U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
Region VI

FINAL REPORT

Arkansas EPSDT Review Report
Dental Services
March 11-13, 2008 Site Visit

Executive Summary

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program for individuals under the age of 21 enrolled in Medicaid is intended to assure the availability and accessibility of required health care resources and to help those enrolled to effectively use them.

With a focus on children's dental services, representatives from the Center for Medicare and Medicaid Services (CMS) Regions IV and VI conducted an on-site review of Arkansas' EPSDT program in March 2008. The purpose of the review was to determine what efforts Arkansas has made to address the rate of children's dental utilization in that State, and to make recommendations on additional actions Arkansas can take to increase these utilization rates.

Specifically, the review team interviewed state officials and staff representing the Arkansas Department of Health and Human Services (DHHS), the agency responsible for the administration of Arkansas' Medicaid program. In addition, the team interviewed a non-representative sample of providers, and conducted extensive document review in the areas of informing, periodicity, access, diagnosis and treatment services, support services, and coordination of care. Seven providers from five communities were interviewed, representing both urban and rural providers, providers who submitted varying amounts of dental claims, and providers in state border areas, who are approved providers in two states.

This report addresses EPSDT key areas of informing, periodicity schedules, accessibility, diagnosis and treatment services, support services, coordination of care, utilization, and data collection, analysis, and reporting. The State increased reimbursement rates in 2007, and plans to increase rates again in August 2008. We commend the State for working with its dental associations to improve the delivery of oral health services in the State. CMS expresses concern that: a) participants are not sufficiently informed of the services available to them through the ConnectCare system; b) the process used to inform providers about EPSDT is inconsistent and ineffective; c) a system to monitor provider's complaints and response is not being employed, or is seldom utilized; and d) the State employs neither a claims data nor pre-authorization request tracking system. The CMS review team has the following recommendations for the State:

Recommendations

- The State should add a section to the current Medicaid participant handbook, explaining in detail the purpose and services available through ConnectCare.

- The State should establish a focused and periodic provider communication process to separate dental information from medical information, and issue provider-type specific notifications.

- The State should institute a review of the ConnectCare program after a period of time has passed to determine its effectiveness linking recipients with dental service providers and support services.

- The State should continue to monitor call activity between dental providers and ConnectCare with regular reports which track its utilization and effectiveness and use these reports to continuously improve the system.

- The State should actively recruit new dental specialists into the Medicaid program including recruiting family or pediatric dentists who are licensed to provide endodontic or oral surgery services.

- The State should review the financial aid process to determine if a payback system is possible to ensure that dental students who receive state financial aid to attend dental school return to the State to practice for a period of time.

- The State should log and monitor provider complaints made directly to State offices, for the purpose of tracking and accurately reporting aging and resolution turnaround time in the pre-authorization process, and developing a more efficient and timely response to requests or complaints. The data should be aggregated and analyzed for process improvement to streamline the approval process.

- The State should hire or contract with additional qualified dental consultants and establish standard procedures for the review process to improve the consistency and timeliness of prior authorizations.

- The State should evaluate the current workload for participating dental consultants to determine if it can be more efficiently distributed or if additional support is required for a particular specialty.

- The State should develop a standard monitoring procedure which performs regular analysis of claims data, flagging statistical outliers for review.

- The State should conduct regular and thorough dental provider onsite records reviews to ensure appropriate utilization of dental services.

General Recommendation

The State should ensure that recipients receive reminders regarding the need for periodic dental services either from the State Medicaid Agency as part of the annual EPSDT informing requirement or directly from the dental service providers.

I. Background

CMS has conducted on-site reviews of children's dental services in 16 states. The States reviewed were selected based on the dental utilization rates reported by States to CMS on the CMS-416 annual report, which is used to report EPSDT program information. All States reviewed had less than a 30-percent dental utilization rate for children. These reviews were performed to determine what efforts States have made to address the rate of children's dental utilization in their State, and to make recommendations on additional actions States can take to increase these utilization rates and ensure compliance with Federal Medicaid regulations.

In addition, Congress has requested that CMS collect information regarding dental service utilization and delivery systems from all states. While CMS has conducted a number of onsite dental reviews in some states, we are collecting more limited dental information by telephone from all states.

II. Scope of Review

The EPSDT program consists of two, mutually supportive, operational components:

- Assuring the availability and accessibility of required health care resources, and;
- Helping Medicaid beneficiaries and their parents or guardians effectively use them.

The intent of this on-site review was to discuss and review with the appropriate Arkansas State staff the policies and procedures being followed in fulfilling the requirements of the State's EPSDT program, with the focus on providing complete and comprehensive dental care to children. CMS gathered information that demonstrates how the EPSDT requirements, particularly dental services, are being implemented.

III. Introduction to Arkansas Dental Services for Children

The Arkansas Department of Health and Human Services (DHHS) is the single state agency that administers the Medicaid program and ARKids First A as its children's Medicaid program. Individuals who qualify for EPSDT dental services are informed at the moment of enrollment, and benefits are explained in a comprehensive Medicaid and SCHIP handbook. Participants may call providers directly to schedule appointments, or they may contact ConnectCare to locate local dental providers and choose primary care physicians. ConnectCare is a total service healthcare entity, assisting participants in choosing physicians, scheduling appointments, securing transportation, providing translators for non-English speaking participants, and contacting "no-shows." While ConnectCare has been available for recipients and providers for medical services for some time, it had only been available for dental services and providers for less than four months at the time of the review.

As stated to CMS in the 2006 Annual 416 report, 405,965 individuals under the age of 21 were eligible for Medicaid in Arkansas. Of these, 108,684 were receiving any type of dental services, creating a utilization rate of 27 percent. Arkansas has 376 enrolled dental providers who are currently actively billing.

Arkansas increased reimbursement rates in August of 2007, and current legislation is pending for an additional increase in rates, with a projected implementation date of August 2008. At the time of this report, data submitted by the State does not indicate an increase in the number of providers as a result of increased reimbursement rates.

Arkansas partners with Arkansas State Dental Association (ASDA) for physician support and technical guidance. Arkansas has also designed oral health policy in response to recommendations from the American Dental Association (ADA), and the American Academy of Pediatric Dentists (AAPD).

IV. Review Descriptions, Concerns, and Recommendations

Key Area I - Informing Families and Providers on EPSDT Services

Section 5121 of the State Medicaid Manual provides the requirements for informing Medicaid beneficiaries of the EPSDT program, including dental services, in a timely manner. Based on section 1902(a)(43) of the Act, States are to assure there are effective methods to ensure that all eligible individuals and their families know what services are available under the EPSDT program; the benefits of preventive health care, where services are available, how to obtain them, and that necessary transportation and scheduling assistance is available. Regulations at 42 CFR 438.10 require the State, its contractor, or health plans to provide information to all enrollees about how and where to access Medicaid benefits that are not covered under the managed care contract. No methodology is mandated to states to determine the "effectiveness" of their methods, nor are States required to measure "effectiveness" of their informing strategies. Informing is particularly important with respect to dental services since many families do not see dental services as a priority and may need additional information on these important services.

Informing Enrollees

Arkansas has authored a comprehensive and informative Medicaid and ARKids beneficiary handbook, written in understandable language, and available in alternative formats of Spanish and large print.

The State has also contracted with ConnectCare to expedite medical and, more recently, dental service delivery by locating providers, scheduling appointments, arranging transportation, and performing follow-up for continued treatment or appointment "no-shows". The services provided by ConnectCare are available to participants through a toll-free phone number, which is listed in the participant handbook. ConnectCare also provides services for callers with hearing impairments.

Concern #1 – While passing references are made to ConnectCare in the state Medicaid participant handbook, readers are not given a clear and concise perception of the services offered through ConnectCare. Page 9 of the handbook merely states that DHHS workers will explain ConnectCare upon application. DHHS is providing no assurances that recipients are being properly educated as to the purpose, benefits, and services provided by ConnectCare.

Recommendation #1 – Include a detailed section in the Medicaid recipient handbook explaining the purpose, benefits and services available through ConnectCare.

DHS Response – As noted in recommendation #1, the State of Arkansas Department of Human Services (DHS) intends to update our Medicaid beneficiary handbook to include a section directly relating to the ConnectCare program detailing how the ConnectCare program can help the recipients locate dental providers, set appointments, reschedule appointments as well as arrange transportation through the NET (Non-Emergency Transportation) program.

Informing Providers

Arkansas regularly communicates with providers. The State sends mailings and notifications to all medical and dental providers throughout the state, including a provider CD containing training and technical support for Medicaid's billing and administrative processes. In December 2007, the State further enhanced its dental provider support by making communication with ConnectCare available to dental providers for the purpose of contacting patients, filing complaints, or receiving technical support – a service that was previously being made available only to medical providers.

The majority of providers who were interviewed voiced a desire for more dental-focused communication that would be relevant to their practices and staff. They stated that mailings were predominantly focused on, and only relevant to medical providers, and most dental providers interviewed were discarding the mailings assuming that the information was not pertinent to their line of business. Thus, the state is missing a valuable opportunity to build on state/provider relationships. Further, of those providers interviewed, few were aware of the provider support made available through ConnectCare.

Notable Practice #1 - The State's use of ConnectCare's provider support services is a notable practice.

DHS Response – DHS would like to thank CMS for their acknowledgment of our ConnectCare provider and beneficiary support service as a notable practice. As noted in your report, we believe that the ConnectCare program has the potential to alleviate the problem of missed appointments and raise the level of dental care provided by the state. We are proud of the program as it provides an invaluable service to our dental providers and beneficiaries.

However, the State should disseminate information about the service more broadly to dental providers.

Recommendation #2 – Establish focused and periodic communication material, specific for dental providers.

DHS Response – As discussed in recommendations #2 and #5, DHS is in the process of preparing informative pamphlets for providers. DHS staff members, as well as representatives from our fiscal intermediary, and our ConnectCare program will attend the upcoming Arkansas State Dental Association conferences. We intend to sponsor an exhibit

booth to not only explain the Medicaid Dental & ConnectCare programs but also help interested providers complete the Medicaid Enrollment application at the booth. In addition, DHS staff members and provider enrollment contractors routinely assist providers in completing and submitting their enrollment applications.

Recommendation #3 –The State should consider reviewing the ConnectCare program after sufficient time has passed to determine its effectiveness with linking recipients with dental service providers and support services.

Recommendation #4 - Staff should continue to monitor call activity between dental providers and ConnectCare with regular reports which track its utilization and effectiveness. Monitoring should include number of providers who call ConnectCare in ratio to state provider rolls, number of provider complaints or issues, nature of complaints, resolution, complaint and issue aging report, and services performed.

Provider's may be adversely impacted when participants frequently miss appointments, ignore provider suggestions and education, or exhibit behaviors which further complicate a provider's ability to give quality care. Arkansas' newest endeavor to include dental providers in communication support through ConnectCare has the potential to alleviate negative consequences, and raise the level of dental care provided by the state.

In addition, the recent and pending rate increases have potential for increasing provider rolls, with new providers being added to the state distribution list every month. Because dental provider support services with ConnectCare are vital but new, it is necessary that State continue to inform and remind providers of the services made available by ConnectCare through dedicated dental provider communication.

DHS Response – At the time of this CMS Review the ConnectCare program was in its infancy. ConnectCare had just begun developing the programs to track all information. Per recommendations #3 and #4, now that ConnectCare has been managing this project for a period of time, DHS has requested quarterly reports outlining the nature of all correspondence with providers as well as recipients. ConnectCare has provided these reports and they are very comprehensive.

Key Area II - Periodicity Schedules and Interperiodic Dental Services

Section 5140 of the State Medicaid Manual provides the requirements for periodic dental services and indicates that distinct periodicity schedules must be established for each of these services. Subpart C refers to sections 1905(a)(4)(B) and 1905(r) of the Act requirements that these periodicity schedules assure that at least a minimum number of examinations occur at critical points in a child's life.

Recently, Arkansas revised its periodicity schedule to allow for regularly scheduled dental check-ups from every 12 months to every 6 months, thus reflecting periodicity suggested by AAPD.

- **There are no concerns in the area Periodicity Schedules or Interperiodic Dental Services.**

Key Area III – Access to Dental Services

Section 42 CFR 440.100 specifies that dental services are to be provided by, or under the supervision of, a dentist qualified under State law to furnish dental services. Section 5123.2.G of the State Medicaid Manual provides the requirements for dental service delivery and content in line with section 1905(r)(3)(A) of the Act. The State must provide, in accordance with reasonable standards of dental practice, dental services to eligible EPSDT beneficiaries who request them. The services are to be made available under a variety of arrangements, in either the private or public sector. States are to assure maximum utilization of available resources to optimize access to EPSDT dental services, with the greatest possible range and freedom of choice for the beneficiaries and encouraging families to develop permanent provider relationships. States may also utilize other oral health resources coverable under the Medicaid program.

According to providers interviewed, the recent rate increase has increased provider rolls, with new providers being added to the State distribution list every month. But provider participation data submitted by the State suggests that much of the State is still underserved, especially in the area of specialty care. The situation may be further complicated by the absence of any Dental Schools in the State of Arkansas. The State indicated that dental students, including those who receive state financial aid, will often attend out-of-state dental schools but not return to Arkansas to practice.

Recommendation #5 – The State should actively recruit new specialists into the Medicaid program. In areas where specialists are unavailable, the State should consider recruiting Family or Pediatric Dentists who are also licensed to provide endodontic or oral surgery services, filling that need until specialists can be made available.

DHS Response – See comment for Recommendation #2.

Recommendation #6 – State should review its financial aid process for dental students to determine of there is a way to ensure that students return to the State of Arkansas to practice for a specified period of time based on the amount of aid received.

DHS Response – The Arkansas Department of Higher Education coordinates financial aid for dental students. Per CMS Recommendation # 6 regarding the State's financial aid process for dental students, DHS intends to research this issue and will communicate the recommendation to the Department of Higher Education.

Key Area IV - Diagnosis and Treatment Services

Children under the age of 21 may receive additional benefits under EPSDT when determined to be medically necessary by the State. Sections 5122(E) and (F), as well as section 5124 of the State Medicaid Manual stipulate that follow-up diagnostic and treatment services within the scope defined by sections 1905 (a) and (r) of the Act are to be provided when indicated.

Diagnostic services must fully evaluate the dental condition that was identified, while treatment services must ensure health care is provided to treat or ameliorate the dental condition. These services are limited by what is coverable under section 1905(a) of the Act but may not be limited to services included in the State's Medicaid Plan.

Providers in Arkansas are required to submit pre-authorization requests via postal services, in order to include detailed x-rays and care plans. Providers consistently expressed their frustration with the slow approval process, and with their inability to communicate with dental staff by phone or mail in a timely manner.

Additionally, providers cited concerns that the two dental consultants employed by the state to determine authorization for dental services were unable to supply the needed support for the numerous requests. The bulk of responsibility for pre-authorization services falls upon the two state staff dental consultants, with the remainder being addressed by five contracted consultants. Requests are sorted into two groups based upon age, and are then assigned to the appropriate dental consultants, whose assignments vary by discipline – endodontistry, orthodontistry, oral surgery, pediodontistry, or second opinion.

The State explained that when providers call regarding the status of pending authorization requests, the requests are typically reviewed while the provider waits on hold, and is then given an immediate authorization number. The State informed CMS that they kept no log of providers who call their offices making requests, inquiring of pending requests, or making complaints

Recommendation #7 – Log and monitor provider requests and inquiries made directly to state offices, for the purpose of tracking and accurately reporting aging and turnaround time in the pre-authorization process.

DHS Response – The Medicaid Dental Unit currently keeps a log of the number of calls received per day in the unit. Per CMS Recommendation # 7, the Dental Unit will create a spreadsheet that gives general information relating to the telephone calls received in the unit.

Recommendation #8 – The State should hire or contract with additional qualified dental consultants and establish standard procedures for the review process to improve the consistency and timeliness of the prior authorization process.

Recommendation #9 **-** The State should evaluate the current workload to determine if it can be more efficiently distributed or if additional support is required for a particular specialty.

DHS Response – Arkansas Medicaid contracts with the Arkansas State Dental Association to provide consultants for the program. The consultants provide a variety of services, but their primary responsibility is to review requests for prior authorization. The turnaround time for our general dentistry prior authorizations is about one to two weeks. For orthodontia cases it is about three to four weeks, and oral surgery is about four to five weeks. Per CMS recommendations # 8 -9, we are scheduling a meeting with the ASDA to review the schedules of the orthodontia and oral surgery consultants. We also intend to add new consultants to our contract.

In order to assure that pre-authorization is occurring in a timely and efficient manner, the State must regularly perform current and accurate gathering and analysis of preauthorization data, and be able to present to future reviewers assurance of those claims. Requests and inquiries from providers must be logged and tracked for priority, aging, resolution, and subsequently aggregated. It is the State's responsibility to know the current status and pace of its backlog, and the timeframes of the processes which result in that backlog.

The State must subsequently use aggregated data from monitoring for the purpose of streamlining the approval process and shortening turnaround times. With this knowledge, consultants should be involved in streamlining the process, advised of critical points, or logjams, and be willing to adjust accordingly.

Key Area V - Support Services

Section 5150 of the State Medicaid Manual indicates that the State is required to ensure that beneficiaries have adequate assistance in obtaining needed Medicaid services by offering and providing, if requested and necessary, assistance with scheduling appointments and non-emergency transportation. This includes the requirement of 42 CFR 431.53 mandating transportation assistance.

Arkansas has enhanced its dental services by implementing a beneficiary support helpline through ConnectCare, which initially began as a source of support for medical services, but has recently been expanded to include dental providers. Through ConnectCare's toll-free number, beneficiaries can choose a local Primary Care Provider (PCP) or dental provider, receive translation services, schedule appointments, or arrange for non-emergency transportation (NET). (Beneficiaries may also call a NET provider directly through a toll free number also listed in the Medicaid handbook). Assistance for those with hearing impairments is also provided through ConnectCare's Telecommunication Device for the Deaf (TDD). The State noted that medical providers are satisfied with ConnectCare. Some of the dental providers interviewed were unaware of the ConnectCare program though it had only been open to them for less than four months at the time of the review. However, a few of the providers interviewed who were aware of ConnectCare seemed satisfied with the program.

- **There are no concerns in the area of Support Services. See Concern #1 and Recommendation #1 in Key Area I.**

Key Area VI - Coordination of Care

Regulations found at 42 CFR 438.208 require the coordination of health care services for all managed care enrollees. Section 5240 of the State Medicaid Manual describes the use of continuing care providers which encourages coordination of care. Coordination between a primary provider and a dental provider does not generally occur. However since it is usually the responsibility of the primary provider to make an initial dental referral information should be available as to how and when that referral is made. Coordination may be particularly important for special needs children who may be receiving medications and treatments that may affect their oral health.

Providers in Little Rock and surrounding counties are able to make referrals to specialists in the area, or to Children's Hospital in Little Rock for more complex treatments. Predictably, providers in rural communities and areas further from Little Rock are struggling to secure referral resources who can treat children with severe behavioral disabilities, or children who require more treatment for more serious oral health issues. While these providers can and do make referrals to specialists in Little Rock, several voiced concerns about the hardships that the distance places on the families, particularly to families who struggle to secure transportation. As noted in the narrative of *Key Area III – Access to Dental Services*, the State continues to be underserved by Medicaid dental providers.

- **There are no concerns in the area of Coordination of Care. See Recommendations for Key Area III regarding access to specialty services.**

Key Area VII - Data Collection, Analysis and Reporting

Part 2 of the SMM, section 2700.4, delineates the EPSDT reporting requirements, including the annual CMS-416 report requiring the State to report the number of children receiving dental ***services****. The CMS 416 includes three separate lines of data including: the number of children receiving any dental service, the number of children receiving a preventive dental service and the number of children receiving a dental treatment service. The services are defined using the CDT codes. The CMS-416 report is to be submitted no later than April 1 after the end of the federal fiscal year. The Centers for Medicare and Medicaid services uses this report to monitor each State's progress in the provision of improving access to dental services.*

Arkansas performs annual and on-time 416 reporting to CMS. Data within the 416 is complete and accurate.

The State has the capability to produce internal reports which list all licensed providers, number of participants treated, and dollar amount of claims submitted annually, or within the previous 12 months.

Prior to this review, CMS was presented with a complete list of its 376 Arkansas dental providers, who see between 1 and 3329 participants, and submit claims from 0 to $1,296,772.00 within the previous 12-month period. The State did not present any reports which were the result of claims analysis.

Preliminary analysis of the data is as follows:

Lowest amount claimed:	$0.00
Highest amount claimed:	$1,296,771.79
Median amount:	$33,295.23
Average annual amount claimed per provider:	$84,626.61
Providers below average:	275
Providers above average:	101
Average amount claimed per recipient:	$382.14

Providers below average:	291
Providers above average:	85

Of the seven providers interviewed during this review, few could recall any past on-site records review conducted by State. The two providers who could confirm that a past review had been conducted stated that the review had taken place more than ten years previous.

Concern #2 – Because State was unable to present this review team with a report which analyzes the reimbursement claims of current dental providers, Arkansas is unaware if the providers who are above average in their claim amounts are in fact statistical outliers, requiring further review.

DHS Response:

- Arkansas's Medicaid Program Integrity Unit analyzes reimbursement claims based on concerns brought to the Program Integrity Unit from the Dental Care Unit as well as dental related complaints. As recommended by CMS, the State's Program Integrity Unit will conduct quarterly analyses of claims data which will produce a report of statistical outliers, tracking and trending their aggregate data, and flagging providers requiring further review and analysis.

- The Dental Care Unit will provide Program Integrity with specific criteria for analysis each quarter. Examples of these criteria are average claim amount per beneficiary, potential up-coding, and conflicting billed codes. Providers will be flagged for further review which may include an on-site review performed by the Program Integrity Unit with assistance from the Dental Care Unit.

Concern #3 – Arkansas has not regularly conducted a sufficient number of on-site reviews representing a valid sampling of Medicaid approved dental providers in order to determine appropriate utilization of services.

DHS Response – For State Fiscal Year 2008, the Program Integrity Unit conducted on-site reviews of nine Medicaid dental providers. From those nine reviews, Program Integrity recouped $9,688.50 in Medicaid reimbursements. As recommended by CMS, in addition to flagged providers and providers which are the subject of a complaint, Program Integrity will conduct reviews of randomly selected dental providers. In total, Program Integrity will review five percent of Medicaid enrolled dental providers per state fiscal year. The Dental Care Unit will provide technical assistance as needed for these reviews.

Recommendation #10 – State should conduct quarterly analysis of claims data which produces reports of statistical outliers, tracking and trending their aggregate data, and flagging providers requiring further review or analysis.

Recommendation #11 – In addition to reviewing flagged providers, State should also conduct regular and appropriate random sampling records reviews, producing documentation appropriate for later CMS review to ensure appropriate utilization of dental services.

Conclusion

The State could improve the quality of its existing program by implementing communication which focuses on the needs of dental providers; with increased and diligent monitoring; by actively recruiting dental providers; by performing appropriate reviews, particularly of provider claims and records, and of its own treatment pre-authorization process. Arkansas is advised to develop new monitoring procedures, or refine existing ones, which would decrease provider frustration, improve turnaround time in approvals, and lower the risks of fraud and waste.

CMS is interested in the employment of ConnectCare for the purpose of providing support to medical and dental providers. Arkansas anticipates a decrease in no-shows and the need for critical dental care in children, and an increase in participation and confidence in service delivery. This review team has identified the use of ConnectCare's provider support line as a *notable practice,* from which other State programs could benefit, and requests that Arkansas continue to log its activity, and trend participation directly related to its utilization.

Arkansas EPSDT Review Report
Focus on Dental Services
March 11th Site Visit
Appendix A

CMS Review Team
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Scott Harper, Arkansas State Lead, CMS

On March 11, 2008, representatives from Regions IV and VI conducted an on-site review of Arkansas' EPSDT program with a focus on children's dental services. The purpose of the review was to determine what efforts Arkansas has made to address the rate of children's dental utilization in that State, and to make recommendations on additional actions Arkansas can take to increase these utilization rates. Specifically, the review team interviewed state officials and staff representing the Arkansas Department of Health and Human Services (DHHS), the agency responsible for the administration of Arkansas' Medicaid program. In addition, the team interviewed a non-representative sample of providers, and conducted extensive document review in the areas of informing, periodicity, access, diagnosis and treatment services, support services, and coordination of care. Seven providers from five communities were interviewed, representing both urban and rural providers, providers who submitted varying amounts of dental claims, and providers in state border areas who are approved providers in two states.

On March 19, the review exit conference took place via telephone, with AR DHHS staff and CMS staff in attendance. AR DHHS staff was open to receiving recommendations for improvements that would serve the purpose of meeting the oral health needs of its enrolled children.