



Dental Services

(§483.55)

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Dental Services (§483.55)

Summary

CMS indicated that the intent of this revised regulation was to ensure that the facility be responsible for assisting the resident in obtaining needed dental services, including routine dental services.



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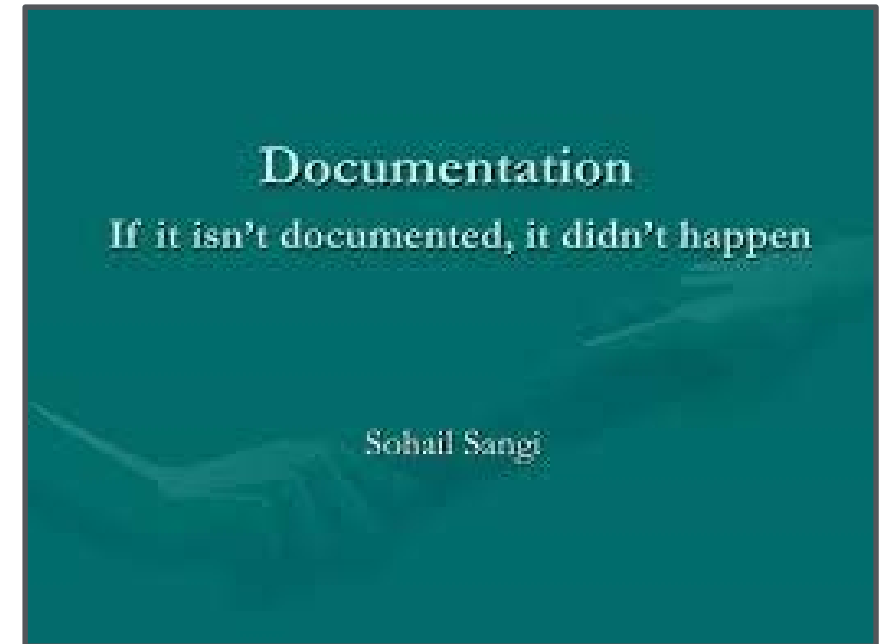
Previous items

- ✓ Facilities were required to assist residents in obtaining appropriate dental services at the resident's expense for SNF residents and as covered under the state plan for NF residents
- ✓ Dental services such as the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth were not covered

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New items

- ✓ Much more documentation requirements to demonstrate services are provided for residents timely, safely, and consistent with the residents choices
- ✓ Development (or revision) of policy regarding responsibility for lost dental items



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Requirements

F411 – Dental Services

The facility must assist residents in obtaining routine and 24-hour emergency dental care.

A Skilled Nursing Facility –

- Must provide or obtain from an outside resource, in accordance with 483.70(g), routine and emergency dental services to meet the needs of each resident
- May charge a Medicare resident an additional amount for routine and emergency services

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Requirements

- Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility;
(will be implemented beginning November 28, 2017)

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Requirements

- Must if necessary or if requested, assist the resident;
 - In making appointments; and
 - By arranging for transportation to and from the dental services location; and

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Requirements

A Skilled Nursing Facility—

- Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay.

(will be implemented beginning November 28, 2017)

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Requirements

F412 – Dental Services

Nursing facilities—

- Must provide or obtain from an outside resource, in accordance with 483.70(g), the following dental services to meet the needs of each resident:
 - Routine dental services (to the extent covered under the State plan); and
 - Emergency dental services;

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Requirements

Nursing facilities—

- Must, if necessary or if requested, assist the resident –
 - In making appointments; and
 - By arranging for transportation to and from the dental services locations;



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Requirements

Nursing facilities—

- Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;

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Requirements

CMS indicated that—

“Extenuating circumstances could include issues such as the resident’s preferred provider’s office not being open or the need to obtain an insurance pre-authorization”.

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Requirements

Nursing facilities—

- Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and
(will be implemented beginning November 28, 2017)

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Requirements

Nursing facilities—

- Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan.

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Requirements

In addition to CMS regulations:

- ✧ Dental Providers must practice within the scope of care outlined by the state's mobile dental practices.
- ✧ Any Dental Provider offering any dental service, consultation, or practice, outside of their home office, **MUST** have the following...

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Requirements

- Long Term Care Workforce Background Check Clearance
- Mobile Dental Permit

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Mobile Dental Practice

To reduce Facility workload and ensure quality and comprehensive dental care for your residents, utilize a Mobile Dental Provider that:

- ✓ Is exclusively a Mobile Dental Provider/Team
- ✓ Is a Medicaid Dental Provider, and is trained in CMS regulations
- ✓ Provides bedside dental care, comprehensive or preventive, 24hrs/day

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Mobile Dental Practice

- ✓ Has portable X-rays and compressors for comprehensive treatment
- ✓ Obtains pre-authorizations for comprehensive treatment to eliminate/reduce insurance non-payment

.....and

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Mobile Dental Practice

- ✓ Asks for the REQUIRED documents to treat your residents, including:
 - ✧ Physician Orders
 - ✧ Responsible Party Treatment Consent
- ✓ Does NOT charge for a Mobile Dental visit

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Implementation

Phase 1-November 28, 2016

Except for:

- Loss or damage of dentures and policy for referral
- Referral for dental services regarding loss or damaged dentures

Phase 2 - November 28, 2017

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Questions?

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Work group probes

Each Facility will need to evaluate their current practices and policies for dental services.

- Emphasis on denture loss and damage
- Educate Nursing, Food Service and Social Work departments with updates and resident documentation requirements

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Resources

<https://www.adha.org/resources-docs/2016-Revised-Standards-for-Clinical-Dental-Hygiene-Practice.pdf>

[http://www.centerfororalhealth.org/images/lib_PDF/Skilled Nursing Facility Dental Services Guidelines.pdf](http://www.centerfororalhealth.org/images/lib_PDF/Skilled_Nursing_Facility_Dental_Services_Guidelines.pdf)

<http://nyachnyc.org/wp-content/uploads/2016/04/CHWS-Evolving-Models-for-Dental-Care-Services.pdf>