic referral or the member did not accept the referral.
Dental Emergency	The member indicates that s/he has an emergency and is not able to receive services within 7 business days.
Referral, Dental, General:	The staff gave dental provider name(s) and contact information to the member.
Referral, Dental, Orthodontics	The staff gave an orthodontic provider name(s) and contact information to the member.

The Office of MaineCare Services compiles a number of reports from the call tracking systems. Please refer to [Attachment D](#) for reports on the number of calls received for the period January 1, 2009 to December 31, 2009. Following is a summary of the totals reported for the period and a comparison of numbers from 2002 through 2009.

	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>	<b>2004</b>	<b>2003</b>	<b>2002</b>
No Access, General Dental	116	84	55	23	46	78	224	361
No Access, Orthodontics	70	76	79	22	21	19	34	23
Dental Emergency	8	3	112	22	207	253	206	68
Referral, Dental, General (includes referrals from medical providers)	5,504	5 193	6,535	5,235	7,262	9,259	9,864	9,232
Referral, Dental, Orthodontics	548	647	620	620	651	590	659	553

## **Maine WIC Nutrition Program Oral Health Activities 2009**

WIC is the Special Supplemental Nutrition Program for Women, Infants and Children funded by the U.S. Department of Agriculture. In Maine, the WIC Nutrition Program is directed by the State WIC Agency within the Department of Health and Human Services, Maine Center for Disease Control and Prevention, Division of Family Health.

WIC is a program that provides education, counseling, medical and social service referrals, breastfeeding education and support, and nutritious foods for eligible women, infants and children to promote life-long optimal health. WIC programs in Maine are administered by eight local agencies with over 100 clinics in permanent and temporary sites (church basements, town halls, etc). More than 26,000 participants receive benefits through the WIC Program each month. Pregnant, postpartum and breastfeeding women, and children from birth to age 5 years qualify for WIC services. Single, married, and foster parents as well as working families can enroll. To be eligible for WIC, applicants must have income at or below 185% of the Federal poverty income guidelines. Those receiving TANF, Food Stamps or MaineCare are automatically income-eligible.

During 2009, six Maine local WIC agencies had dental hygiene clinics co-located at WIC permanent and/or temporary sites:

- **Aroostook County Action (ACAP) (Providing WIC services to Aroostook County residents)**

In 2009, the ACAP KIDS program attended 131 WIC clinics, 1558 screenings, applied 80 sealants, gave 1, 223 fluoride treatments; provided oral hygiene education for 1,507 people, did 1,094 cleanings and made 87 referrals for follow up treatment. The ACAP Oral Health Program (OHEP) posted a bulletin board in February for National Children's Dental Month and gave away toothbrushes, toothpaste, baby tenders and educational materials. From June 15 –July 15, 2009, in honor of National Smile month, the Community Education Specialist organized a display booth in WIC waiting areas with educational materials and dental giveaways and a drawing for dental promotion t-shirt, a gift bag filled with oral health supplies, prizes and information. She was able to reach approximately 150 WIC clients. The OHEP also participated in the eight Family Farm Festivals (five in Presque isle and three in Fort Kent) during the summer with a display, giveaways, and educational materials.

- **City of Bangor Health & Community Services Department WIC Program (Providing WIC services to Penobscot and Piscataquis county residents)**

In 2009, they distributed toothbrushes and toothpaste to children in their clinic and made referrals to area dental clinics along with screening and counseling for oral health issues.

**Midcoast Maine Community Action WIC Program (Providing WIC services to Sagadahoc, Lincoln, Knox and Waldo County residents)**

Staff members have a list of dental clinics that accept MaineCare and/or sliding scale rates and refer clients regularly when parents do not have a provider for their child or children.

- **Downeast Health Services (DEHS) WIC Program (Providing WIC Services to Hancock and Washington County residents)**

DEHS has a registered dental hygienist available at two WIC clinic outreach sites as well as the main site in Ellsworth. From April 28 – December 7, 2009, she has seen 159 clients.

DEHS WIC Dental Program	Ages 0-1 year old	1-2 years old	2-3 years old	3-4 years old	4-5 years old	6 years old	Pregnant women	Mothers
Number seen	28	35	30	11	8	3	15	17
							Discussed what they need to do for themselves and new baby	Those expressing issues of pain

Services provided include:

- Prophylactic cleaning -18
- Fluoride varnish -37
- Oral hygiene instruction -52

The dental hygienist has been very well received. Many referrals were made to Maine Coast Dental, a program of Downeast Health Services. This has been a great service for DEHS WIC clients.

- **HealthReach WIC Program (Providing WIC services to Kennebec and Somerset County residents)**

Space for oral health clinics held by Prevention Partners was provided at all main sites (Augusta, Waterville, and Skowhegan) up to June 2009. The oral health service provider closed at the end of 2009. Staff members continue to refer clients to local dental provider programs which accept MaineCare.

- **Western Maine Community Action (WMCA) WIC Program (Providing WIC services to Androscoggin, Oxford and Franklin County residents)**

During 2009, WMCAP WIC held clinics in both Auburn and Wilton with prevention partners and then with Tooth Protectors. Tooth Protectors is a new provider; they plan to hold a dental hygiene clinic every other month or so in Auburn. The WIC office in Wilton moved to a new space in the fall of 2009 and space will be arranged for Tooth Protectors to provide service in the new location.

All Maine WIC local agency counseling staff members provide age specific oral health education and one-to-one visits with parents. They have discussions with WIC parents on topics such as: age –appropriate weaning with transition to regular cups, regular tooth brushing (children and women), wiping gums (infants), limiting decaying promoting beverages and foods at both meals and snacks. They also make referrals to local dental offices for cleanings.

# Resource Guide

The Resource Guide is a tool used to assist MaineCare members in locating all types of MaineCare providers, social service resources, and State agencies that provide a variety of services. [Attachment F](#) contains the section of the Resource Guide that specifically addresses dental resources. Not all dentists wish to be included as a provider in the resource guide but many will see a limited number of MaineCare members. Dentists who are listed in the Resource Guide have agreed to see either any new MaineCare member who has requested assistance with finding a provider, or are willing to continue to see all of their MaineCare members who are established patients. All information in the Resource Guide is updated regularly, but the listings of available MaineCare dental providers are updated through separate surveys at specific intervals.

## **When dentists are surveyed, the following questions are asked:**

- Are you taking new MaineCare patients at this time?
- Are you only seeing established MaineCare patients?
- If you are taking new or established patients, are you taking more or fewer MaineCare patients than in the past? Are you taking more or fewer non-MaineCare patients?
- Are there age restrictions? What is the youngest child you will see?
- Are there any geographic restrictions?
- Will you see adults for emergency care?
- What is the broken appointment policy?
- Does your practice provide dentures?
- Is your practice handicapped accessible?
- What is the waiting time for cleaning appointments and urgent care appointments?
- Is there any other information you would like to include?

The answers to these questions allow Member Services staff to be as helpful as possible when making referrals and providing educational assistance for dental services. During the call, the dental provider is reminded that if they treat MaineCare children who have a history of missing appointments, they can either call or fax MaineCare Member Services for assistance, or they may use the **Member Education Request Form** (described next in this report and shown as [Attachment G](#)).

A follow-up contact is made with the family to provide education about the importance of keeping appointments, and to offer help finding transportation resources.

# ***Outreach Efforts to Dental Care Provider***

## **FOLLOW UP FOR MISSED APPOINTMENTS**

Missed appointments are regarded by dentists as one of the main reasons that they are unwilling to see MaineCare members. In an effort to assist the dental community with this issue, dentists are provided with an opportunity to let MaineCare Member Services know when they have a member who has a history of missed appointments so that education can be provided.

In addition to the option to call, fax, or write, OMS has also developed another tool for dentists to request assistance. The Member Education Request Form is postage-paid, self-addressed, and contains fields to fill in pertinent information needed in order to be effective with the follow-up process (included as [Attachment G](#)).

Follow-up discussions with families include:

- the importance of keeping appointments,
- office policy for the cancellation of appointments for the specific provider they see,
- Transportation assistance, or other services that staff has identified from talking with the families.

A total of 2,586 families were contacted by MaineCare member services in the year 2009 to provide education around missed appointments. Currently we have 11 providers using this resource and some of them report positive results from these outreach efforts.

## **PROVIDER RELATIONS ACTIVITIES**

The Provider Relations Unit, Division of Customer Service, MaineCare Services consists of professional staff dedicated to providing education, policy interpretation, resolution of billing issues and general assistance to MaineCare providers. Provider Relations Specialists are assigned to and serve certain geographical areas. The following is a summary of this year's activities.

For the past six months, Provider Relations Specialists have been busy helping MaineCare providers including dental providers enroll in the new Unysis Maine Integrated Health Information Management System (MIHMS). 51 statewide trainings were held across the state about provider re-enrollment. Approximately 1,759 MaineCare providers attended. To date 101 dental providers have started or completed the re-enrollment process. A special training to help dental hygienists with billing instructions was held in Bangor. On February 23, 2010, Unysis training phase II took place across the state to orient dental providers to the new fiscal agent structure and various ways of billing MaineCare.

Provider Relations Specialists continued to be available for individual provider outreach sessions in the Department of Health and Human Services Regional offices. As needed, Provider Relations staff has also worked directly with dental providers' billing staff in their offices to answer questions and provide education on claims billing and submission.

Provider Relations staff continues to be available to provide individual trainings with dental providers and to contact newly enrolled dental providers, to offer assistance and training.

Looking forward to 2010, Provider Relations staff will be conducting additional statewide training on the adjustment functionality, which is expected to be available to providers in the spring.

## **MAINECARE DENTAL SERVICES POLICY**

2009 proved to be an exciting year for Dental Policy rulemaking. The Department adopted new rulemaking effective January 1, 2010 to both chapter II and chapter III, Section 25, Dental Services. The new rule added language to sub-section 25.04-1 for Adult Dental Care Requirements. The language clarifies criteria for imminent tooth loss and the limited dental services available to adults. Furthermore, the Department removed appendix III – Supplemental Payment to general Dentists. In its place, the Department increased rates for 8 selected dental codes in chapter III of the Dental Services Policy.

The Division of Policy and Performance anticipates additional rulemaking (s) in 2010. Possible revision (s) includes defining “dental homes” and modifications to Prior Authorization criteria for certain dental services.

## **DENTAL ADVISORY COMMITTEE**

The MaineCare Dental Advisory Committee consists of community dentists, a representative from the Maine Dental Association, an orthodontist, a hygienist, a representative of community dental clinics and DHHS representatives working together to create better access to dental services for MaineCare members across the State. The group has been working together for approximately 8 years. Many of the members also serve on the Maine Dental Association and the Dental Access Coalition.

The Committee meets quarterly and advises the Department on dental issues. The following list represents the committee meeting highlights for 2009.

- Members provided input into the Maine Integrated Health Management Solutions (MIHMS).
- During the course of 2009, the committee’s became aware that MaineCare members had considerably more broken dental appointments than did individuals with private insurance. The Committee developed the following strategy:
  - EPSDT Staff will reach out to dental clinics and get lists of members with broken dental appointments
  - EPSDT staff will contact MaineCare members by phone to determine reason(s) for continued broken dental appointments.Interventions like counseling or assistance with arranging transportation have helped some of the MaineCare members keep their dental appointments.
- MaineCare started covering fluoride varnish in September 2008 and as a result, we noticed a 50% increase in providers billing for fluoride varnish indicating that more MaineCare members are receive preventive dental care for fiscal year 2009

- In response to the reported high use of emergency departments for oral health issues that could be addressed in a dental home, the committee has formed a work group to study the possibility establishing dental homes in Maine for MaineCare members.
- Instead of implementing a supplemental payment for the first exam when dental providers agree to provide a dental home, the Advisory committee implemented targeted increases on 8 different dental procedure codes.

The Department appreciates the work of the Committee for these important contributions in improving access to dental care for MaineCare members.

# Participation on Dental Forums

## **Maine Dental Access Coalition**

The Maine Dental Access Coalition was first convened in June of 1997 by the Maine Children's Alliance through its Child Health Access Project, with assistance from the Oral Health Program (OHP) in the Maine Center for Disease Control & Prevention (MCDC). The OHP has continued to provide support to the Coalition through its own resources and grants from the federal Health Resources and Services Administration, Maternal and Child Health Bureau. The Coalition's mission is to improve access to quality oral health care services throughout Maine through the development of a system that emphasizes the importance of preventive and restorative oral health care. This ad hoc coalition includes over 100 individuals representing consumers, advocacy organizations, legal services, Community Action Programs, the Maine Dental and Dental Hygienists' Associations, health insurers, other health agencies, local community groups concerned with access to oral health care, state agencies including the MCDC and the Office of MaineCare Services, and other units within the Department of Health & Human Services, as well as individual medical and dental health professionals, state legislators and interested individuals.

Staff from both the Office of MaineCare Services (OMS) and the MCDC continue to participate in the Maine Dental Access Coalition. Staff from DHHS who have actively participated in the Coalition during the past year include:

Nicole Breton, Oral Health program  
Luc L. Nya, EPSDT Coordinator (OMS)  
Marc Coulombe, Office of Rural Health and Primary Health (MCDC)  
Charles Dwyer, Office of Rural Health and Primary Health (MCDC)  
Judith Feinstein, Oral Health Program (MCDC)  
Nicole Rooney, MaineCare Policy (OMS)

The Coalition continues to be recognized as an avenue for maintaining the general momentum in the state for emphasizing the lack of and need for improved access to quality oral health care for all Maine citizens. The ongoing broad-based membership of this group, its positioning as a neutral party, and the continuing interest in its work have helped assure involvement and response by both the public and private sectors. The Coalition continues to serve as a sounding board for ideas and strategies geared toward improving access, and to provide the structure, through its committees, to propose options for improving access and pursuing strategies toward that goal.

The Coalition was an active partner in Maine's "Watch Your Mouth" Coalition (<http://www.watchyourmouth.org>), and members of the Maine Dental Access Coalition participated on the Maine Steering Committee. This initiative, which concluded in June 2007, was coordinated in Maine by Medical Care Development and supported by grants from the Maine Health Access Foundation, the Betterment Fund, the Bingham Program, Northeast Delta Dental, Anthem Blue Cross and Blue Shield of Maine, and Harvard Pilgrim Health Care Foundation. Along with Massachusetts and New Hampshire, beginning in mid-2005 Maine participated in efforts to make children's oral health a priority. The Watch Your Mouth

Coalition's objectives were to: educate the public that tooth decay is a disease, and is the most common childhood disease; educate the public about the connection between oral disease and diminished school performance; educate the public about the connection between oral health and overall health; advocate for wider access to preventive services, such as dental sealants and fluoride, and regular dental exams for all children; and engage citizens to speak up for children's oral health. Although Maine's active participation in the campaign has concluded, the communications strategies developed through Watch Your Mouth have been incorporated by the MDAC and many of its member organizations.

### **Targeted State MCH Oral Health Services Systems Grant**

In September 2007, the Oral Health Program received funding for four years through the Targeted State MCH Oral Health Services Systems Grant program of the federal Health Resources and Services Administration, Maternal and Child Health Bureau. Maine's grant supports the Maine Preventive Oral Health Partnerships Project (MPOHPP). The goals of this four-year project are to: (a) educate, build awareness and integrate oral health into existing health delivery systems; (b) enable non-dental providers to better recognize and understand oral diseases and conditions; and (c) enable non-dental providers to better engage in anticipatory guidance, preventive interventions, and appropriate referral for improved oral health and oral health access. The Oral Health Program (OHP) works collaboratively with other programs within the Maine CDC and with other partners, including the Office of MaineCare Services, toward improving the oral health of young children and integrating oral health initiatives into overall health care. The Project focuses its activities in two major areas: the promotion, implementation and evaluation of "Maine Smiles Matter," a curriculum developed for non-dental health professionals to enhance their skills in early oral health education and dental disease prevention; and efforts to increase and support collaborative networks throughout Maine to promote effective relationships between medical and dental providers concerning the oral health of young children. Expected outcomes have been that (1) more children will receive earlier preventive care; (2) their parents/caregivers will have better access to appropriate education; and (3) dental and non-dental health providers will better coordinate their interactions so that children are referred appropriately. In the long-term (4) there will be a reduced demand for early restorative services as a result of early interventions and (5) a reduced incidence of dental disease in Maine's children.

## CONCLUSION AND NEXT STEPS

As of December, 2009, claims data indicates payments to dental providers has totaled \$33,621,807 million, an additional \$4.821, 494 million for dental services in comparison to 2008. (Please see [Attachment H](#) for a further breakdown of the claims information.) The number of members receiving dental services rose to 85,713, an increase of almost 5,001 members over 2008. The number of dentists who submitted at least one claim for dental services increased from 333 in 2008 to 350 for the calendar year 2009.

Here is a high level breakdown in aggregate

Service Provider Type	Number of Members Seen
Dental Clinics	19,278
FQHC, RHC, IHC	11, 885
Community Dentists and Dental Specialists	48, 741
Hygienists	5,809

Mainecare started covering fluoride varnish when provided by a physician in September 2008 and as a result, there has been a 50% increase in providers billing for fluoride varnish indicating that more MaineCare members received preventive dental care for fiscal year 2009.

We have also noted a rise in the number of dentists seeing new MaineCare members.

### **There is still much to do**

Still, dental access throughout the state remains a problem. In fact, it is a problem throughout much of the country. In Maine, a number of challenges continue to exist:

- The supply of dentists in Maine is inadequate to meet demand,
- The reimbursement rates are inadequate,
- MaineCare participation rate by general private practice dentists (not including dental specialties) continues to be low even though there has been a rise in this calendar year (based on SFY07 claims data),
- Prevention rates have risen to 41% but treatment/restorative services remain low at just under 14%. Putting it in perspective, one dentist reports that MaineCare members treated in his practice require fillings at a rate of about 60% to 80%.

### **Moving Forward**

MaineCare continues to work diligently on behalf of our members to provide the best possible access in collaboration with our state and community partners. In addition to continuing current efforts, the initiatives we will be working on in calendar year 2010 are:

- Recruiting more dentists to accept MaineCare
- Increasing outreach efforts to dental providers on the new Maine Integrated Health Management Solution (MIHMS)
- Exploring funding to allow dental benefits for pregnant women over 21.

- Continuing work on improving MaineCare members' ability to keep their dental appointments.
- Increasing oral health assessments
- Supporting and encouraging prevention programs that focus on changing personal oral health behaviors.
- Continuing to work with the dental advisory committee and other interested parties to identify and remove barriers to dental care.



NON-DISCRIMINATION NOTICE: In accordance with Title IV of the Civil Rights Act of 1964 (42 USC § 1981, 2000d et. seq.) Section 504 of the Rehabilitation Act of 1973, as amended (29 USC § 794), the Age Discrimination Act of 1975, as amended (42 USC § 12131 et. seq.) and title IX of the Education Amendments of 1972, (34 CFR Parts 100, 104, 106 and 110), the Maine Department of Health and Human Services does not discriminate on the basis of sex, color, national origin, disability or age in admission or access to our treatment or employment in its programs and activities. Civil Rights Compliance Coordinator, has been designated to coordinate our efforts to comply with the US Department of Health and Human Services regulations (45 CFR Parts 80, 84 and 91), the Department of Justice regulations (28 CFR Part 35), and the US Department of Education regulations (34 CFR Part 106), implementing these Federal laws. Inquiries concerning the application of these regulations and our grievance procedures for resolution of complaints alleging discrimination may be referred to the Civil Rights Compliance Coordinator at 221 State Street, Augusta, ME 04333, telephone number (207) 287-3488 (voice) or 800-332-1003 (TDD), or Assistance Secretary of the Office of Civil Rights of the applicable department (e.g. the Department of Education), Washington, D.C.