

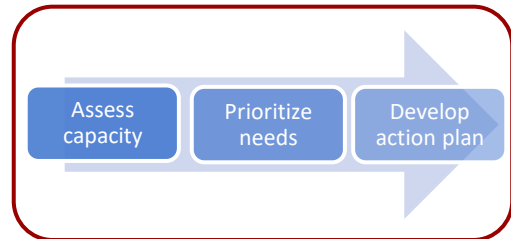


Capacity Inventory for Integrating Oral Health Care into Primary Care for Pregnant Women: Tool

Revised Edition

This tool was developed to assist states^a in their efforts to improve their capacity to integrate oral health care into primary care for pregnant women. The purpose of the tool is to help state oral health programs or other statewide organizations assess systems-level capacity factors and prioritize needs. See the [background brief](#) for more information about the tool's development.

Staff can use the tool to consider factors that facilitate integration of oral health care into primary care for pregnant women and to look for opportunities to improve integration. The highest-priority areas can then be addressed in an action plan. Technical assistance during this process is available from the [Consortium for Oral Health](#).



Instructions

Review all systems-level capacity factors on the following pages. Factors are organized into these categories:

- Collaborative relationships
- Data and surveillance
- Health professional education and training
- Oral health care for pregnant women as a state priority
- Workforce
- Medicaid
- Public outreach and education

Factors do not stand alone and may need to be considered in combination with other factors and with partners. Consider (with partners, as necessary) whether improvements are needed, and categorize factors using the priority matrix below.

1. In the first column, rate each factor on a scale from 0 to 5, where 0 means that it is not in place, and 5 means that the factor is fully in place.

^a "States" refers to 50 states, the District of Columbia, and U.S. jurisdictions.

- If the factor isn't relevant to your state or if you are unsure or don't know, skip the rating column and enter information in the "Notes" column that might be helpful to you in a later review.
- 2. In the "Notes" column, add your reactions and ideas for improvement. Add any other notes that are relevant (e.g., resources needed).
- 3. In the "Priority for Action" column, indicate whether you are working on the factor or when you might work on it by marking "Next," "Later," or "Not at all."

The following terms are used in the inventory.

- *Dental provider*: dentist, dental hygienist, dental therapist, advanced practice dental hygienist, dental assistant. An advanced practice dental hygienist is a dental hygiene provider who provides services directly to the public, although practice setting may be limited.
- *Medical provider*: physician, physician assistant, advanced practice nurse, registered nurse, licensed practical nurse, medical assistant. Advanced practice nurse includes nurse practitioner, clinical nurse specialist, nurse anesthetist, and nurse midwife.
- *Community health worker*: frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. Includes promotores, community health representatives, community health advisors, and other related titles.

This tool was developed by the Consortium for Oral Health Systems Integration and Improvement led by the National Maternal and Child Oral Health Resource Center working in partnership with the Association of State and Territorial Dental Directors and the Dental Quality Alliance. The tool was informed by the [Capacity Assessment for State Title V \(CAST-5\)](#) developed by the Association of Maternal and Child Health Programs and the John Hopkins University Women's and Children's Health Policy Center and the [environmental scan](#) developed by the Networks for Oral Health Integration Within the Maternal and Child Health Safety Net project.

State:

Organization:

Contact name and e-mail address:

Capacity Factors	Is it in place?	Notes	Priority for Action			
	Rate on a scale of 0 (no) to 5 (yes)	Say more about process, partners, reasons, planning	Doing now	Next	Later	Not at all
Collaborative Relationship Factors						
Champions exist that support the integration of oral health care into primary care for pregnant women in your state.						
Partnerships, communication channels, and other types of interactions and collaborations related to oral health for pregnant women are cultivated with:						
<ul style="list-style-type: none"> State agencies and/or programs (e.g., chronic disease, Medicaid, Title V) 						
<ul style="list-style-type: none"> Safety net settings (community health centers, hospitals, health departments, public health clinics, or other facilities serving pregnant women) 						
<ul style="list-style-type: none"> Community-based organizations (e.g., Early Head Start programs, home visiting) 						
<ul style="list-style-type: none"> State and local policymakers 						
<ul style="list-style-type: none"> Non-governmental advocates, funders, and organizations (oral health coalition, primary care association, philanthropy, faith-based and cultural groups, advocacy organizations) 						
<ul style="list-style-type: none"> State and national entities (professional associations, universities, media) 						
<ul style="list-style-type: none"> Other, please specify: 						

Capacity Factors	Is it in place?	Notes	Priority for Action			
	Rate on a scale of 0 (no) to 5 (yes)	Say more about process, partners, reasons, planning	Doing now	Next	Later	Not at all
Data and Surveillance Factors						
State oral health program has access to staff or partners with data expertise (e.g., epidemiologist, data scientist, statistician).						
<p>Oral health is included in a statewide information technology system to support health care data collection and retrieval by health care providers and social program staff (e.g., health information exchange).</p> <p><i>Examples</i></p> <p>California: Software development merging data on clients with community-based programs and funding to connect and coordinate services (see https://uniteus.com/solutions)</p> <p>California: <i>Mapping Dental Deserts: Oral Health Equity in Los Angeles County</i> (see http://publichealth.lacounty.gov/ohp/docs/LAC_Dental_Deserts_One_Pager_2021.pdf)</p> <p>Maryland: State Designated Health Information Exchange (physician offices, hospitals, federally qualified health centers, local health departments) (see https://www.crisphealth.org/)</p> <p>South Carolina: <i>Interactive Maps and Geospatial Data</i> (not oral health specifically) (see https://sc-department-of-health-and-environmental-control-gis-sc-dhec.hub.arcgis.com/)</p>						

Capacity Factors	Is it in place?	Notes	Priority for Action			
	Rate on a scale of 0 (no) to 5 (yes)	Say more about process, partners, reasons, planning	Doing now	Next	Later	Not at all
State repositories or registry systems collect and house oral health data.						
Oral health data about pregnant women is publicly available (via state data dashboards, reports, registries, websites).						
State oral health surveillance plan addresses oral health care for pregnant women.						
State is engaged in activities (projects, evaluation, and/or research) focused on integrating oral health care into primary care for pregnant women.						
State oral health program can access oral health data about pregnant women and women of childbearing age from the following sources:						
<ul style="list-style-type: none"> Basic Screening Survey (BSS) adapted for pregnant women (see https://www.dph.ncdhhs.gov/media/269/download?attachment) 						
<ul style="list-style-type: none"> Behavioral Risk Factor Surveillance System (BRFSS) (The oral health module is a rotating core that is included in the BRFSS questionnaire in even-number years. See indicator W4 in https://www.mchoralhealth.org/PDFs/COHSII-user-guide.pdf.) 						
<ul style="list-style-type: none"> Medicaid 						
<ul style="list-style-type: none"> Pregnancy Risk Assessment Monitoring System (PRAMS) 						

Capacity Factors	Is it in place?	Notes	Priority for Action			
	Rate on a scale of 0 (no) to 5 (yes)	Say more about process, partners, reasons, planning	Doing now	Next	Later	Not at all
• Other, please specify:						
Health Professional Education and Training Factors						
State promotes continuing education about oral health care for pregnant women for dental providers .						
State promotes continuing education about oral health care for pregnant women for medical providers (e.g., physicians, physician assistants, advanced practice nurses, registered nurses, licensed practical nurses, medical assistants).						
Dental provider education programs (e.g., dental hygiene programs, dental schools, dental residency programs) include content on oral health care for pregnant women.						
Primary care provider education programs include content on oral health care for pregnant women.						
State has developed, adapted, adopted, or endorsed guidelines for oral health care for pregnant women (see https://www.mchoralhealth.org/highlights/pregnancy-guidelines.php).						
Oral Health Care for Pregnant Women as a State Priority						
State oral health plan includes integration of oral health care into primary care for pregnant women.						

Capacity Factors	Is it in place?	Notes	Priority for Action			
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<p><i>Example</i></p> <p>2020-2030 Minnesota State Oral Health Plan (see http://www.health.state.mn.us/people/oralhealth/docs/stateplan2020.pdf)</p>						
Oral health is represented at state maternal and child health (MCH) program meetings about selecting national performance measures (NPMs) and developing action plans.						
State MCH program selected the Title V NPM for oral health care for pregnant women (see https://www.mchoralhealth.org/titlevbg/index.php#states) or developed a state performance measure for oral health for pregnant women.						
State health improvement plan includes integration of oral health care into primary care for pregnant women.						
State has state and/or federal funding (e.g., Title V MCH Services Block Grant) for efforts to integrate oral health care into primary care for pregnant women.						
State has philanthropic funding for efforts to integrate oral health care into primary care for pregnant women.						
Workforce Factors (Note: These factors rate the current status in your state. For best results, first complete the addendum tables at the end of this document and then rate the factors here.)						

Capacity Factors	Is it in place?	Notes	Priority for Action			
	Rate on a scale of 0 (no) to 5 (yes)	Say more about process, partners, reasons, planning	Doing now	Next	Later	Not at all
Dental providers can practice teledentistry in your state.						
There are opportunities to improve scope of practice for dental hygienists and/or advanced practice dental hygienists to deliver oral health services.						
Dental hygienists are permitted to practice in prenatal care settings under their scope of practice in your state (see https://www.adha.org/wp-content/uploads/2023/03/Dental-Hygiene-in-Medical-Settings_11-2021.pdf).						
Dental hygienists are permitted to directly bill Medicaid and receive reimbursement for oral health services in your state (see https://www.adha.org/reimbursement).						
Advanced practice dental hygienists are permitted to practice in prenatal care settings under their scope of practice in your state (see https://www.adha.org/wp-content/uploads/2023/03/Dental-Hygiene-in-Medical-Settings_11-2021.pdf).						
Advanced practice dental hygienists are permitted to directly bill Medicaid and receive reimbursement for oral health services in your state (see https://www.adha.org/reimbursement).						

Capacity Factors	Is it in place?	Notes	Priority for Action			
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Dental therapy is permitted in your state (see https://oralhealthworkforce.org/authorization-status-of-dental-therapists-by-state/).						
Dental therapists are permitted to practice in prenatal care settings under their scope of practice in your state (see https://www.adha.org/wp-content/uploads/2023/03/Dental-Hygiene-in-Medical-Settings_11-2021.pdf).						
Dental therapists are permitted to directly bill Medicaid and receive reimbursement for oral health services in your state (see https://www.adha.org/reimbursement).						
A certification training program for community health workers exists in your state (see www.nashp.org/state-community-health-worker-models).						
<ul style="list-style-type: none"> If yes, does the certification training program for community health workers include oral health? 						
Community health workers are addressing oral health in your state (e.g., oral health education).						
There are opportunities to improve scope of practice for medical providers to deliver oral health services.						
Medicaid Factors (Note: These factors rate the current status in your state. For best results, first complete the addendum tables at the end of this document and then rate the factors here.)						

Capacity Factors	Is it in place?	Notes	Priority for Action			
	Rate on a scale of 0 (no) to 5 (yes)	Say more about process, partners, reasons, planning	Doing now	Next	Later	Not at all
<p>There are opportunities to expand the Medicaid dental benefit for pregnant women in your state.</p> <ul style="list-style-type: none"> • Emergency: Services provided for the relief of pain and infection under defined emergency situations. • Limited: Fewer than 100 diagnostic, preventive, and minor restorative procedures recognized by the American Dental Association (ADA); per-person annual expenditure for care is \$1,000 or less. • Extensive: A comprehensive mix of services, including more than 100 diagnostic, preventive, and minor and major restorative procedures approved by ADA; per-person annual expenditure cap is at least \$1,000. 						
There is an expeditious process for enrolling pregnant women in Medicaid in your state.						
There is a Medicaid dental benefit for postpartum women in your state.		<p><i>If there is a postpartum benefit, what is the duration?</i></p> <p><i>How does the benefit compare in scope to the benefit for pregnant women?</i></p>				
State has value-based care (VBC) payment models for oral health care for pregnant women. (According to the Centers for Medicare & Medicaid Services, VBC payment models reward health care providers with incentive payments for the quality of care they provide to beneficiaries.)		<i>If VBC models exist, please describe.</i>				

Capacity Factors	Is it in place?	Notes	Priority for Action			
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There are opportunities to improve direct Medicaid billing and reimbursement for oral health services delivered by medical providers for pregnant women.						
Community health workers are reimbursed by Medicaid in your state (see https://nashp.org/state-community-health-worker-models/).						
Medicaid dental reimbursement rates for dental providers for care provided to pregnant women are comparable to commercial rates in your state (see http://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpigraphic_1021_1.pdf).						
Medicaid program incentivizes pregnant women to obtain oral health care in your state (e.g., \$25 to pregnant woman for completion of care).						
Medicaid program has a system or process for identifying pregnant women and connecting them to a dentist (Medicaid new enrollment, Medicaid claims data, pregnancy risk assessment) in your state. <i>Examples</i> Maryland: <i>Maryland Perinatal Risk Assessment Form</i> (see https://www.carefirstchpmd.com/wp-content/uploads/2016/09/MARYLAND-PRENATAL-RISK-ASSESSMENT-FORM.pdf)						

Capacity Factors	Is it in place?	Notes	Priority for Action			
	Rate on a scale of 0 (no) to 5 (yes)	Say more about process, partners, reasons, planning	Doing now	Next	Later	Not at all
West Virginia: <i>West Virginia Prenatal Risk Screening Instrument</i> (see http://www.wvdhhr.org/mcfh/wv_prenatalriskscreeninginstrument2016.pdf)						
Public Outreach and Education Factors						
Integration of oral health care into primary care for pregnant women is included in statewide or regional public awareness campaigns in your state.						
There is a current and accessible directory of dental providers who participate in Medicaid and deliver care to pregnant women in your state.						
Oral health education and/or preventive care are incorporated into community-based programs with statewide reach (e.g., in the programs listed below).						
• Early Head Start program						
• Healthy Start program						
• Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)						
• Other, please specify:						
Educational materials or other resources about integration of oral health care into primary care for pregnant women are provided to/shared with partners.						

Addendum: Scope of Practice and Medicaid Payment: Current Status

Oral Health Scope of Practice for Dental Providers									
Which of the following dental providers are permitted under their scope of practice to provide the following oral health services in your state (can be by delegation)?									
	Caries risk assessment			Fluoride varnish			Silver diamine fluoride		
	Yes	No	By delegation	Yes	No	By delegation	Yes	No	By delegation
Dental Hygienists									
Advanced Practice Dental Hygienists									
Dental Therapists									
Oral Health Scope of Practice for Medical Providers									
Which of the following medical providers are permitted under their scope of practice to provide the following oral health services in your state (can be by delegation)?									
	Caries risk assessment			Fluoride varnish			Silver diamine fluoride		
	Yes	No	By delegation	Yes	No	By delegation	Yes	No	By delegation
Physicians									
Physician Assistants									
Advanced Practice Nurses (including Nurse Practitioners, Clinical Nurse Specialists, Nurse Anesthetists, and Nurse Midwives)									
Registered Nurses									
Licensed Practical Nurses									
Certified or Registered Medical Assistants									

Medicaid Payment for Medical Providers

For oral health services provided to pregnant women, can medical providers **directly bill Medicaid** and receive reimbursement?

	Caries risk assessment		Fluoride varnish		Silver diamine fluoride		Oral hygiene instruction	
	Yes	No	Yes	No	Yes	No	Yes	No
Physicians								
Physician Assistants								
Advanced Practice Nurses (including Nurse Practitioners, Clinical Nurse Specialists, Nurse Anesthetists, and Nurse Midwives)								
Other providers (please specify):								

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