

Dental Access

The Commonwealth will work to achieve a goal that 86% of individuals who are supported in residential settings and have coverage for dental services will receive an annual dental exam. To achieve that goal, the Commonwealth will take the following actions:

The Commonwealth is currently seeing a consistent trend up in the number of individuals with DD who have a DD Waiver and have accessed an annual dental exam in the 14 months preceding their annual ISP meeting.

	Q4 FY23 N = 3885	Q1 FY24 N = 4278	Q2 FY24 N = 4023	Q3 FY24 N = 3720	Q4 FY24 N = 4173	Q1 FY25 N = 4360	Q2 FY25 N = 4152	Q3 FY25 N = 3638	Q4 FY25 N = 4703	Q1 FY26 N = 4959	Q2 FY26 N = 4736	Q3 FY26 N = 4475	Q4 FY26 N = 5090	Q1 FY27 N = 5281
Dental Exams	64%	64%	66%	67%	67%	65%	69%	72%	70%	72%	71%	71%	70%	70%
Target	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%

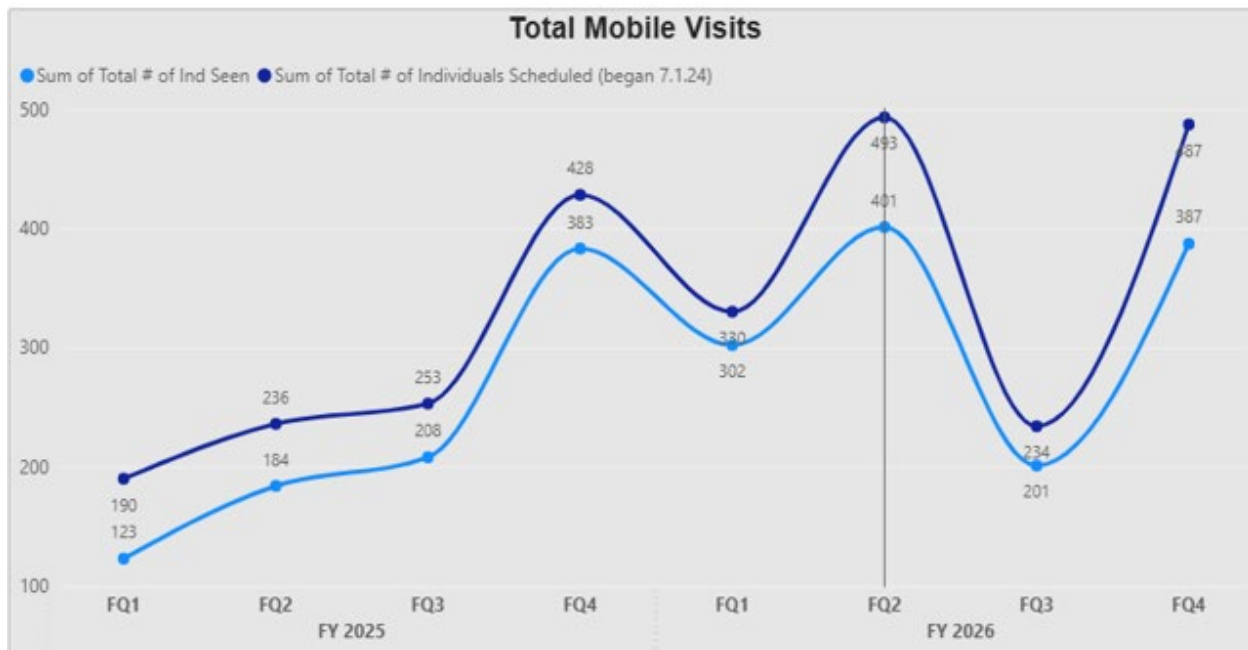
BASELINE TREND FROM Q1 FY24														
	Q1 FY24 TREND	Q2 FY24 TREND	Q3 FY24 TREND	Q4 FY24 TREND	Q1 FY25 TREND	Q2 FY25 TREND	Q3 FY25 TREND	Q4 FY25 TREND	Q1 FY26 TREND	Q2 FY26 TREND	Q3 FY26 TREND	Q4 FY26 TREND	Q1 FY27 TREND	
Dental Exams	📈 0%	📈 2%	📈 4%	📈 3%	📈 1%	📈 6%	📈 8%	📈 6%	📈 8%	📈 8%	📈 7%	📈 7%	📈 6%	

NOTE: Consistently trending up year over year!

a) DBHDS will operate a total of three mobile dental vehicles by March 31, 2025. **Achieved and ongoing**

The Request for Proposal (RFP) process through DBHDS procurement was utilized to acquire two additional mobile dental units. After slight delays related to access to parts and equipment were both received in 2025. The Sprinter Van was received on 03/28/2025 and the Winnebago received was 05/27/2025. As displayed in the graph below, the team continued to experience growth in scheduled appointments over FY25 the number of individuals seen by the program over the course of FY26.





NOTE: Automation of the referral process with Power BI was completed in FY26.

- The Mobile Dental Program had a total of 1,544 scheduled appointments, 1,291 successful appointments in FY26.
- FY26 Q2 the Mobile Dental Team had 493 scheduled appointments and saw more than 401 individuals. This is the most patients seen in a single quarter to date.

b) DBHDS will continue to employ or contract with a total of three dental assistants and four dental hygienists to staff the mobile dental vehicles.
Completed and ongoing

As of August 25, 2026, all Dental Assistant positions were filled.

DBHDS will continue to review referrals for dental services and work to connect people to community dental providers when available.

Completed and Ongoing.

Dental referrals are being captured through an online platform located on the DBHDS website. The Office of Integrated Health Support Network (OIHSN) Dental Program is currently receiving approximately 58 referrals a month. Automation of the referral process with Power BI was completed in FY26 to increase efficiency and decrease the administrative burden of managing and referral and apportionment process.

Referrals are submitted through the portal on the DBHDS website. LINK:
<https://dbhds.virginia.gov/office-of-integrated-health/dental/>

DENTAL REFERRAL FORM ^

- Referrals must come from the individual's CSB Representative from the associated Community Services Board.
- Referral forms must be filled out utilizing the Online Dental Referral Form. See below for more instructions.
- Once referrals are received, it will be reviewed and processed to determine if the individual meets the criteria for the program.
- A screening will be scheduled and completed in order to determine the type of dentistry appropriate for the individual.

Dental Referral Form

- To access the online Dental Referral Form, click [HERE](#).
- Once the form is completed, a member of the dental team will be in contact with you as soon as possible.
- *Please ensure you only submit on referral per individual. If you are unsure if a referral has been submitted for an individual, please contact the Dental Team utilizing the information below.*
- To contact the Dental Team with questions, please email dentalteam@dbhds.virginia.gov.
- If you have dental concerns you would like to discuss with the OIH Team, please contact a Registered Nurse Care Consultant at communitynursing@dbhds.virginia.gov.

Both the OIHSN Dental Team and the OIHSN Community Nursing Team provide technical assistance to connect individuals to community based dental providers. When individuals and / or those that support them are seeking assistance to find a dental provider they are connected to:

1. Community based dental offices that are known to serve individuals with DD such as the Federally Qualified Health Clinics, and private providers with known patient populations with DD.
2. The DentaQuest search engine, which offers the opportunity to search the DentaQuest network of dentists credentialed to provide dental care for Medicaid beneficiaries. To increase the reliability of the search engine inputs are updated daily by DentaQuest.

Link: <https://www.dentaquest.com/en/find-a-dentist>



Members

Providers

Solutions

Who We Serve

FIND A DENTIST

3. The DentaQuest Complex Case Team, that works one-to-one to ensure timely access to care, including appointment assistance and locating specialty providers, especially those experienced in caring for enrollees with Special Health Care Needs. Phone: 888-912-3456

If they are unable to become connected to a community based dental provider, they remain with the OIHSN Mobile Dental Program until a community provider can be identified and they can become connected.

- c) Within six months of the date of this Order, DBHDS will contract with at least one dentist or dentistry practice in each Region who can support sedation dentistry. Completed and Ongoing**

The Request for Proposal (RFP) process through DBHDS procurement was utilized to contract dental practices who can support sedation dentistry across the commonwealth. The contract was awarded on June 30, 2026 and fully executed on September 16, 2026.

- d) DBHDS will collaborate with dental providers to understand barriers to delivering services to individuals with developmental disabilities and, within six months of the date of this Order, will develop a plan with measurable goals, specific support activities, and timelines for implementation to mitigate those barriers. Ongoing**

DBHDS has been collaborating with a variety of stakeholders focused on understanding and reducing the barriers to delivering dental services to individuals with Developmental Disabilities.

The DBHDS OIHSN's collaboration with DMAS's Dental Program includes:

1. On-going monthly meetings with DBHDS Office of Integrated Health Support Network (OIHSN) to discuss individual cases with unique challenges requiring specialized technical assistance and expertise that can at times be obtained from DMAS's Dental Program Manager and Dental Consultant.
2. Connection to and participation with the Department of Medicaid Assistance Services (DMAS) Dental Advisory Committee (DAC) which is Virginia Medicaid's formal advisory forum for the state dental program, where DMAS, providers, DentaQuest (Virginia's contracted dental benefit manager), academic partners, and other stakeholders come together to review the Medicaid dental benefit and give feedback on how to improve the benefit. Membership is intentionally multidisciplinary. It includes practicing dentists who treat Medicaid members, representatives from dental organizations/professional associations, academic partners, and advocates for high-need populations, including people in nursing facilities, individuals with disabilities, and members in rural or underserved areas. It meets bi-annually with the next meeting is on November 20, 2026. At this meeting, DentaQuest will present the updated data inclusive of the FY26 benefit utilization and growth of Medicaid credentialed dental network.

DentaQuest is an official member.

DMAS builds the network of Medicaid participating dentists through its contract with DentaQuest, the Department's dental benefits administrator for the Cardinal Care Smiles program. Under the contractual arrangement, DMAS sets the access, availability, and network requirements, and DentaQuest is responsible for operationalizing those requirements through provider recruitment, contracting, credentialing, provider engagement, and ongoing network monitoring. DentaQuest uses targeted recruitment strategies to grow the network, including outreach to existing Cardinal Care Smiles providers, dentists already participating in other DentaQuest lines of business in Virginia, and dentists not yet participating in a DentaQuest program but currently accepting other insurance. In connection with the adult dental expansion, DentaQuest targeted outreach to more than 2,600 providers statewide, with goals tied to both provider participation and geographic access.

DMAS also requires DentaQuest to ensure that participating providers are available to members. DentaQuest surveys 25% of offices each quarter so that all offices are surveyed annually to verify whether providers are accepting new patients, to assess office capacity, and to confirm compliance with appointment wait-time and after-hours standards. The appointment access standards are appointments within 24 hours for emergencies, within 48 hours for urgent care, and within 6 weeks for routine care. If an office is not meeting those standards, DentaQuest's Provider Engagement team conducts follow-up and education. DentaQuest also reports quarterly quality tracking related to appointment wait times.

DentaQuest/DMAS's current network includes a fully contracted and credentialed statewide network of over 2,375 dentists. DentaQuest is contracted with all dental FQHCs in Virginia and partners with VCU School of Dentistry, both of which are important access points, particularly for rural and high-need populations.

The Dental Advisory Committee (DAC) has identified the following issues that dentists identify as the barriers to participating in the Medicaid benefit and subsequently meet the needs of individuals with developmental disabilities.

- Offices being short staffed
- The Medicaid stigma
- Lower reimbursement / fees

The commonly discussed barriers dentists face when treating the DD population specifically include:

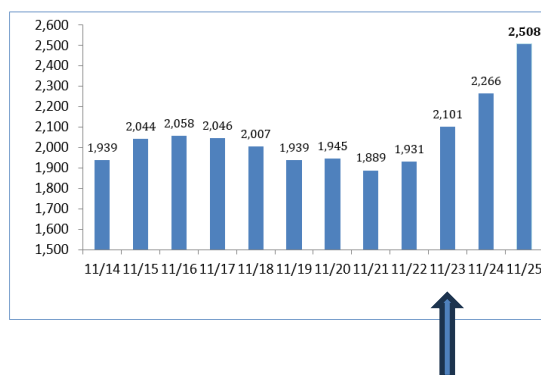
- The limited availability of dentists equipped to treat I/DD patients.

- They identify this as partly a workforce issue and partly a practice readiness issue.
- The need for behavioral support, deep sedation and / or general anesthesia
- The need for care coordination and caregiver dependence
- The medical complexities inherent in many of the histories of the I/DD population.

The barriers identified and the initiatives from FY26 are listed below. The results and their new initiatives will be discussed at the Dental Advisory Committee (DAC) meeting on November 20, 2026. The results are being integrated into the comprehensive root cause analysis that will be the basis for the identified QII.

- 1) To address the issue of Medicaid stigma the DAC and DentaQuest initiated individual interviews with committee members to gather insights and feedback. They are developed “Why I Accept Medicaid” flyers that highlight provider perspectives and promote broader participation.
- 2) To address the limited availability of dentists in the Medicaid participating workforce, DentaQuest, the Medicaid dental benefit manager, contracted by DMAS to manage the benefit and expand the network of participating dentists in Virginia, initiated a direct outreach program. The aim of the contract is to have 40% of practicing dentists in Virginia participating in Medicaid.

As of November 2025, 2,508 dentists are participating in the Medicaid dental program. The status of the expansion of the network as reported by DentaQuest in November from 2014 – 2025 is show below. The 2026 numbers will be presented at the DMAS Dental Advisory Committee Meeting on November 20, 2026. The graphic presented below shows that DentaQuest credentialling numbers show a steady increase in the numbers of Medicaid participating Dentists.



Represents 30 % of licensed dentists being credentialed – representing steady progress toward their contractual goal of to have 40% of licensed dentists in Virginia credentials with Medicaid. NOTE: 2026 data will be available November 20, 2026.

To address the barriers related to the complexity of the credentialing process DentaQuest streamlined their process, added support for dentists at each step of the process and committed to a credentialing timeline of 30 days or less. While Virginia’s contract permits DentaQuest up to 60 days to credential and re-credential a dentist, the average time frame is 19 days. It is expected that this initiative combined with their other efforts will achieve the 40% metric.

- 3) The need for care coordination is being addressed through total wellness approach that monitors programs for effectiveness as an additional method of delivering educational messages to complement local outreach and case management. This approach helps maintain continuity of care and promotes better utilization of dental services across all populations. The following initiatives listed below were implemented by DentaQuest under contract with DMAS to manage the dental benefit in FY24. The status of these initiatives will be presented at the DAC meeting on November 20, 2026.

- a. Chronic Conditions Program

- i. The aim is to educate members with the chronic health condition of Diabetes about the importance of dental care. The goal was to increase the number of individuals with Diabetes who access dental care regardless of the presence or not of a disability. 120,312 diabetetic members were identified for program inclusion. 9% of members had a dental visit prior to outreach. Post outreach increased to 11%, representing an overall increase in utilization of 22%. The status of this initiative will be presented at the DAC meeting on November 20, 2026.

- b. Broken Appointment Program

- i. The aim is to collaborate with dental providers to track members with and without disabilities who either fail to show up for their appointments without notice or cancel without 24 hours’ notice and don’t reschedule. This is an important aid to individuals with DD who often have challenges following through with appointments and therefore risk being denied rescheduling and therefore access. When dental providers report such instances to DentaQuest, they reach out to the individual to educate them on the significance of attending their scheduled appointments and

offer support by providing resources to address any questions about their benefits or assist them in rescheduling their appointments. During SFY 2024, providers reported 4,999 members with broken or missed appointments. Of these, 44% completed a dental visit within 90 days of DentaQuest outreach. The Broken Appointment program, utilized by 324 providers, assisted with member rescheduling and education. The status of this initiative will be presented at the DAC meeting on November 20, 2026.

c. Emergency Redirect Program

- i. The ED Redirect program works to educate members with and without a disability that non-traumatic (acute) dental care is best delivered at a dental office. Resources are provided to help members schedule with a dentist and find out more about their dental benefits. During the first program year, 10,445 members visited the ED for non-traumatic oral health issues. Of those, 13% of enrollees followed up with a dental provider within 30 days of DentaQuest outreach. The status of this initiative will be presented at the DAC meeting on November 20, 2026.

d. Case Management & Care Coordination

- i. The complex case management initiative aims to ensure timely access to care, including appointment assistance and locating specialty providers and those experienced in caring for enrollees with Special Health Care Needs including those with DD. Collaborate with partners involved in enrolment, including medical and dental providers, Community Service Board Support Coordinators, Medicaid Managed Care Organization (MCO) Care Coordinators and other community-based organizations to promote oral and systemic health, create new lines of communication and address enrollee health needs. They use a continuous quality improvement method to evaluate the effectiveness of the program and initiate improvements as needed to achieve desired outcomes. The complex case management team can be contacted by calling the direct customer service number at 888-912-3456. The status of this initiative will be presented at the DAC meeting on November 20, 2026.

DBHDS OIHSN is a member of the Virginia Board of People with Disabilities (VBPD) is a governmental board that is dedicated to promoting and guiding public policy changes to create opportunities for new approaches in service delivery systems. The Board works to enrich the lives of Virginians with developmental and other disabilities by investing in over 200 best practices, model demonstration, and research grant projects.

1. The VBPD hosts a “Dental Information Exchange for People with Disabilities” collaborative meeting involving dentists, dental providers other dental advocates.
 - a. The meetings are held quarterly. The most recent meetings were held on March 19, 2026. June 12, 2026, and September 24, 2026.
 - b. Training specifically addressing sensory needs in the care and support of individuals with IDD for dental practice staff is identified as a barrier to accessing dental care.
 - i. In 2025, the VBPD offered a grant that was awarded to VCU School of Occupational Therapy (OT). Dr. Stacey Reynolds, professor at VCU School of OT, gave a brief overview of the project, which will support the development of sensory adapted dental environments. They plan to provide in – person training and actual bins of sensory tools and supplies useful in dental practices to reduce barriers to care created by sensory challenges many people with IDD experience. The project is a partnership between the VCU Department of Occupational Therapy, USC Chan Division of Occupational Science and Occupational Therapy, and VCU School of Dentistry. In January 2026 they began the work to deliver tool kits, at 10 statewide trainings using a mobile dental clinic the development a virtual toolkit for the Virginia Department of Health website. This work remains in progress.
 - c. Participants identified the need to bring the various search engines for locating dentists serving DD together in one location or under one umbrella. Further investigation of this potential QII topic will be conducted.
2. OIHSN developed and began to administer a survey of all Medicaid credentialed dentists to understand barriers to delivering services to individuals with developmental disabilities. This is discussed in the section describing the current root cause efforts underway.
3. OIHSN will continue to actively collaborate with these and many other partners who are all committed and working to identify and reduce the barriers to accessing dental care that people with DD experience.

e) Within six months of the date of this Order, the Commonwealth shall start an initiative that determines which 8 CSBs need the most assistance to ensure that individuals receive annual dental exams and, no later than three months after starting this initiative, begin to provide technical assistance to support relevant CSBs. This process will continue to be implemented annually until the Commonwealth achieves the goal. Ongoing

- a. This has been underway since FY25Q1. The 8 CSBs based on most recent data are identified and the Dental team reaches out to each to offer technical assistance

to locate dentists in their area, establish on – site clinics and address any questions. List of 8 CSBs changes as they improve in their percentage of annual exams completed.

- i. The table below lists the 8 CSBs requiring the most support year over year since FY21.

CSBs	Annual Dental Exams						Count	FY21 to FY26
	FY2021	FY2022	FY2023	FY2024	FY2025	FY2026		
ALEXANDRIA COMMUNITY SERV BD	75.51%	75.24%	65.14%	73.39%	76.38%	81.20%	0	5.69%
ALLEGHANY HIGHLANDS CSB	30.43%	44.90%	44.23%	65.45%	61.02%	57.63%	5	27.19%
ARLINGTON MENTAL HEALTH	71.25%	75.82%	78.38%	82.35%	88.28%	79.01%	0	7.76%
BLUE RIDGE CSB	57.91%	65.80%	68.62%	65.29%	64.11%	74.21%	0	16.30%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	54.45%	55.02%	57.47%	60.47%	62.53%	64.29%	0	9.84%
CHESTERFIELD CSB	62.06%	60.77%	66.64%	71.31%	72.51%	72.03%	0	9.97%
CITY OF VA BEACH CSB MHMRSAS	51.12%	49.15%	49.28%	57.02%	60.13%	60.63%	3	9.51%
COLONIAL BEHAVIORAL HEALTH	67.72%	75.86%	71.74%	72.44%	74.60%	75.09%	0	7.37%
CROSSROADS CSB	42.70%	48.65%	48.98%	58.21%	69.01%	77.38%	3	34.68%
CUMBERLAND MNTL HLTH CTR	47.93%	51.67%	54.69%	65.00%	65.70%	67.92%	1	20.00%
DANVILLE-PITTSYLVANIA COM SERV	61.79%	55.95%	54.55%	56.20%	60.99%	59.88%	3	-1.91%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	60.00%	54.05%	64.10%	67.44%	82.93%	80.00%	0	20.00%
DISTRICT 19 MEN HLTH SER	50.27%	50.00%	57.64%	64.88%	65.38%	74.49%	0	24.22%
Eastern Shore CSB	69.52%	63.81%	66.98%	88.39%	87.39%	87.72%	0	18.20%
Encompass Community Supports (Formerly RAPPAHANNOCK RAPIDAN CSB)	52.52%	49.78%	46.80%	54.78%	63.17%	75.28%	2	22.76%
FAIRFAX-FALLS CHURCH CSB	66.01%	70.72%	74.50%	77.19%	78.44%	80.66%	0	14.65%
GOOCHLAND POWHATAN MENTAL HLTH	64.47%	56.63%	53.93%	63.92%	63.64%	80.73%	0	16.26%
HAMPTON-NN CSB	46.61%	46.91%	56.99%	63.40%	66.11%	69.67%	2	23.06%
HANOVER COUNTY COMMUNITY SERVICES	69.11%	68.63%	68.87%	71.78%	82.13%	81.21%	0	12.10%
HARRISONBURG-ROCKINGHAM CSB	65.00%	59.91%	63.48%	54.12%	63.43%	64.04%	2	-0.96%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	61.04%	59.69%	64.75%	65.30%	68.34%	65.29%	0	4.25%
HIGHLANDS CMNTY SVCS BOARD	59.50%	57.14%	50.38%	55.63%	54.49%	65.19%	3	5.69%
HORIZON BEHAVIORAL HEALTH	63.71%	64.47%	66.07%	68.86%	70.09%	69.58%	0	5.87%
LOUDOUN COUNTY CSB	62.67%	65.41%	64.50%	67.64%	73.00%	73.81%	0	11.14%
MIDDLE PENINSULA NORTHERN NECK CSB	45.92%	48.57%	37.90%	55.74%	56.97%	60.27%	6	14.36%
MOUNT ROGERS CSB	52.05%	55.01%	72.45%	75.96%	81.09%	80.58%	0	28.53%
NEW RIVER VALLEY COMMUNITY SERVICES	48.36%	51.18%	53.62%	57.24%	63.39%	67.21%	1	18.85%
NORFOLK COMMUNITY SERVICES BOARD	48.34%	43.60%	50.98%	55.46%	57.41%	63.03%	6	14.70%
NORTHWESTERN COMMUNITY SVCS	63.71%	60.53%	58.33%	63.18%	69.30%	64.54%	0	0.83%
PIEDMONT COMMUNITY SERVICES	57.03%	52.02%	63.78%	61.54%	65.90%	63.13%	1	6.10%
PLANNING DISTRICT ONE CSB	46.41%	47.80%	43.83%	53.63%	55.03%	65.03%	5	18.62%
PORTSMOUTH DEPT OF BEHAVIORAL	56.88%	49.63%	62.76%	60.08%	72.08%	73.47%	0	16.59%
PRINCE WILLIAM COUNTY CSB	67.55%	70.01%	76.61%	78.70%	78.85%	79.45%	0	11.90%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	57.52%	59.27%	60.73%	62.64%	64.86%	66.36%	0	8.85%
REGION TEN CMNTY SVCS BRD	69.71%	66.28%	73.80%	71.53%	73.65%	77.08%	0	7.38%
RICHMOND BHVRL HLTH AUTHORITY	52.14%	51.02%	52.68%	57.14%	61.35%	62.43%	1	10.28%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	60.61%	48.57%	61.54%	71.43%	77.01%	70.00%	1	9.39%
SOUTHSIDE BEHAVIORAL HEALTH	54.60%	52.35%	59.14%	66.00%	66.67%	70.39%	0	15.79%
Unknown	50.00%	40.00%	100.00%	85.71%	85.71%	100.00%		50.00%
VALLEY CSB	66.95%	66.53%	71.10%	70.36%	70.18%	75.81%	0	8.86%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	63.81%	54.46%	58.57%	43.52%	51.60%	64.98%	2	1.17%

- ii. The 8 CSBs requiring the most support from FY25 were:

1. Allegheny Highlands
2. City of VA Beach
3. Danville – Pittsylvania
4. Highlands Community
5. Middle Peninsula Northern Neck
6. Norfolk
7. Planning District One
8. Western Tide Water

- iii. The 8 CSBs requiring the most support FY26 were:

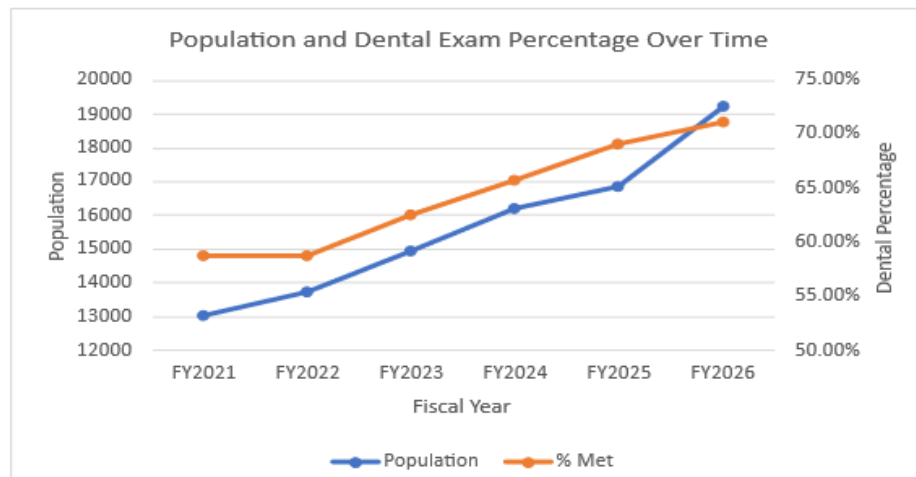
1. Danville-Pittsylvania Community Services Board
2. Alleghany Highlands CSB
3. Harrisonburg-Rockingham CSB
4. Henrico Mental Health
5. Highlands County Community Services Board
6. Horizon Behavioral Health
7. Northwestern Community Services
8. Western Tidewater Community Services

- iv. The chart below shows the lowest CSBs in FY21 and how they have performed through FY26. Two CSBs remained in the bottom eight every year. However, they have been trending up year over year.
Middle-Peninsula Northern Neck CSB and Norfolk CSB

Annual Dental Exams							
CSBs	FY2021	FY2022	FY2023	FY2024	FY2025	FY2026	FY21 to FY26
ALLEGHANY HIGHLANDS CSB	30.43%	44.90%	44.23%	65.45%	61.02%	57.63%	27.19%
CROSSROADS CSB	42.70%	48.65%	48.98%	58.21%	69.01%	77.38%	34.68%
CUMBERLAND MNTL HLTH CTR	47.93%	51.67%	54.69%	65.00%	65.70%	67.92%	20.00%
HAMPTON-NN CSB	46.61%	46.91%	56.99%	63.40%	66.11%	69.67%	23.06%
MIDDLE PENINSULA NORTHERN NECK CSB	45.92%	48.57%	37.90%	55.74%	56.97%	60.27%	14.36%
NEW RIVER VALLEY COMMUNITY SERVICES	48.36%	51.18%	53.62%	57.24%	63.39%	67.21%	18.85%
NORFOLK COMMUNITY SERVICES BOARD	48.34%	43.60%	50.98%	55.46%	57.41%	63.03%	14.70%
PLANNING DISTRICT ONE CSB	46.41%	47.80%	43.83%	53.63%	55.03%	65.03%	18.62%

- f) If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 40(a) through 40(f), DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year. **In progress**

The commonwealth continues to work toward the goal of 86% with increases year over year despite increases in the waiver population size, as seen in the graph below. There was moderate growth from FY21 to FY25, then a much sharper increase between FY25 to FY26. The dental exam percentage shows a significant upward trend along with the population, reflecting successful efforts to improve performance that forms the foundation for the upcoming and required QII. However, remains at 16% shy of the indicator goal.



Root Cause Analysis

The root cause analysis as the first step in the process to implement a Quality Improvement Initiative (QII) began with three surveys.

Survey #1.

Survey of the lowest performing CSBs from FY25

One of the OIHSN Dental Hygienists completed pre- interview research and semi-structured interviews with open ended questions were designed and conducted with the eight CSBs to capture real experiences, data and highlight each CSB's unique barriers and needs. The interview questions were:

1. In the last 6 months, how difficult has it been for individuals with ID/DD to get a dental appointment scheduled?
2. Of all the resources available, how aware is the community of them?
3. How comfortable are local dentists working with patients who have ID/DD?
4. How informed are caregivers of patients with ID/DD about insurance coverage for dental exams?

The interview results are pictured in the next chart:

Access Difficulty	CSB	Access Difficulty	Resource Awareness	Dentist Comfort	Insurance Knowledge
• Scale: 5 = very difficult; 1 = very easy	Highlands	4	2	5	1
• The most consistently rated barrier, with the highest average score and low variability.	Norfolk	4	4	4	2
Resource Awareness	Western Tidewater	5	2	4	2
• Scale: 5 = not at all aware; 1 = very aware	Danville	4	2	2	4
• Neutral to positive response.	Virginia Beach	5	2	4	2
Dentist Comfort	MP/NN	4	2	1	1
• Scale: 5 = very uncomfortable; 1 = very comfortable	PD1	4	4	2	4
• Significant barrier with responses spread across a wide range.	Alleghany Highlands	5	2	4	3
Insurance Knowledge	Mean	4.375	2.5	3.25	2.375
• Scale: 5 = not at all informed; 1 = very informed	Median	4.00	2.00	4.00	2.00
• Neutral to positive response.	Mode	4	2	4	2
	StdDev	0.484	0.866	1.299	1.111

The following barriers were ranked from 1 (lowest) to 5 (highest) by the CSB based on their perceived degree severity in their region:

- Accessibility
- Fear
- Misinformation
- Money
- Transportation

Barrier Ranking

1. Accessibility
2. Money
3. Misinformation
4. Fear
5. Transportation

Respondent	Accessibility	Money	Misinformation	Fear	Transportation
Highlands	5	1	3	4	2
Norfolk	5	4	3	2	1
Western Tidewater	5	4	3	2	1
Danville	5	4	2	3	1
Virginia Beach	5	4	1	2	3
MP/NN	2	1	4	5	3
PD1	2	4	5	3	1
Alleghany Highlands	5	3	4	1	2
Average	4.25	3.125	3.125	2.75	1.75
Median	5	4	3	2.5	1.5
Mode	5	4	3	2	1
StdDev	1.299	1.269	1.166	1.199	0.829

Through these interviews OIHSN learned that participants were willing and eager to detail their everyday frustrations with dental access and that nearly everyone cited a specific case where care failed due to a lack of providers or caregiver issues. All contacts valued the opportunity to collaborate on the issue. Everyone was open to solutions.

One of the solutions that will be considered in the process to select a Quality Improvement Initiative is suggested is the idea of an "easily accessible dental resource document." The solutions and future steps identified included creating a centralized, modifiable, and sustainable dental resource document for CSB employees with the goal of empowering CSB staff to speak confidently about resources which could lead to increased dental appointments and positive patient outcomes. In addition, this process of interviewing and assisting the CSBs with the greatest challenges will be an ongoing, annual requirement focused on continuous improvement and relationship-building.

The need for additional quality initiatives to capture the remaining 10-12% is being anticipated. To be positioned to kick off calendar year 2027 with a new quality initiative, a root cause analysis has begun.

The Individual and Family Support Program (IFSP) assists individuals with developmental disabilities and their families with accessing person-centered and family-centered resources, support, services and other assistance. Many of the participants are individuals and families who are listed on the DD waiver waitlist. The February and March 2026 IFSP Newsletter included a dental access survey from OIHSN. All readers were invited to participate. As of March 2, 2026, there were 31 respondents. The tables below highlight the results to date. Once the survey closes on March 31, 2026, results will be analyzed and incorporated into the results of

the interviews conducted by the OIHSN Denta Hygienist to form the foundation of the root cause analysis and begin to plan a formal quality initiative.

The role of the respondent:

● Family Member	25
● Caregiver (paid or unpaid)	12
● Healthcare professional	1
● None of the Above	0
● Other	2

The age of the individual with DD supported:

● 0 - 18 yrs.	11
● 19 - 21 yrs.	5
● 22 - 40 yrs.	10
● 41 - 60 yrs.	5
● 61 - 80 yrs.	0
● Over 80 yrs.	0

Region where individual resides:

● Region 1 (Western, VA)	6
● Region 2 (Northern, VA)	7
● Region 3 (Southwest, VA)	3
● Region 4 (Central, VA)	4
● Region 5 (Eastern, VA)	9
● Unsure	2

Length of wait time to secure appointment:

● One to four weeks	10
● Five to eight weeks	5
● Nine to twelve weeks	2
● More than twelve weeks	4
● Unable to get an appointment	10

Distance traveled to appointment:

● Less than 25 miles	20
● 25-50 miles	3
● More than 50 miles	6

Travel time to appointment:

● Less than 30 minutes	17
● 30-60 minutes	5
● More than 60 minutes	6

Were there transportation challenges?

● No, transportation was not a problem	22
● Yes, transportation was difficult	4
● We needed assistance with transportation	1
● Not applicable	4

Did the dental provider accept the individual's insurance?

● Yes	20
● No	9
● Not sure	2

Individual's insurance type:

● Medicaid	18
● Private Insurance	8
● No insurance / self-pay	4
● Not sure	1

Satisfaction with the affordability of the dental care:

● Very satisfied	12
● Somewhat satisfied	8
● Not satisfied	10

Was the dental office accessible or disability – friendly?

● Yes, accommodations fully met the individual's needs	11
● Some accommodations were provided, but not enough	9
● No, accommodations were not provided	9
● Not sure	1

Did the dentist or dental staff describe training in I/DD?

● Yes	11
● No	14
● Not sure	5

Were sensory needs recognized and supported?

● Yes	9
● Somewhat	11
● No	7
● Not sure	2

Were behavioral supports or desensitization strategies used?

● Yes	7
● Somewhat	3
● No	16
● Not sure	4

Were alternative communication supports offered?

● Yes	2
● Somewhat	2
● No	20
● Not applicable	6

How well did the dental environment meet the individual's needs?

● Very well	11
● Somewhat well	9
● Not well	10

Was the annual exam completed?

- Yes 16
- Partially 7
- No 7

If, the exam was not completed what were the barriers?

- Anxiety or behavioral challenges 9
- Sensory overload 7
- Provider lacked needed supports or training 7
- Sedation was needed but unavailable 9
- Scheduling or time constraints 4
- Not applicable 10
- Other 4

Did long wait lists effect access to dental care?

- Yes 19
- No 12

Would you like more information in dental resources?

- Yes 25
- No 6

Was follow – up care recommended?

- Yes, and it was easy to schedule 12
- Yes, but it was difficult to schedule 11
- No follow-up care was recommended 7

Were you satisfied with overall quality of care?

- Very satisfied 10
- Somewhat satisfied 11
- Not satisfied 9

Did you have difficulty finding a Medicaid provider?

- Yes 20
- No 5
- Not applicable 6

Was sedation dentistry recommended?

- Yes, needed and difficult to access 15
- Yes, needed and easy to access 6
- No, sedation was not needed 9

Have you used the DentaQuest search tool?

- Yes, within the past year 5
- Yes, but not within the past year 3
- No 12
- I was not aware of this tool 11

How easy was the DentaQuest search tool?

- Very easy 0
- Somewhat easy 1
- Somewhat difficult 6
- Very difficult 1

Survey #2

Caregiver Access Survey

This survey was designed to learn about dental experience, barriers and changes to access to annual dental exams by individuals with DD in the Commonwealth who are on the DD Waiver waitlist. The link to the survey was placed in the IFSP newsletter. 48 responses were received. The results are being integrated into the comprehensive root cause analysis that will be the basis for the identified QII. The results are as follows:

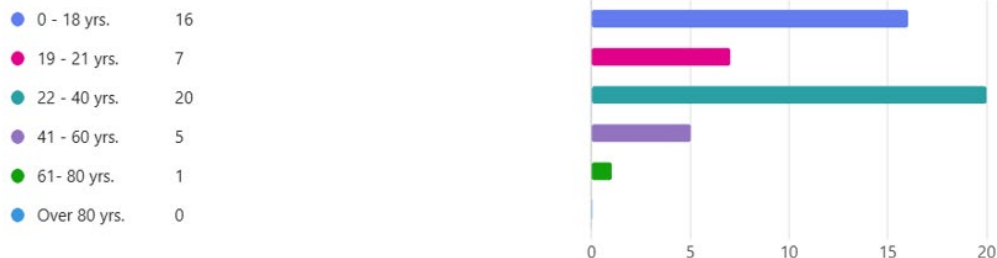
1. What is your role? (Choose all that apply)

[More details](#)



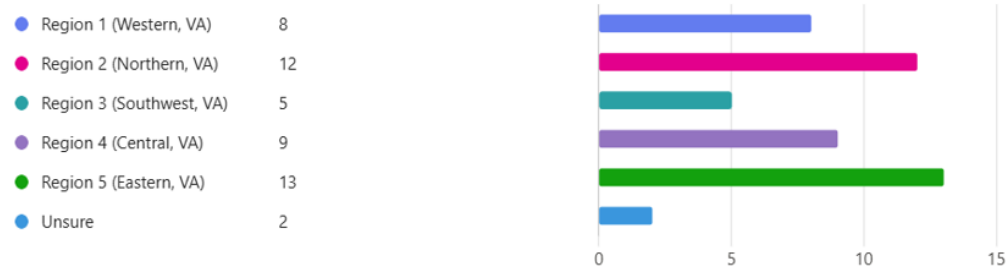
2. How old is the individual with DD you care for or support?

[More details](#)



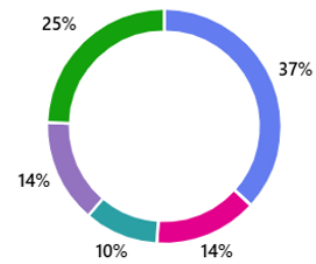
3. In what region of Virginia does the individual with DD reside?

[More details](#)



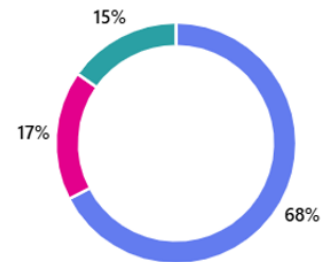
4. Were you able to get an appointment for an annual dental exam for the individual within... (Choose one)

One to four weeks	18
Five to eight weeks	7
Nine to twelve weeks	5
More than twelve weeks	7
Unable to get an appointment	12



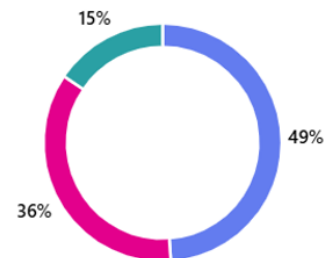
5. How far was the individual required to travel for their appointment for an annual dental exam? (Choose one)

Less than 25 miles	31
25-50 miles	8
More than 50 miles	7



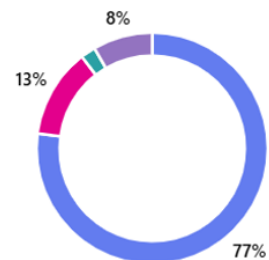
6. How long did travel to the appointment take? (Choose one)

Less than 30 minutes	22
30-60 minutes	16
More than 60 minutes	7



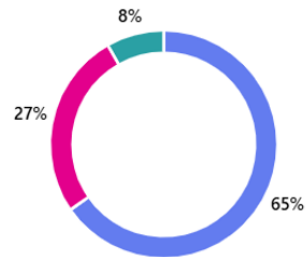
7. Did transportation create challenges? (Choose one)

No, transportation was not a problem	37
Yes, transportation was difficult	6
We needed assistance with transportation	1
Not applicable	4



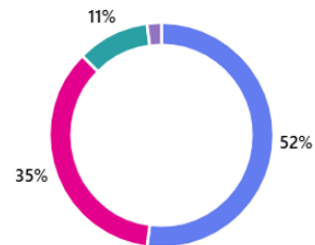
8. Did the dental provider accept the individual's insurance? (Choose one)

Yes	32
No	13
Not sure	4



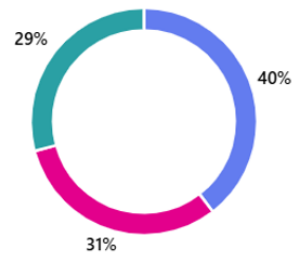
9. What type of dental insurance was used? (Choose one)

Medicaid	25
Private Insurance	17
No insurance / self-pay	5
Not sure	1



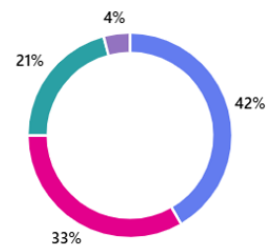
10. How satisfied were you with the affordability of dental care? (Choose one)

Very satisfied	19
Somewhat satisfied	15
Not satisfied	14



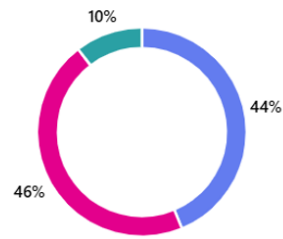
11. Did the dental office offer accessible or disability-friendly accommodations? (Choose one)

Yes, accommodations fully met the individual's needs	20
Some accommodations were provided, but not enough	16
No, accommodations were not provided	10
Not sure	2



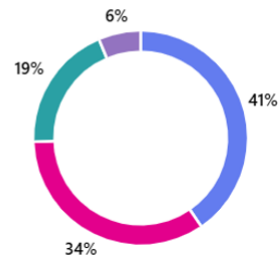
12. Did the dentist or staff describe having experience or training in treating individuals with I/DD? (Choose one)

Yes	21
No	22
Not sure	5



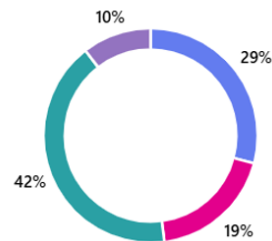
13. Were the individual's sensory needs recognized and supported? (Choose one)

Yes	19
Somewhat	16
No	9
Not sure	3



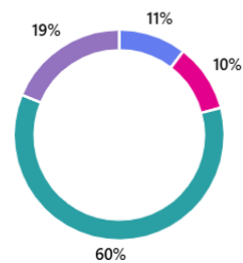
14. Were behavioral supports or desensitization strategies used? (Choose one)

Yes	14
Somewhat	9
No	20
Not sure	5



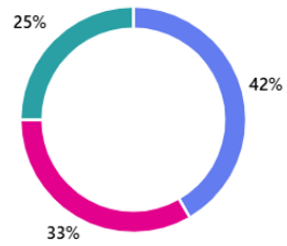
15. Were alternative communication supports offered (e.g., plain language, visuals, AAC devices)? (Choose one)

Yes	5
Somewhat	5
No	29
Not applicable	9



16. Overall, how well did the dental environment match the individual's needs? (Choose one)

- Very well 20
- Somewhat well 16
- Not well 12

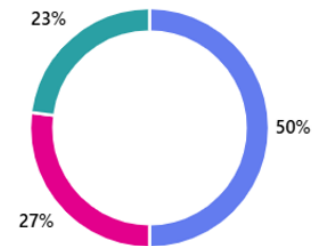


Percent of Response	Region						
Dental Environment match Individual's Needs	Region 1 (Western, VA)	Region 2 (Northern, VA)	Region 3 (Southwest, VA)	Region 4 (Central, VA)	Region 5 (Eastern, VA)	Unsure	Grand Total
Very well	50.00%	50.00%	40.00%	33.33%	38.46%	0.00%	41.67%
Somewhat well	50.00%	25.00%	60.00%	22.22%	30.77%	0.00%	33.33%
Not well	0.00%	25.00%	0.00%	44.44%	30.77%	100.00%	25.00%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Percent of Response	Region						
Dental Environment match Individual's Needs	Region 1 (Western, VA)	Region 2 (Northern, VA)	Region 3 (Southwest, VA)	Region 4 (Central, VA)	Region 5 (Eastern, VA)	Unsure	Grand Total
Very well	4	6	2	3	5		20
Somewhat well	4	3	3	2	4		16
Not well		3		4	4	1	12
Grand Total	8	12	5	9	13	1	48

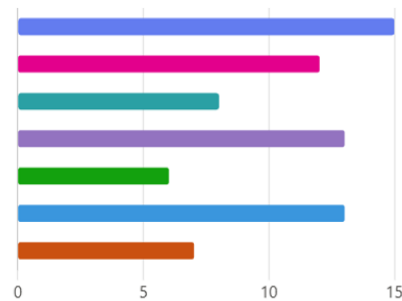
17. Was the annual dental exam completed? (Choose one)

- Yes 24
- Partially 13
- No 11



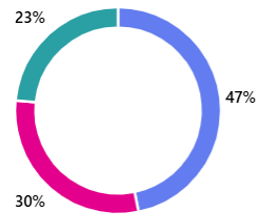
18. If the exam was not completed, what were the barriers? (Choose all that apply)

- Anxiety or behavioral challenges 15
- Sensory overload 12
- Provider lacked needed supports or training 8
- Sedation was needed but unavailable 13
- Scheduling or time constraints 6
- Not applicable 13
- Other 7



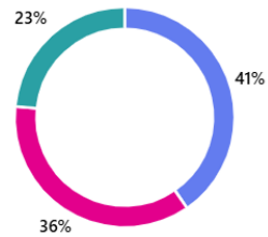
19. Was follow-up care recommended, and how easy was it to schedule? (Choose one)

● Yes, and it was easy to schedule	22
● Yes, but it was difficult to schedule	14
● No follow-up care was recommended	11



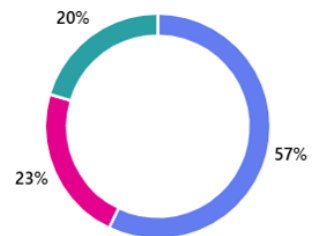
20. How satisfied were you with the overall quality of care?

● Very satisfied	19
● Somewhat satisfied	17
● Not satisfied	11



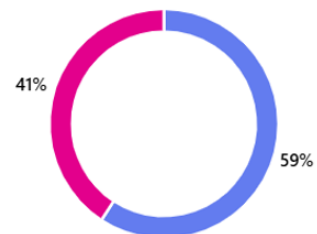
21. Did you have difficulty finding a provider who accepts Medicaid? (Choose one)

● Yes	28
● No	11
● Not applicable	10



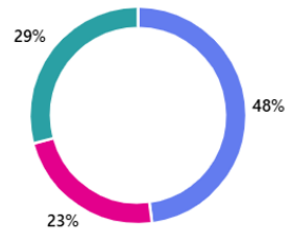
22. Did long waitlists affect access to dental care? (Choose one)

● Yes	29
● No	20



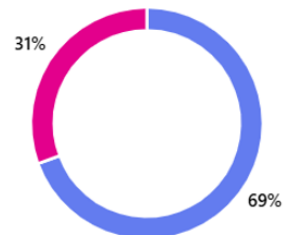
23. Was sedation dentistry recommended, and was it accessible? (Choose one)

● Yes, needed and difficult to access	23
● Yes, needed and easy to access	11
● No, sedation was not needed	14



24. Would you like more information about dental resources for individuals with I/DD in Virginia? (Choose one)

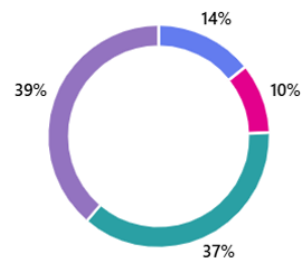
● Yes	34
● No	15



Question 25 – was a duplicate error...and has been omitted.

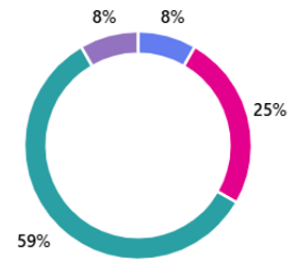
26. Have you used the DentaQuest online provider search tool? (Choose one)

● Yes, within the past year	7
● Yes, but not within the past year	5
● No	18
● I was not aware of this tool	19



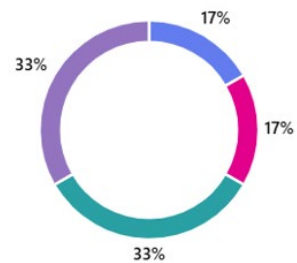
27. How easy was the DentaQuest search tool to use? (Choose one)

- Very easy 1
- Somewhat easy 3
- Somewhat difficult 7
- Very difficult 1



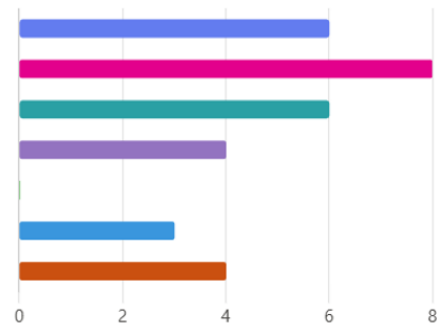
28. Did the tool help you find a dentist? (Choose one)

- Yes 2
- Somewhat 2
- No 4
- Information was confusing or inaccurate 4



29. What problems did you experience? (Choose all that apply)

- Providers not accepting new patients 6
- Providers did not accept Medicaid 8
- Providers did not treat individuals with disabilities 6
- Information was outdated or incorrect 4
- Website was difficult to use 0
- Sedation availability was unclear 3
- Other 4



30. What would make the DentaQuest search tool more helpful? (Short answer)

Summary:

The responses consistently highlight the need for more accurate, detailed, and up to date information.

Key themes include:

1. Accuracy and Reliability of Provider Information

- Need accurate, current information on dentists accepting Medicaid.
- Lists should match actual availability and not include providers who do not accept adult Medicaid patients.
- Updated information is essential.

2. Medicaid Acceptance and Geographic Filtering

- Desire for lists that only include dentists who accept Medicaid.
- Need filtering by specific geographic areas.

3. Specialized Experience and Accessibility

- Providers should have experience treating individuals with ID/I/DD.
- Need clear identification of offices equipped for wheelchairs.

4. Mobile Dental Services

- Need clearer information on mobile dentist locations and how to access the service.

5. Sedation Dentistry Access

- Significant concern about the lack of sedation dentistry in Hampton Roads.
- Users report VCU as the only option and request support in expanding access.

Survey responses show that positive dental experiences were most often linked to compassionate care, appropriate accommodation, and providers who understood or adapted to the needs of individuals with disabilities.

Key themes include:

1. Staff Qualities: Patience, Kindness, and Training

- Patient, sympathetic, kind, and considerate staff.
- Staff familiar with ID/DD, ASD, and special needs care.
- Well trained dentists and assistants.
- Staff who communicated clearly and supported caregivers.

2. Accommodations for Special Needs

- Sensory exam rooms for children with special needs.
- Offices with equipment accessible for wheelchair users.
- X ray machines that were easier for certain individuals.
- Practices already experienced with autism or complex needs.

3. Sedation as a Key Factor

- Sedation made visits possible or successful.
- Some were referred for sedation; others had to pay out of pocket to obtain it.
- Repeated concern that sedation is necessary for success.

4. Environment and Office Conditions

- Clean, sterile, professional dental office.
- Familiar environment helped reduce stress.
- Negative environmental experiences also noted (e.g., dirty office).

5. Scheduling and Appointment Management

- Appointment started on time, reducing anxiety.
- Office allowed scheduling that prioritized the individual (first appointment of the day).
- Return visits were smoother due to familiarity.
- Proximity/location convenience.

6. Positive Provider Relationships

- Providers who had treated the individual for many years.
- Offices that listened to the needs of the patient.
- Friendly and engaging staff who interacted directly with the individual.

7. Successful Care Delivery

- Ability to complete cleanings and exams, sometimes enabled only by sedation.
- Dental visits where the child or adult tolerated the equipment well.

8. Limited Success or No Success

- Some visits were not positive due to lack of Medicaid acceptance, poor conditions, or inability to schedule appointments.
- In a few cases, respondents reported “nothing” made the visit successful.

Respondents described major barriers related to access, provider experience, cost, and the patient’s needs.

The most common challenges were:

1. Lack of Access to Appropriate Care

- Inability to find dentists who accept Medicaid.
- Medicaid not covering needed sedation.
- Long waiting times for appointments, OR access, or follow-up care.
- Required travel distances to reach the only available provider.
- Overall difficulty finding care for adults with disabilities.

2. Need for Sedation & Barriers to Obtaining It

- Sedation required due to anxiety or behavioral needs but not available.
- Only limited types of sedation offered (e.g., twilight).
- Out-of-pocket payments required because insurance would not cover sedation.
- Care impossible without sedation for some individuals.

3. Staff Inexperience with ID/DD or ASD

- Lack of training with non verbal or autistic individuals.
- Impatient or overwhelmed staff.
- Inconsistent providers (e.g., student run clinics).
- Poor patient-provider interactions due to inexperience.

4. Behavioral, Sensory, and Anxiety Related Challenges

- Extreme anxiety, phobias, sensory overload.
- Difficulty sitting in the dental chair.
- Child's general dislike of healthcare settings.
- Busy or overwhelming clinic environments.

5. Facility Issues and Environmental Concerns

- Unclean or poorly maintained offices (cobwebs, worn furniture).
- Concerns the clinic felt unsafe or like a "Medicaid scam."
- Autism/sensory rooms not available despite being scheduled.

6. Procedural Challenges

- Unable to complete x-rays due to anxiety or behavior.
- Poor oral hygiene complicating care.
- Need to sedate individuals in non-clinical areas (e.g., lobby).
- Inability to provide necessary follow-up or complete treatment.

7. Cost and Financial Burden

- High out-of-pocket sedation costs.
- Offices that require self-pay only.
- Financial strain even when care is technically accessible.

8. Logistics and System-Level Barriers

- Excessive wait times for appointments.
- Being told to bring a parent every time.
- Difficulty navigating the statewide system for adult dental care.
- Need for specialized dentists/surgeons that are unavailable.

Overall, difficulties stemmed from systemic access issues combined with a shortage of trained, disability competent providers.

Respondents emphasized that access would improve with more trained, disability competent providers, better Medicaid coverage, and expanded service options. The most common suggestions were:

1. Increased Availability of Sedation Dentistry

- Reliable access to sedation for routine exams and procedures.
- Local sedation options instead of requiring hospital-based care.
- Medicaid coverage for all necessary sedation types.
- More providers trained and willing to offer sedation for individuals with I/DD

2. More Dentists Who Accept Medicaid

- Expand the number of Medicaid-participating providers.
- Ensure reimbursement or incentives so dentists accept Medicaid patients.
- Provide reimbursement options for families if providers don't accept Medicaid.

3. Better Training for Dental Providers

- Training on working with nonverbal individuals, ASD, severe behavioral needs, and complex disabilities.
- Providers prepared and confident in serving I/DD patients.
- Additional specialized staff and assistants with I/DD experience.

4. Expanded Provider Capacity and Reduced Wait Times

- More dentists and clinics statewide.
- Shorter waitlists for exams, sedation appointments, and procedures.
- Ability to schedule 6–12 months out at time of visit.

5. Consistency in Providers

- Ability to see the same dentist at each visit.
- Continuity of care with an office that knows the patient's needs over time.

6. Improved Disability Friendly Environments

- Autism-friendly spaces (sensory rooms, quieter settings).
- Less chaotic environments with reduced stimuli.
- Equipment adapted for physical disabilities (wheelchair accessibility, specialized x-ray machines).

7. Greater Availability of Specialized Clinics

- Dedicated dentists for I/DD populations.
- Reopening specialized locations, such as the SEVTC dental clinic with sedation.
- Mobile dental clinics with sedation and I/DD expertise.

8. Clear, Accurate, and Accessible Information

- Updated statewide directories of dentists who accept Medicaid and serve I/DD.
- Reliable information about availability, training, and waitlists.
- Communication improvements between families, providers, and systems.

9. Financial Support and Policy Changes

- Grant funding to expand capacity.
- Increased financial incentives for local dentists to accept patients with disabilities.

10. Family and Caregiver Inclusion

- Ensuring parents/caregivers have a “seat at the table” in designing dental access solutions.
- Provider recognition that caregivers are essential partners during visits.

Respondents emphasized ongoing frustration with the lack of accessible, appropriate dental care for individuals with ID/DD in Virginia.

The main points included:

1. Severe Difficulty Accessing Dental Care for Individuals with I/DD

- Extremely hard to find dentists who accept Medicaid and serve I/DD patients.
- No regular access for adults once they age out of pediatric services.
- Loss of dental care at age 18 or 21 significantly disrupts continuity.

2. Medicaid Coverage Gaps

- Medicaid does not adequately cover sedation, crowns, root canals, or specialized services.
- Families often pay out of pocket or cannot access necessary care.
- HMOs worsen access by limiting coverage or diverting care.
- Requests for reimbursement when sedation is medically necessary.
- Need for More Providers and Better Training
- More dentists and staff trained to serve individuals with ASD, ID, DD, severe behavior needs, and nonverbal patients.
- More funding to expand I/DD experienced dental providers.
- Desire for dentists who truly understand patient needs and provide consistent care.

4. Sedation Access and Operating Room Availability

- Difficulty obtaining OR access for sedation.
- Long wait times—sometimes a year—for sedated dental care.
- Need for accessible sedation options outside major hospitals.

5. System Navigation Challenges

- Families report frustration and burnout from navigating the system.
- The process worsens dramatically once individuals reach adulthood.
- Advocacy for more inclusive processes involving parents/caregivers ("seat at the table").

6. Positive Experiences Exist but Are Uneven

- Some families found excellent practices and appreciate progress made in disability inclusive dentistry.
- Others rely on pediatric dentists into adulthood due to familiarity.

7. Financial Hardship

- Families receive little to no financial help for necessary dental care.
- High out of pocket costs for sedation, even when medically required.

8. Calls for Policy and System Changes

- Expand Medicaid dental benefits (sedation, crown, root canal coverage).
- Increase funding and incentives for dentists to accept Medicaid and treat I/DD patients.
- Reopen specialized clinics (e.g., Southeastern Virginia Training Center - SEVTC) that offered sedation.

Survey #3.

Dental Access Survey of Medicaid Credential Dental Providers

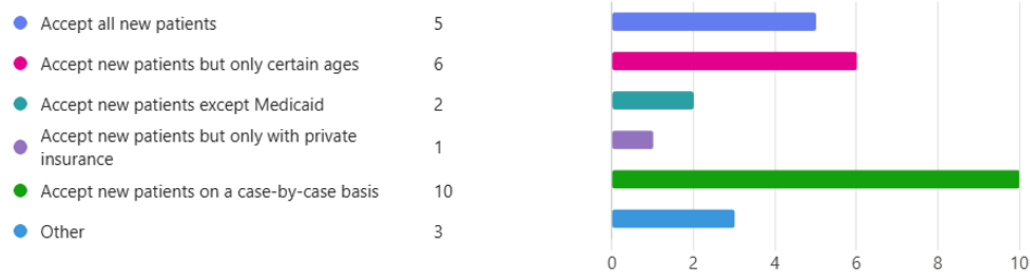
This survey was created to gather specific information directly from Medicaid participating dentists regarding their dental office, barriers and challenges to serving individual with DD in the Commonwealth. The link to the survey was initially conducted by a summer intern and is now managed ongoing by the OIHSN dental team. 28 responses were received representing 49 different locations. (Many practices have multiple locations.) The results are being integrated into the comprehensive root cause analysis that will be the basis for the identified QII. The results are as follows:

Questions 1 – 3 were organizational in nature and do not contribute to the purpose of the survey.

4. Is the dentist accepting new patients with intellectual or development disabilities (IDD)?



5. If the dentist is accepting new patients with ID/DD and behavioral/medical needs, do they...



6. When is the soonest availability the dentist can book an appointment for new patients?

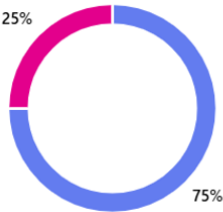


7. If the dentist is NOT accepting new patients...



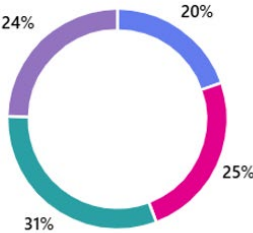
8. Does the dentist currently provide dental services to individuals with intellectual (ID) or developmental disabilities (DD)?

- Yes 21
- No 7



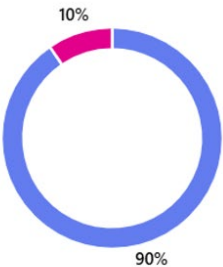
9. What ages does the dentist serve?

- 0-5 12
- 6-10 15
- 11-17 19
- 18+ 15



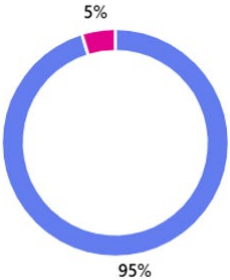
10. Does the dentist accept Medicaid?

- Yes 19
- No 2



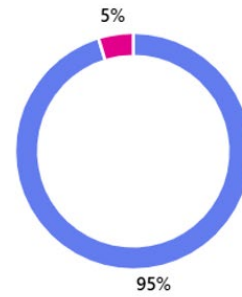
11. Does the dentist accept private pay?

- Yes 20
- No 1



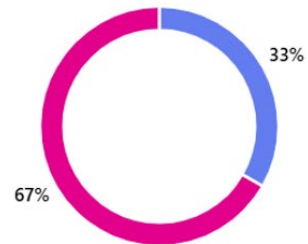
12. Is the dentist listed on [DentaQuest.com](https://dentaquest.com)?

● Yes 20
● No 1



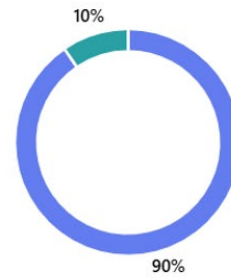
13. Does the practice have sensory accommodations?

● Yes 7
● No 14



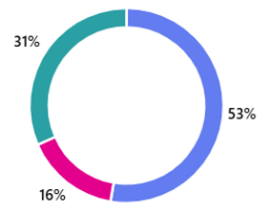
14. Is your practice currently accessible for wheelchairs? (Manual or motorized).

● Yes 19
● Yes, excluding restrooms. 0
● None 2
● Other 0



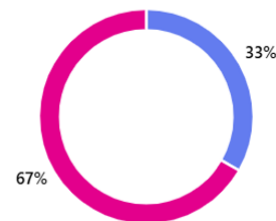
15. If yes, can you provide services for an individual that needs to remain in their wheelchair?

● Yes 10
● Yes, only if it tilts completely horizontal. 3
● No 6



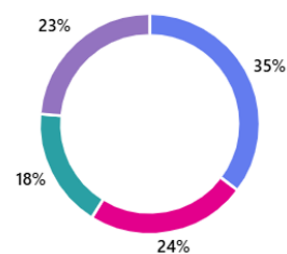
16. How does the provider handle sedation?

Provides in house	7
Outside referral	14



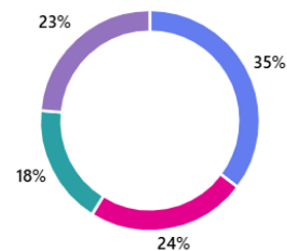
17. If provider handles sedation in house, what can they offer?

Nitrous Oxide	6
Oral Conscious Sedation	4
IV Sedation	3
General Anesthesia	4
Other	0



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Nitrous Oxide	6
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IV Sedation	3
General Anesthesia	4
Other	0



Summary of Dental Provider Responses Across Virginia

1. Acceptance of New Patients with ID/DD

- Majority of practices say they are accepting new ID/DD patients, often:
 - On a case-by-case basis
 - Only certain ages
 - Only with private insurance
- Some practices are NOT accepting new patients, particularly:
 - In Richlands, Frederick County, Alexandria, and parts of Charlottesville/Albemarle.

2. Appointment Availability

- For those accepting new patients:
 - Typical wait time: 1–4 weeks (most common).
 - Some report 5–8 weeks.
 - A few indicate 9–12 weeks.
 - Franklin City reported waits >3 months.

3. Medicaid Acceptance

- Most providers accept Medicaid, but there are consistent exceptions:
 - Some practices accept only private pay or only accept new patients if private insurance.
 - Franklin City explicitly does not accept Medicaid.

4. Private Pay Acceptance

- Nearly all providers accept private payment, even when Medicaid acceptance is restricted.

5. Ages Served

- Providers are typically serving:
 - 0–5, 6–10, 11–17, 18+, though some limit to pediatrics.

6. Sensory Accommodations

- Mixed availability:
 - Some providers report full sensory accommodation.
 - Others report unavailable.
 - Larger multi-location groups (especially Northern VA + Hampton Roads providers) more likely to have sensory support.

7. Wheelchair Accessibility

- Accessibility is generally reported as yes, however:
 - Only some can treat individuals who must remain in their wheelchair, often requiring it to tilt horizontally.
 - Others report no ability to treat in-wheelchair patients.

8. Sedation Access

- Sedation availability varies significantly:
 - Some provide in-house sedation:
 - Nitrous Oxide
 - Oral Conscious Sedation
 - IV Sedation
 - General Anesthesia
 - Many require outside referral.
 - Several locations accept patients only if sedation can be referred out.
 - Sedation availability remains one of the largest statewide gaps.

Finally, all survey results will be aggregated together to form the foundation of a QII to be proposed to address the 16% gap in annual dental exams to be presented to the DBHDS Quality Improvement Council (QIC) for approval in January 2027.

Submitted by:

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Director

Office of Integrated Health Support Network