



Networks for Oral Health Integration (NOHI) Within the Maternal and Child Health Safety Net

Environmental Scan Chartbook 2026

NOHI Environmental Scan Chartbook, 2026

Cite as: Phipps KR. 2026. *Networks for Oral Health Integration (NOHI) Within the Maternal and Child Health Safety Net: Environmental Scan Chartbook 2026*. Washington, DC: National Maternal and Child Oral Health Resource Center.

Acknowledgements

During the 5-year project period (2019–2024), NOHI project staff and partners developed the environmental scan and data-collection tool, collected and interpreted the data, and responded to questions to enhance the 2023 edition of the chartbook.

In 2025–2026, the following state/jurisdiction oral health program directors and/or designees reviewed and, as necessary, updated data about their state/jurisdiction to inform the 2026 edition of the chartbook:

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Maryland: Eric Biagioli, Debono Hughes

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Virginia: Tonya Adiches

Wyoming: Kathy Phipps, based on publicly available information

The following staff from the Consortium for Oral Health (COH) assisted in the development of the 2026 edition of the chartbook: Katy Battani, Harry Goodman, Katrina Holt, Susan Lorenzo, and Matt Zaborowski.

NOHI Environmental Scan Chartbook, 2026

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This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an annual award totaling \$1,700,000 with no funding from nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, or endorsement by, HRSA, HHS, or the U.S. government. For more information, please visit www.HRSA.gov.

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Introduction

About NOHI, COHSII and COH

About NOHI

To improve access to and use of comprehensive, high-quality oral health care for pregnant women, infants, and children at high risk for oral disease, the Health Resources and Services Administration's (HRSA's) Maternal and Child Health Bureau (MCHB) funded the *Networks for Oral Health Integration (NOHI) Within the Maternal and Child Health Safety Net*. During the 5-year project period, the NOHI projects developed, implemented, and evaluated models of care using these collective strategies:

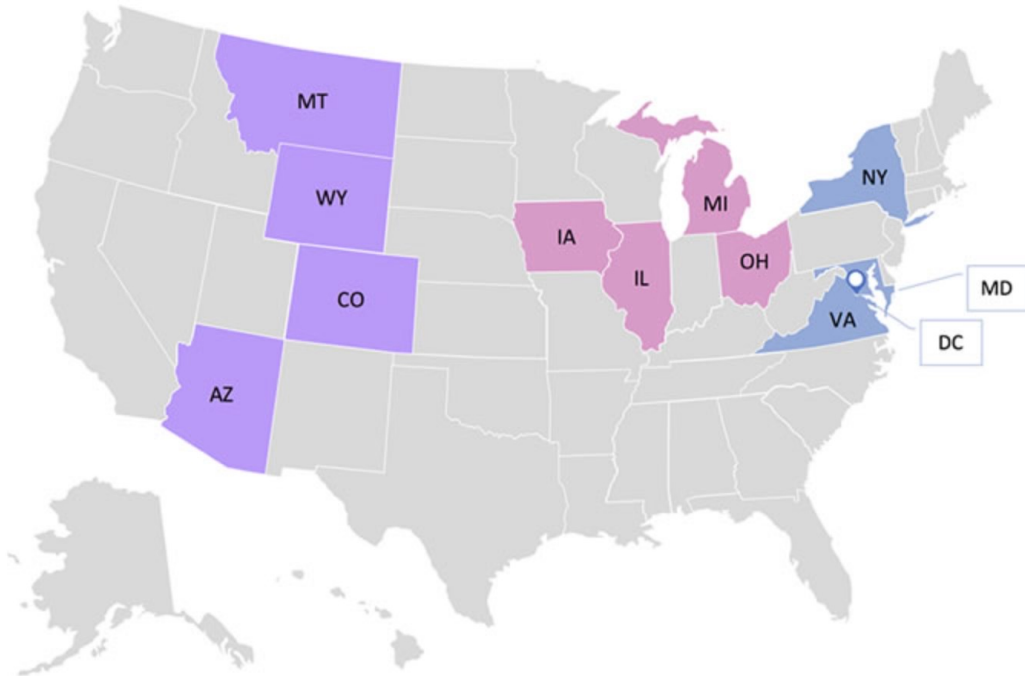
- Enhance integration of oral health care within maternal and child health safety net services (e.g., community health centers [CHCs]).
- Increase knowledge and skills among non-dental providers for delivering optimal oral health services.
- Increase knowledge and awareness of preventive oral health practices among parents and other caregivers to increase adoption of these practices, including use of oral health services.

About COHSII and COH

NOHI projects participated in a learning collaborative supported by the Consortium for Oral Health Systems Integration and Improvement (COHSII) the predecessor to COH. COH is led by the National Maternal and Child Oral Health Resource Center working with the Association of State and Territorial Dental Directors. It promotes evidence-based/-informed information and resources to increase access to and use of oral health care to improve oral health for the maternal and child health (MCH) population. COH is supported by a cooperative agreement from HRSA, MCHB.

About NOHI Projects

Three NOHI projects were awarded funding for a 5-year period, 2019–2024



Midwest Network for Oral Health Integration (MNOHI)

States: Illinois, Iowa, Michigan, and Ohio

Target population: Children ages 6–11 years

Rocky Mountain Network of Oral Health (RoMoNOH)

States: Arizona, Colorado, Montana, and Wyoming

Target population: Children from birth to age 40 months and pregnant women

Transforming Oral Health for Families (TOHF)

States/Jurisdiction: District of Columbia, Maryland, New York, and Virginia

Target population: Children from birth to age 40 months and pregnant women

The Environmental Scan

Development

In 2020, COHSII convened a series of meetings with the three NOHI projects to facilitate the development of an environmental scan tool to gain knowledge about factors that could impact the integration of oral health care into primary care at the state/jurisdiction level with the purpose of informing the work of the NOHI projects. The scan included questions focused on scope of practice of medical and dental providers, Medicaid payment, and policies and regulations that impact the target population's oral health. In 2021 and 2022 COHSII facilitated the NOHI projects' review and revision of the environmental scan tool, and the NOHI projects conducted a second (project years 2–3) and a third (project year 4) environmental scan. The American Academy of Pediatrics, Section on Oral Health staff conducted the environmental scans for the RoMoNOH states, while state/jurisdiction coordinators and/or project partners conducted the scans for MNOHI and TOHF states/jurisdiction. Click [here](#) for the environmental scan tool. The results of the third environmental scan are presented in [Networks for Oral Health Integration \(NOHI\) Within the Maternal and Child Health Safety Net: Environmental Scan 2023 Chartbook](#). COHSII analyzed the environmental scan data and prepared the chartbook with content reviewed by NOHI projects and state dental directors.





In 2025, state/jurisdiction oral health program directors and/or their designees from the former NOHI states/jurisdiction reviewed and, as necessary, updated the environmental scan data. COH analyzed the data and prepared the 2026 edition of the chartbook.

Chartbook Layout

This chartbook is divided into seven sections:

1. Scope of practice
2. Medicaid billing and reimbursement
3. Dental hygienists
4. Dental therapists
5. Community health workers
6. Teledentistry
7. General information

Within each section, pages are color coded based on the type of information presented:

-  Information about medical providers
-  Information about dental providers
-  Other information
-  Section dividers

Chartbook Definitions

- Dental provider*: dentist, dental hygienist, dental therapist, dental assistant
- Medical provider (non-dental provider*): physician, physician assistant, nurse practitioner, advanced practice registered nurse, certified nurse midwife
- Medical team member (non-dental team member*): registered nurse, licensed practical nurse, certified medical assistant, registered medical assistant
- Delegation: The transfer of authority to a competent individual to perform a specific task in a selected situation, while the delegator (e.g., physician) retains accountability for the overall care and outcome

* Definitions used in NOHI environmental scan

Scope of Practice

Scope of practice refers to the procedures and actions that a health provider is permitted to perform in keeping with the terms of their professional license or certification. Scope of practice is limited to what state/jurisdiction law allows based on the provider's education, experience, and/or demonstrated competency.

Oral Health Scope of Practice for Medical Providers

Is the service allowable under the provider's scope of practice?

State/Jurisdiction	Physician		Advanced Practice Nurse		Physician Assistant	
	Risk Assessment	Fluoride Varnish	Risk Assessment	Fluoride Varnish	Risk Assessment	Fluoride Varnish
Arizona	Yes	Yes	Yes	Yes	Yes	Yes
Colorado	Yes	Yes	Yes*	Yes*	Yes	Yes
District of Columbia	Yes	Yes	Yes	Yes	No	No
Illinois	Yes	Yes	Yes	Yes	Yes	Yes
Iowa	Yes	Yes	Yes	Yes	Yes	Yes
Maryland	Yes	Yes	Yes	Yes	Yes	Yes
Michigan	Yes	Yes	Yes	Yes	Yes	Yes
Montana	Yes	Yes	Yes	Yes	Yes	Yes
New York	Yes	Yes	Yes	Yes	Yes	Yes
Ohio	Yes	Yes	Yes	Yes	Yes	Yes
Virginia	Yes	Yes	Yes	Yes	Yes	Yes
Wyoming	Yes	Yes	Yes	Yes	Yes	Yes

* Colorado allows advanced practice nurses (APNs) to obtain prescriptive authority under certain rules and regulations. If an APN does not have prescriptive authority, these are delegated tasks.

Summary



Physicians and advanced practice nurses can complete oral health risk assessments and apply fluoride varnish in all 12 NOHI states/jurisdiction. Physician assistants cannot complete an oral health risk assessment or apply fluoride varnish in the District of Columbia.

Oral Health Scope of Practice for Medical Providers and Team Members

Is the service allowable under the provider's scope of practice?

State/Jurisdiction	Registered Nurse		Licensed Practical Nurse		Certified or Registered Medical Assistant	
	Caries Risk Assessment	Fluoride Varnish	Caries Risk Assessment	Fluoride Varnish	Caries Risk Assessment	Fluoride Varnish
Arizona	Yes	Yes	No	Delegation	No	Delegation
Colorado*	Delegation	Delegation	Delegation	Delegation	Delegation	Delegation
District of Columbia	No	No	No	No	No	No
Illinois	Yes	Yes	No	Yes	No	Yes
Iowa	Yes	Yes	No	No	Yes	Delegation
Maryland	Delegation	Delegation	Delegation	Delegation	Delegation	Delegation
Michigan	Yes	Yes	Yes	Yes	Delegation	Delegation
Montana	Yes	Delegation	Yes	Delegation	Delegation	Delegation
New York	Yes	Delegation	Yes	Delegation	Yes	No
Ohio	No	Delegation	No	Delegation	No	Delegation
Virginia	No	Yes	No	Yes	Yes	Yes
Wyoming	Delegation	Delegation	Delegation	Delegation	No	No

* In Colorado, a caries risk assessment (CRA) can be completed by registered nurses, licensed practical nurses, and certified or registered medical assistants. However, the CRA must be reviewed by the prescriptive authority clinician to diagnose risk.

Summary



Registered nurses, licensed practical nurses, and certified or registered medical assistants can apply fluoride varnish in most NOHI states/jurisdiction either directly or through delegation.

Oral Health Scope of Practice for Dental Providers

Is the service allowable under the provider's scope of practice?

State/Jurisdiction	Dentist		Dental Therapist		Dental Hygienist	
	Caries Risk Assessment	Fluoride Varnish	Caries Risk Assessment	Fluoride Varnish	Caries Risk Assessment	Fluoride Varnish
Arizona	Yes	Yes	Yes	Yes	Yes	Yes
Colorado	Yes	Yes	Yes	Yes	Yes	Yes
District of Columbia	Yes	Yes	Not applicable	Not applicable	Yes	Yes
Illinois	Yes	Yes	Not applicable	Not applicable	Yes	Yes
Iowa	Yes	Yes	Not applicable	Not applicable	Yes	Yes
Maryland	Yes	Yes	Not applicable	Not applicable	Yes	Yes
Michigan	Yes	Yes	Yes	Yes	Yes	Yes
Montana	Yes	Yes	Yes	Yes	Yes	Yes
New York	Yes	Yes	Not applicable	Not applicable	Yes	Yes
Ohio	Yes	Yes	Not applicable	Not applicable	No	Yes
Virginia	Yes	Yes	Not applicable	Not applicable	Yes	Yes
Wyoming	Yes	Yes	Not applicable	Not applicable	No	Yes

Summary



Dentists can complete an oral health risk assessment and apply fluoride varnish in all 12 NOHI states/jurisdiction. In the NOHI states with dental therapists (Arizona, Colorado, Michigan, and Montana), therapists can complete an oral health risk assessment and apply fluoride varnish. Dental hygienists cannot conduct an oral health risk assessment in Ohio or Wyoming but can apply fluoride varnish in all NOHI states/jurisdiction.

Medicaid Billing and Reimbursement

Medicaid billing and reimbursement is the multi-step process by which health care providers receive payment for services rendered to individuals enrolled in a Medicaid program. Because Medicaid is jointly funded by federal and state governments but administered at the state level, the specific rules, forms, and payment rates vary depending on where services are provided.

Medicaid Billable Services for Medical Providers

Can a medical provider bill and be reimbursed for the service through Medicaid fee-for-service?

State/Jurisdiction	Oral Health Risk Assessment	Fluoride Varnish Application	Oral Health Education	Oral Health Case Management
Arizona	No	Yes	No	No
Colorado	Yes	Yes	Yes ¹	No
District of Columbia	Yes	Yes	No	No
Illinois	No	Yes	No	No
Iowa	No	Yes	No	No
Maryland	No	Yes	No	No
Michigan	No	Yes	No	No
Montana	No	Yes	No	No
New York	Yes	Yes	No	No
Ohio ²	Yes	Yes	Yes	No
Virginia	No	Yes	No	No
Wyoming	Yes	Yes	No	No

¹ In Colorado, Medicaid reimburses for “oral evaluation, counseling with primary caregiver” of children from birth to age 36 months using code D0145.

² Ohio has a bundled service that includes an oral health risk assessment, fluoride varnish application, and oral health education.

Summary



Only Colorado, District of Columbia, New York, Ohio, and Wyoming reimburse medical providers for an oral health risk assessment. In all 12 NOHI states/jurisdiction, medical providers can be reimbursed by Medicaid fee-for-service for applying fluoride varnish.



No NOHI states/jurisdiction reimburse medical providers for oral health case management.

Oral Health Services Billable Outside Prospective Payment System (PPS)*

What oral health services performed by a medical provider can be billed to Medicaid outside the PPS?

State/Jurisdiction	Services	Comment
Arizona	Fluoride varnish	
Colorado	None	
District of Columbia	None	
Illinois	None	
Iowa	None	
Maryland	None	
Michigan	None	
Montana	None	
New York	None	
Ohio	Bundled service—risk assessment, fluoride varnish, oral health education	\$29.48 for bundled service
Virginia	None	
Wyoming	Oral health assessment, fluoride varnish	

Summary



Safety-net clinics can bill outside the prospective payment system for oral health services in Arizona, Ohio, and Wyoming.

*PPS is a method of reimbursement in which Medicaid payment is made based on a predetermined, fixed amount.

Medical Providers That Can Directly Bill for Fluoride Varnish Application

Can a medical provider directly bill Medicaid fee-for-service for a fluoride varnish application?

State/Jurisdiction	Physician	Advanced Practice Nurse	Physician Assistant	Registered Nurse	Licensed Practical Nurse
Arizona	Yes	Yes	Yes	No	No
Colorado	Yes	Yes*	Yes	No	No
District of Columbia	Yes	Yes	No	No	No
Illinois	Yes	Yes	Yes	Yes	No
Iowa	Yes	Yes	Yes	No	No
Maryland	Yes	Yes	Yes	No	No
Michigan	Yes	No	Yes	No	No
Montana	Yes	Yes	Yes	No	No
New York	Yes	No	No	No	No
Ohio	Yes	Yes	Yes	No	No
Virginia	Yes	Yes	Yes	Yes	No
Wyoming	Yes	No	Yes	Yes	No

* In Colorado, an advanced practice nurse must have prescriptive authority to directly bill Medicaid.

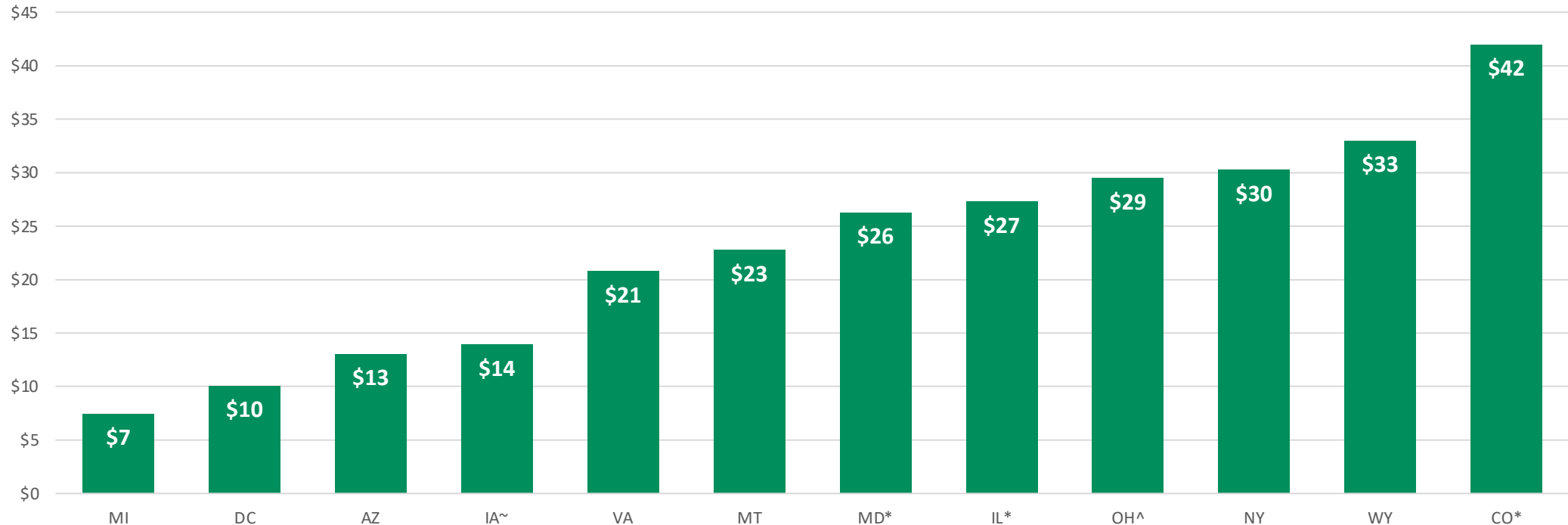
Summary



Physicians are the only medical providers that can directly bill Medicaid for a fluoride varnish application in all NOHI states/jurisdiction. Advanced practice nurses can directly bill Medicaid for a fluoride varnish application in all states/jurisdiction except Michigan, New York, and Wyoming. Physician assistants can directly bill Medicaid for a fluoride varnish application in all states/jurisdiction except District of Columbia and New York. Registered nurses can directly bill Medicaid for a fluoride varnish application in Illinois, Virginia, and Wyoming.

Medicaid Reimbursement for Fluoride Varnish Application to Medical Providers

Medicaid Fee-for-Service Reimbursement Rates (Rounded) for Fluoride Varnish Application (CPT Code 99188) Provided by a Physician or Their State/Jurisdiction-Allowed Designee, 2025



* Current procedural terminology (CPT) code 99188 is not a covered benefit. Medical providers bill for fluoride varnish application using current dental terminology (CDT) code D1206.

^ Bundled service for risk assessment, fluoride varnish & oral health education.

~ Reimbursement rate for physicians. The reimbursement rate for physician assistants and nurse practitioners is \$12.



Medicaid fee-for-service reimbursement rates for fluoride varnish application provided by physicians or their state/jurisdiction-allowed designee vary by state/jurisdiction from a low of \$7 in Michigan to a high of \$42 in Wyoming.

Fluoride Varnish Application by Medical Providers

State/Jurisdiction	Must Take a Training Course for Medicaid Reimbursement	Number of Applications Per Year	Must Be Combined with Well-Child Visit	Number Reduced if Child Receives from Dentist
Arizona	Yes	4	No	No
Colorado	Yes	Birth to age 5: 4 Ages 5–20: 3	Yes (if child is < age 5)	Yes
District of Columbia	Yes	2 (4 for high risk)	Yes	Not available
Illinois	Yes	4	No	Yes
Iowa	No	4	Yes	No
Maryland	Yes	4	Yes	No
Michigan	Yes	4	No	No
Montana	No	2 (6 for high risk)	No	Yes
New York	No	4	No	No
Ohio	No	2	No	No
Virginia	No	2	No	Yes
Wyoming	No	3	Yes	No



Half of the NOHI states/jurisdiction (Arizona, Colorado, District of Columbia, Illinois, Maryland, and Michigan) require that medical providers take a training course before they can be reimbursed by Medicaid for applying fluoride varnish.



Most NOHI states/jurisdiction allow medical providers to apply fluoride varnish three or more times per year. Only Ohio and Virginia limit the number of fluoride varnish applications to two per year.

Restrictions for Fluoride Varnish Application by Medical Providers

Describe age limits/range for reimbursable fluoride varnish applications by a medical provider for a child.

How many times per year can a medical provider be reimbursed for applying fluoride varnish for a pregnant woman?

State/Jurisdiction	Age Limits for Children	Number of Fluoride Varnish Applications for Pregnant Woman
Arizona	Birth to age 5	0
Colorado	< age 21	0
District of Columbia	Birth to age 35 months	0
Illinois	Birth to age 6	0
Iowa	Birth to age 6	0
Maryland	Ages 9 months to 5 years	0
Michigan	Birth to age 5	0
Montana	Birth to age 6	0
New York	Birth to age 6	0
Ohio	Birth to age 6	0
Virginia	Ages 6–71 months	0
Wyoming	Birth to age 14	0

Summary



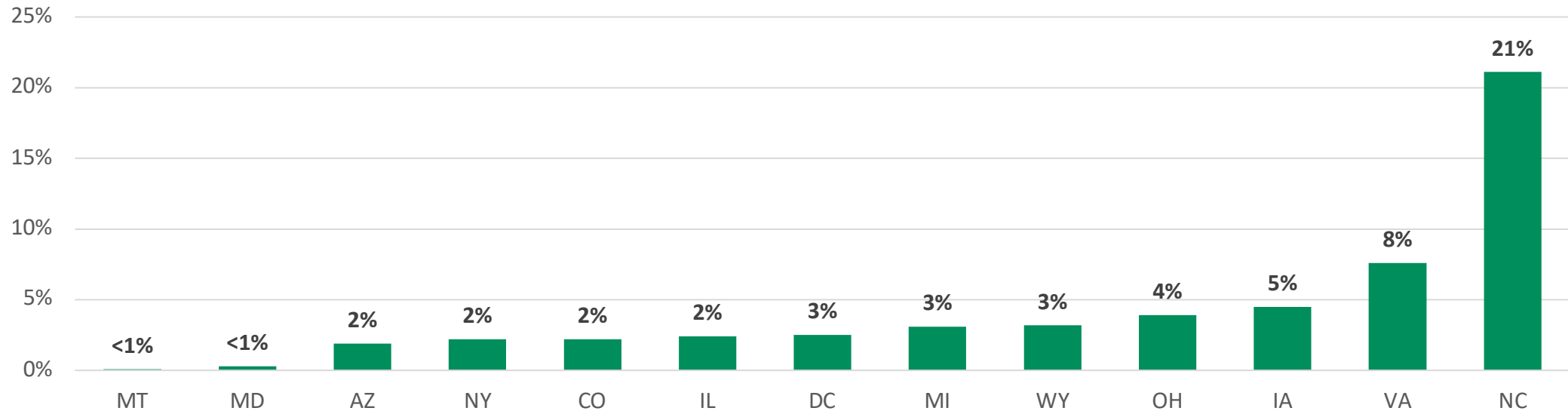
District of Columbia limits reimbursement to a medical provider for a fluoride varnish application to children under age 3. The upper limit is ages 5 or 6 in Arizona, Illinois, Iowa, Maryland, Michigan, Montana, New York, Ohio and Virginia, while the upper limit in Wyoming is age 14. Colorado reimburses medical providers for children under age 21.



No NOHI states/jurisdiction reimburse medical providers for a fluoride varnish application to pregnant women \geq age 21.

Medicaid Recipients That Received a Topical Fluoride Application

Percentage of Medicaid Recipients Ages 1–2 Who Received a Topical Fluoride Application From a Medical Provider or a Direct Access Dental Hygienist, 2022



Summary



In the NOHI states/jurisdiction, few young children enrolled in Medicaid are receiving a topical fluoride application from a medical provider or direct access dental hygienist, especially compared to North Carolina, which is the state with the highest percentage of children receiving a topical fluoride application from a medical provider or direct access dental hygienist.

Source: Herndon J, Ojha D, Layman S, Colangelo E, Aravamudhan K. 2022. [Dental Quality Alliance State Oral Healthcare Quality Dashboard](#). Chicago, IL: American Dental Association; Gainesville, FL: Key Analytics and Consulting. Accessed February 11, 2026.

Note: The Centers for Medicare & Medicaid Services has two provider classifications, “dental,” which includes services provided by or under the supervision of a dentist and “oral health,” which includes services provided by other personnel (e.g., physicians, direct access dental hygienists).

Medicaid Billable Services for Dental Providers

Can a dental provider bill and be reimbursed for oral health services through Medicaid fee-for-service?

State/Jurisdiction	Caries Risk Assessment (D0601-0603)	Fluoride Varnish (D1206)	Oral Hygiene Instruction (D1330)	Oral Health Case Management (D9992)
Arizona	No	Yes	No	No
Colorado	Yes (D0190)	Yes	No	No
District of Columbia	Yes	Yes	No	No
Illinois	No*	Yes	No	No
Iowa	No	Yes	No	No
Maryland	No	Yes	Yes	No
Michigan	No	Yes	No	No
Montana	Yes	Yes	Yes~	Yes
New York	No	Yes	No	No
Ohio	No	Yes	No	No^
Virginia	No	Yes	No	No
Wyoming	No	Yes	Yes	No

* Although there is no Medicaid reimbursement for a caries risk assessment (CRA), a CRA is required for some public programs such as school-based dental programs.

~ In Montana, only Access to Baby and Child Dentistry (AbCd) program providers are eligible to receive reimbursement for oral hygiene instruction. In addition, enrollees must be under age 5.

^ In Ohio, D9997, dental case management for special needs population, is covered at a rate of \$150.

Summary



Colorado, District of Columbia, and Montana are the only NOHI states/jurisdiction that reimburse dental providers for a caries risk assessment, while all states/jurisdiction reimburse for a fluoride varnish application.



Only Maryland, Montana, and Wyoming reimburse dental providers for oral hygiene instruction, and only Montana reimburses for oral health case management.

Dental Providers That Can Directly Bill for Fluoride Varnish

Can a dental provider directly bill Medicaid for a fluoride varnish application?

State/Jurisdiction	Dentist	Dental Therapist	Dental Hygienist
Arizona	Yes	No	No
Colorado	Yes	No	Yes
District of Columbia	Yes	Not applicable	No
Illinois	Yes	Not applicable	No
Iowa	Yes	Not applicable	No
Maryland	Yes	Not applicable	No
Michigan	Yes	Yes	Yes
Montana	Yes	Not applicable	Yes
New York	Yes	Not applicable	No
Ohio	Yes	Not applicable	No
Virginia	Yes	Not applicable	No
Wyoming	Yes	Not applicable	No

Summary



Dentists can directly bill Medicaid for a fluoride varnish application in all NOHI states/jurisdiction, while dental hygienists can directly bill in three NOHI states/jurisdiction (Colorado, Michigan, and Montana).

Restrictions on Fluoride Varnish Application by Dental Providers

Describe age limits/range for the number of fluoride varnish applications/year by a dental provider for a child.

How many times per year can a dental provider be reimbursed for fluoride varnish for a pregnant woman \geq age 21?

State/Jurisdiction	Age Limits/Range for Varnish for a Child	Number of Varnish Applications for Pregnant Woman
Arizona	Birth to age 2 (4/year), 3–20 years of age (2/year)	0
Colorado	< age 21 (2/year low risk, 4/year high risk)	2
District of Columbia	None (2/year low risk, 4/year high risk)	2
Illinois	< age 21 (4/year)	0
Iowa	None (4/year)	4
Maryland	Birth to age 25 (4/year)	2
Michigan	Birth to age 71 months (4/year), ages 6–20 years (2/year)	0
Montana	High-risk children birth to age 2 (6/year), children > age 2 (2/year)	2
New York	< age 21 (4/year)	0
Ohio	< age 21 (2/year)	0
Virginia	Ages 6–71 months (2/year), ages 3–20 years (2/year)	2
Wyoming	Birth to age 14 (2/year)	0

Summary



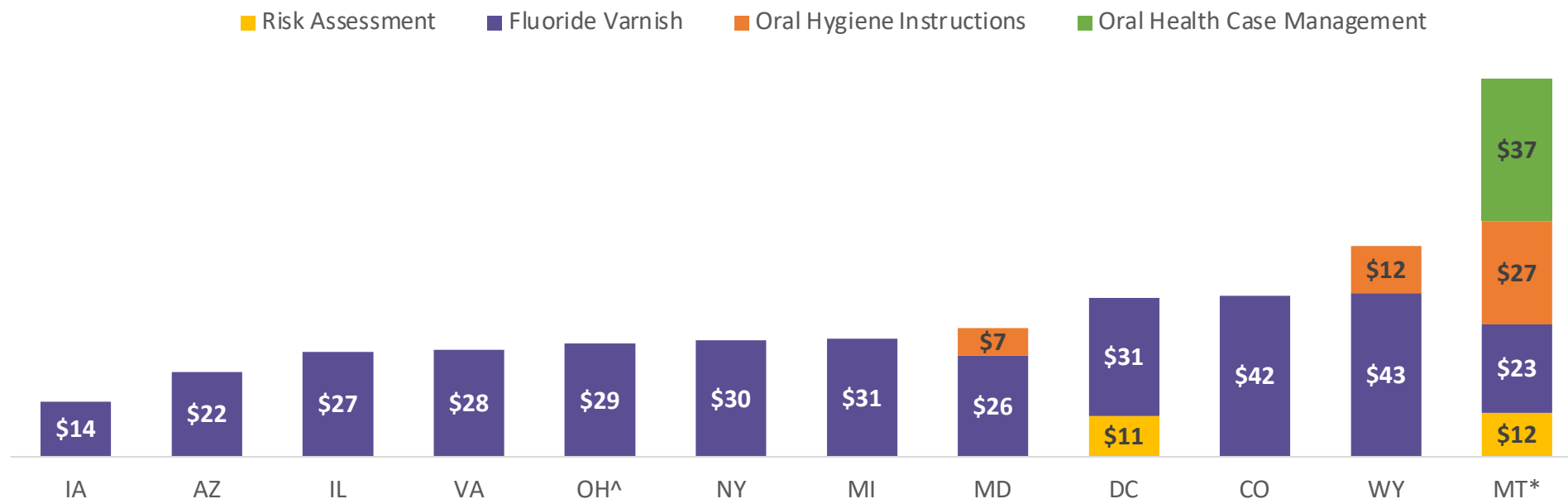
All states/jurisdiction, except Wyoming, reimburse dental providers for a topical fluoride application for children < age 21 enrolled in Medicaid. Wyoming does not provide reimbursement for persons > age 14 enrolled in Medicaid.



Six NOHI states/jurisdiction (Colorado, District of Columbia, Iowa, Maryland, Montana, and Virginia) reimburse dental providers for a fluoride varnish application provided to pregnant women \geq age 21.

Medicaid Reimbursement to Dental Providers

Medicaid Fee-for-Service Reimbursement Rates (Rounded) for Risk Assessment (D0601-0603), Fluoride Varnish (D1206), Oral Hygiene Instruction (D1330), and Case Management (D9992) Provided by a Dentist or Their Designee, 2025



* In Montana, only AbCd providers are eligible to receive reimbursement for oral hygiene instruction.

[^] In Ohio, D9997, dental case management for special needs population, is covered at a rate of \$150.



Medicaid fee-for-service reimbursement rates to dental providers for this bundle of services varies by NOHI state/jurisdiction from a low of \$14 in Iowa to a high of \$99 for AbCd providers in Montana. Montana is the only state/jurisdiction that reimburses for case management, although New York and Ohio reimburse for case management for children with special health care needs (CDT codes D9997 and D9998).

Dental Hygienists

Dental hygienists are licensed dental providers who focus on preventing and treating oral diseases to protect patients' teeth, gums, and overall health. They are graduates of accredited dental hygiene education programs and must pass a written national board examination and a clinical examination before they are licensed to practice. Hygienists work in a variety of settings such as private dental offices, schools, public health clinics, and nursing facilities.

Dental Hygienists—Direct Access

Direct access refers to the ability of a dental hygienist to initiate treatment based on their assessment of a patient's needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship.

Colorado is the only NOHI state/jurisdiction that allows direct access dental hygienists to apply fluoride varnish in a community-based setting without a special permit or advanced designation. Direct access to fluoride varnish in a community-based setting is available in 10 NOHI states (Arizona, Illinois, Iowa, Maryland, Michigan, Montana, New York, Ohio, Virginia, and Wyoming) if the hygienist has a special permit, has advanced designation, practices in a public health setting, or has a collaborative practice agreement with a dentist. In District of Columbia, fluoride varnish must be applied under the general supervision of a dentist.

Source: American Dental Hygienists' Association. 2025. *Direct Access States*. Chicago, IL: American Dental Hygienists' Association. <https://www.adha.org/advocacy/scope-of-practice/direct-access/>

Dental Hygienists—How Community Health Centers Are Using Dental Hygienists

Examples of how community health centers are using dental hygienists

Colorado: Dental hygienists provide direct access services in medical offices and school-based health centers.

Iowa: Community health centers are using public health supervision hygienists to provide care in community-based settings and as part of the medical team during well-child visits.

Maryland: Dental hygienists provide care in clinics, local health departments, and in schools throughout the state. Dental hygienists in school programs provide dental sealants and fluoride varnish.

Michigan: The PA 161 program allows dental hygienists embedded in community health center pediatric and obstetric/gynecology departments throughout the state to provide preventive oral health services. Mobile sealant and school-based programs also use PA 161 dental hygienists.

Montana: A dental hygienist with a limited-access-permit endorsement can practice via direct access in federally qualified health centers, other federally funded community health clinics, mobile health clinics, home health settings, local public health clinics, and state-health-care facilities.

Ohio: Community health centers are using public health supervision dental hygienists to provide care in community-based settings and as part of the medical team during well-child visits.

Virginia: Dental hygienists employed by community health centers can provide preventive dental care in schools, long-term care facilities, Head Start, and Special Supplemental Nutrition Programs for Women, Infants, and Children (WIC).

Dental Therapists

Dental therapists are midlevel providers, similar to physician assistants. Dentists hire and supervise therapists to provide high-quality care to more patients, grow their practices, and provide treatment to populations that are underserved and at high risk for oral disease. Therapists can work in traditional dental offices and clinics or in community settings such as schools or nursing homes. They provide preventive and routine restorative care, including filling cavities, placing temporary crowns, and extracting badly diseased or loose teeth.

Dental Therapists—Legislation

States/jurisdiction with dental therapist legislation

As of January 2026, four NOHI states have passed dental therapy legislation, but there are fewer than 10 practicing therapists in any of the four states—Arizona, Colorado, Michigan, and Montana (Indian Health Service and tribal programs only).

Note: Montana’s dental therapy legislation removed restorative procedures, including extractions, from the authorized scope of practice for therapists, which limits their ability to meet the oral health needs of Montana’s tribes.

Community Health Workers

A community health worker is a frontline public health worker who is a trusted member of and/or has a close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

Community Health Workers—Examples



Seven of the NOHI states—Arizona, Colorado, Illinois, Maryland, Michigan, Ohio, and Virginia—report having a certification process for community health workers.



Four of the seven NOHI states with certified community health workers—Illinois, Michigan, Ohio and Virginia—include oral health in the community health worker curriculum.



Community health workers have been identified by many titles, such as community health advisors, lay health advocates, *promotoras*, outreach educators, community health representatives, peer health promoters, and peer health educators.

Teledentistry

Teledentistry is the use of electronic information, imaging, and communication technologies, including interactive audio, video, and data communications, as well as store and forward technologies, to provide and support oral health care delivery, diagnosis, consultation, treatment, transfer of information, and education.

Teledentistry—Examples

State/Jurisdiction	Permitted in State/Jurisdiction	Which Providers Can Use Teledentistry	Synchronous Reimbursed by Medicaid	Asynchronous Reimbursed by Medicaid	Parity in Payment
Arizona	Yes	Dentist, dental therapist, dental hygienist	Yes	No	No
Colorado	Yes	Synchronous: dentist Asynchronous: dentist, dental hygienist	Yes (emergencies only)	Yes	No
District of Columbia	Yes	Dentist	Yes	No	Yes
Illinois	Yes	Dentist, dental hygienist working under the supervision of a dentist, public health dental hygienist	Yes	No	No
Iowa	Yes	Dentist, dental hygienist	Yes	Yes	Yes
Maryland	Yes	Dentist, dental hygienist	Yes	Yes	Yes
Michigan	Yes	Dentist, dental therapist	Yes	No	Yes
Montana	Yes	Dentist	Yes	Yes	No
New York	Yes	Dentist, dental hygienist	Yes	Yes	Yes
Ohio	Yes	Dentist, dental hygienist, expanded function dental assistant	Yes	No	No
Virginia	Yes	Dentist, dental hygienist, dental assistant	Yes	Yes	No
Wyoming	No	Not available	No	No	No

Summary



Teledentistry is permitted in all NOHI states/jurisdiction except Wyoming. Dentists can use teledentistry in all states/jurisdiction, and dental hygienists can use teledentistry in Arizona, Colorado, Illinois, Iowa, Maryland, New York, Ohio, and Virginia.



Medicaid reimburses for synchronous teledentistry in all NOHI states/jurisdiction except Wyoming. Medicaid reimburses for asynchronous teledentistry in six NOHI states—Colorado, Iowa, Maryland, Montana, New York, and Virginia.

General Information

Community Health Centers (CHCs) and Pregnancy Benefits

State/Jurisdiction	CHCs Can Bill Same Day For Medical and Dental	State/Jurisdiction Has Medicaid Pregnancy Benefit
Arizona	Yes	Yes
Colorado	Yes	Yes
District of Columbia	Yes	Yes
Illinois	Yes	Yes
Iowa	Yes	Yes
Maryland	Yes	Yes
Michigan	Yes	Yes
Montana	Yes	Yes
New York	Yes	Yes
Ohio	Yes	Yes
Virginia	Yes	Yes
Wyoming	Yes	Yes

Programs to Incentivize Dentists and Value-Based Care Payments

State/Jurisdiction	State/Jurisdiction Has Programs to Incentivize Dentists to Participate in Medicaid	State/Jurisdiction Has Value-Based Care Payment Models for Oral Health
Arizona	Yes	No
Colorado	Yes	Yes
District of Columbia	Yes	Yes
Illinois	Yes	Yes
Iowa	Yes	No
Maryland	Yes	No
Michigan	No	No
Montana	Yes	No
New York	No	No
Ohio	Yes	Yes
Virginia	No	No
Wyoming	No	No

Incentives for Medicaid Participation—Examples

Examples of how states are incentivizing dentists for participating in Medicaid

Arizona: Dental providers are eligible for a differential adjusted payment increase under the following criteria: (1) a provider that meets the criteria for the dental sealants for children performance measure will qualify for a 1% increase on all claims. (2) a provider that meets the criteria for the provision of dental services on weekends will qualify for a 1% increase on all claims.

Colorado: Public service loan forgiveness. There is no annual Medicaid benefit limit.

Illinois: Increased Medicaid rates and implemented broader reimbursement policies for services provided.

Iowa: The managed care dental carriers have incentives that have been approved by Iowa Medicaid. The incentives for SFY24 include additional payments for providing services for I-Smile referrals, members with intellectual and/or developmental disability waivers, timely recall visits, and establishing dental homes for members. Other incentives approved include an increase in payment for oral surgery and sedation codes, as well as for preventive and endodontic codes.

Maryland: In 2022 and 2023, almost \$40 million was directed to Medicaid to increase dental reimbursement rates, the largest increase in over a decade. In 2023, loan repayment for dentists in the Maryland Dent Care Loan Assistance Repayment Program (MDC-LARP) increased to \$50,000/year with a 3-year commitment and added dental hygienists at \$10,000/year for a 2-year commitment. Eligibility for MDC-LARP was expanded in 2025 to include part-time dentists and dental hygienists who will be paid a pro-rated amount that will be determined later.

Michigan: Effective January 2023, Michigan raised the Medicaid dental provider fee to 100% of private industry standards and expanded coverage to include endodontics, crowns, and periodontal treatment.

Incentives for Medicaid Participation—Examples (Continued)

Examples of how states are incentivizing dentists for participating in Medicaid (Continued)

Montana: AbCd is a program for incentivizing access to care for infants and children from birth through age 5. AbCd offers providers additional coding for preventive care, oral health education, caries risk assessment, and nutritional counseling (http://brightsmilemontana.com/dental_professionals/ABCD.php).

Ohio: Effective January 1, 2024, Ohio Medicaid reimbursement rates for dental services were increased by an average of 93%. In addition, effective January 1, 2024, clinics and dental practices that serve a high proportion of persons with developmental disabilities will be designated as dental health resource shortage areas, allowing dentists who work at those clinics or practices to apply for the Loan Repayment Program. Ohio has a 5% rural payment differential.

Virginia: The Virginia General Assembly authorized funding to strengthen the Medicaid dental benefit. The state's Medicaid agency committed to the following to increase dentists' participation in Medicaid: develop and implement a statewide recruitment campaign, conduct a thorough review of the status of the dental network every 2 years, and analyze dental fees every 3 years to calculate appropriate rate increases.

Dental and Dental Hygiene Education

State/Jurisdiction	Number of Dental Schools	Number of Dental Hygiene Programs
Arizona	2	7
Colorado	1	7
District of Columbia	1	1
Illinois	3	12
Iowa	1	6
Maryland	1	7
Michigan	2	13
Montana	0	1
New York	5	10
Ohio	3	13
Virginia	1	8
Wyoming	0	2

Non-Dental Services Provided by Dental Providers

Can dental providers provide these non-dental services, and if yes, does Medicaid reimburse for the service?

State/Jurisdiction	Blood Glucose Testing		Hypertension Screening		Behavioral Health Screening		Tobacco-Cessation Education		Vaccines	
	Allowable	Reimbursable	Allowable	Reimbursable	Allowable	Reimbursable	Allowable	Reimbursable	Allowable	Reimbursable
Arizona	Yes	No	Yes	No	Yes	Yes, \$14.08	Yes	Yes, \$14.08	Yes	No
Colorado	Yes	Yes, \$19.72	Yes	No	Yes	No	Yes	No	No	NA
District of Columbia	Yes	No	Yes	No	Yes	No	Yes	No	No	NA
Illinois	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Iowa	Yes	No	Yes	No	No	NA	Yes	No	No	NA
Maryland	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Michigan	Yes	No	Yes	No	Yes	No	Yes	No	No	NA
Montana	Yes	No	Yes	No	Yes	No	Yes	Yes, \$43.47	No	NA
New York	Yes	No	Yes	No	Yes	No	Yes	Yes, \$10.10	No	NA
Ohio	Yes	No	Yes	No	Yes	No	Yes	Yes, \$29.48	No	NA
Virginia	Yes	No	Yes	No	No	NA	Yes	No	No	NA
Wyoming	Yes	Yes, \$2.78	Yes	No	Yes	No	Yes	Yes, \$16.50	No	NA

NA: Not applicable

State/Jurisdiction Oral Health Program and Oral Health Coalition

State/Jurisdiction	Has an Oral Health Program	The Leader of the Oral Health Program is a Dental Professional (Dentist or Hygienist)	The Leader of the Oral Health Program has a Master's Degree	Has an Oral Health Coalition
Arizona	Yes	No	No	Yes
Colorado	Yes	Yes	Yes (MPH)	Yes
District of Columbia	Yes	Vacant	Vacant	No
Illinois	Yes	Vacant	Vacant	Yes
Iowa	Yes	Vacant [^]	Vacant [^]	Yes
Maryland	Yes	Yes	No	Yes
Michigan	Yes	Yes	Yes (MPA)	Yes
Montana	Yes	No	No	Yes
New York	Yes	Yes	Yes (MPH)	Yes
Ohio	Yes	Yes	Yes (MPH)	Yes
Virginia	Yes	Yes	No	Yes
Wyoming	No	Not Applicable	Not Applicable	Yes

[^] In Iowa, the public health dental director must be a dentist and have 2 years of administrative experience in a dental public health program or a Master's degree in public health. As of February 11, 2026, the Iowa dental director position is vacant.

Dentist Participation in Medicaid

State/Jurisdiction	Number of Dentists Working in Dentistry (2024)	Percentage of Dentists Enrolled as a Medicaid/CHIP Provider (2024)	Percentage of Dentists that Served 1+ Medicaid Enrollees (2017)	Percentage of Dentists that Served 100+ Medicaid Enrollees (2017)
Arizona	4,317	24%	22%	13%
Colorado	4,042	48%	28%	11%
District of Columbia	725	25%	Not Available	Not Available
Illinois	8,464	33%	18%	13%
Iowa	1,551	76%	73%	23%
Maryland	4,246	27%	24%	15%
Michigan	5,850	48%	56%	10%
Montana	650	60%	63%	27%
New York	14,159	33%	30%	16%
Ohio	5,787	30%	21%	14%
Virginia	5,635	27%	11%	5%
Wyoming	286	64%	60%	18%

CHIP=Children’s Health Insurance Program

Sources: (1) American Dental Association. N.d. *The Dentist Workforce* [webpage]. Accessed February 11, 2026. www.ada.org/resources/research/health-policy-institute/dentist-workforce
 (2) American Dental Association. N.d. *Dental Care in Medicaid Programs* [webpage]. Accessed February 17, 2026. <https://www.ada.org/resources/research/health-policy-institute/coverage-access-outcomes/dental-care-in-medicaid-programs>
 (3) Vujcic M, Nasseh K, Fosse C. 2021. *Dentist Participation in Medicaid: How Should It be Measured? Does It Matter?* Chicago, IL: American Dental Association. Accessed February 11, 2026.

Appendices

Appendix 1: Medicaid Reimbursement to Dental Hygienists

The following four NOHI states have statutory or regulatory language allowing the state Medicaid department to reimburse dental hygienists for services rendered.

- **Arizona:** Dental hygienists in affiliated practice with a dentist who is also a Medicaid provider may be reimbursed for certain services included in the practice agreement with the dentist.
- **Colorado:** Dental hygienists may be directly reimbursed for unsupervised dental hygiene services.
- **Michigan:** Medicaid policy allows any dental hygienist, including dental hygienists working within a PA 161 Program, to enroll as a provider in the Michigan Medicaid Program. This is a Medicaid Program decision and does not require state legislation. A dental hygienist is required to have a Type 1 (individual) national provider identifier (NPI) number to enroll. The dental hygienist is considered a rendering/servicing-only provider. Rendering/Servicing-Only Provider is a Type 1 (individual) NPI who renders services strictly on behalf of an organization, clinic, or group practice. Dental hygienists are required to affiliate themselves with a Type 2 (group) NPI such as a federally qualified health center, local health department, clinic, sole dentist, or dental group.
- **Montana:** Dental hygienists practicing under public health supervision may provide preventive dental hygiene services.

Source: American Dental Hygienists' Association. N.d. *Reimbursement* [webpage]. Accessed February 11, 2026. www.adha.org/reimbursement

Appendix 2: Community Water Fluoridation

Percentage of population served by a community water system receiving fluoridated water (2022)

State/Jurisdiction	Number of Persons Receiving Fluoridated Water	Number of Persons Served by CWS	% Population Served by CWS Receiving Fluoridated Water	Rank Out of 51 States/Jurisdiction
Arizona	4,095,922	7,124,056	57.5	38
Colorado	4,173,964	5,533,326	75.4	27
District of Columbia	671,803	671,803	100.0	1
Illinois	11,251,149	11,455,800	98.2	4
Iowa	2,393,799	2,694,378	88.8	16
Maryland	4,384,852	4,703,193	93.2	9
Michigan	6,729,495	7,407,603	90.8	13
Montana	259,366	791,719	32.8	47
New York	12,321,385	17,192,696	71.7	30
Ohio	9,157,130	9,872,178	92.8	10
Virginia	6,759,993	7,069,628	95.6	6
Wyoming	254,959	463,275	55.0	41

CWS = community water system

Source: Centers for Disease Control and Prevention. 2024. *2022 Water Fluoridation Statistics* [webpage]. Accessed February 11, 2026. <https://www.cdc.gov/fluoridation/php/statistics/2022-water-fluoridation-statistics.html>

Appendix 3: Dental Workforce and Health Professional Shortage Area (HPSA) Designations

Dentists working in dentistry and dental health professional shortage area (dHPSA) information, 2024

State/Jurisdiction	Number of Dentists Working in Dentistry	Number Dentists per 100,000 Population	Total Dental Care HPSA Designations	Population of Designated dHPSAs	Percentage of Need Met	Practitioners Needed to Remove dHPSA Designation
Arizona	4,317	56.9	209	2,046,279	34.5%	339
Colorado	4,042	67.8	109	884,783	58.1%	85
District of Columbia	725	103.2	11	90,280	2.9%	22
Illinois	8,464	66.6	228	2,134,589	24.7%	408
Iowa	1,551	47.8	139	483,912	16.8%	98
Maryland	4,246	67.8	42	1,827,579	41.9%	234
Michigan	5,850	57.7	245	1,582,942	27.7%	297
Montana	650	57.2	115	240,970	42.6%	31
New York	14,159	71.3	161	2,779,530	16.2%	588
Ohio	5,787	48.7	164	1,712,640	28.1%	325
Virginia	5,635	64.0	131	2,182,344	55.3%	223
Wyoming	286	48.7	26	47,162	33.3%	7
Total U.S.	202,485	59.5	7,067	59,506,039	32.2%	10,153

Sources: (1) American Dental Association. N.d. *The Dentist Workforce* [webpage]. Accessed February 11, 2026. www.ada.org/resources/research/health-policy-institute/dentist-workforce
 (2) Kaiser Family Foundation. 2024. *Dental Care Health Professional Shortage Areas (HPSA)* [webpage]. Accessed February 11, 2026. www.kff.org/other/state-indicator/dental-care-health-professional-shortage-areas-hpsas

Appendix 4: Acronyms Used in Chartbook

- AbCd: Access to Baby and Child Dentistry program in Montana
- CDT: Current Dental Terminology code
- CHC: Community health center
- CHIP: Children's Health Insurance Program
- COH: Consortium for Oral Health
- COHSII: Consortium for Oral Health Systems Integration and Improvement
- CPT: Current Procedural Terminology code
- CWS: Community water system
- dHPSA: Dental health professional shortage area
- HPSA: Health professional shortage area
- MNOHI: Midwest Network for Oral Health Integration
- NOHI: Networks for Oral Health Integration Within the Maternal and Child Health Safety Net
- NPI: National Provider Identifier
- RoMoNOH: Rocky Mountain Network of Oral Health
- TOHF: Transforming Oral Health for Families
- WIC: Special Supplemental Nutrition Program for Women, Infants, and Children