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Oral Health Access For Maine's Veterans

**A Needs Assessment for the
Maine Health Access Foundation**



Maine Bureau of Veterans' Services

Researched and Written by Sarah A. Sherman

Director of Strategic Partnerships - Copyright September 2020

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**This report is dedicated to
Maine's Veterans and the Oral Health Professionals
who care for them.**

Executive Summary

In 2019, the Maine Bureau of Veterans' Services (MBVS) started to research how veterans access dental services. Initial factors included not having 100% service-connected status with Veterans Affairs (VA), transportation, and cost, but as the Bureau's investigation widened its scope, it was realized that the issue is far more complex and has multiple layers that affect veterans' abilities to receive dental care.

After applying for and receiving a grant from the Maine Health Access Foundation, MBVS started a needs assessment with the following three goals in mind:

1. What are the current challenges veterans face to access oral health services in Maine?
2. What oral health assets can veterans utilize to receive dental care?
3. How can we maximize and coordinate resources to decrease gaps throughout the state?

The following report highlights the Bureau's key findings from the *Oral Health Access for Maine's Veterans* needs assessment. These findings reflect an overall view of dental care across the state, and look at disparities by lack of access to care, distance, and financial ability to pay for oral health services.

Key Findings

Known Barriers

- Veteran isn't 100% service-connected to the VA and isn't eligible for VA dental services
- Lack of transportation and distance to drive
- Cost of dental care
- Ability to access oral health within the civilian healthcare system
- Lack of dentists in Maine and substantial dental school debt for dentists
- Non-profit, free standing clinics struggle to remain financially stable
- Effects of the COVID-19 pandemic
- MaineCare only covers emergency procedures for adults
- Veteran is in a long-term care living situation
- Provider lack of trauma informed care

Solutions for Veterans

- Utilize the Togus Dental Clinic and Bangor Community Based Outreach Clinic.
- Promote the VA Community Care Network.
- MBVS has specially trained Veterans Service Officers to help veterans connect to the VA and receive the benefits they earned by serving in the U.S. Military.
- There are several choices of dental insurance specifically for veterans.
- Utilization of Federally Qualified Health Centers (FQHCs) and free standing, non-profit clinics.
- Connection to University of New England's (UNE) Oral Health Center and UNE's and the University of Maine at Augusta (Bangor Campus) Dental Hygiene Clinics.
- Statewide transportation services veterans can utilize to get to oral health appointments.

Community Perspectives and Partners

- All agencies contacted were willing to ask if their patients are veterans and if they weren't already connected to the VA, will make referrals to MBVS.
- Connection to Maine's Wabanaki Community and review what oral health services are needed that would best help veteran tribal members access dental care.
- As a result of this report, a side project has developed to create a continuing education program for dental care providers that will focus on oral health guidelines for veterans and trauma informed care.
- Continued collaboration between the Department of Corrections, Wellpath, and MBVS regarding justice affected veterans.

Legislation (Pending)

LD 2146 - *An Act to Implement the Recommendations of the Board of Dental Practice Related to the Definitions of "Supervision" and "Teledentistry."*

LD 1955 - *An Act to Promote Cost-effectiveness in the MaineCare Program and Improve the Oral Health of Maine Adults and Children.*

LD 1952 - *To Establish a Pilot Project to Provide Support Services for Military Members Transitioning to Civilian Life in Maine.*

LD 171 - *Resolve, To Establish a Pilot Project to Evaluate and Address the Transportation Needs of Maine's Veterans.*

Recommendations – National and on a State Level

- Support the American Dental Association's National Committee as it works to develop a program so that everyone who is over the age of 65 and/or disabled would be covered for oral health services.
- MBVS work with Maine's Congressional Representatives to help identify what policy makers need to know at a Federal (VA) and State level regarding veterans' dental care.
- Create an earmarked fund for veterans' dental care and utilize existing FQHCs and free standing, non-profit clinics to provide oral health services to veterans.
- Update MBVS website to have an oral health section that includes all the resources documented in this report and a link to the report for veterans' ease of access.
- MBVS work with the New Hampshire Veterans' Dental Network and Northeast Delta Dental to replicate a similar program in Maine.
- Connect veterans to the Dental Lifeline Network, an already established non-profit that provides free dental care to people over the age of 65 who have disabilities or are elderly or medically fragile.
- Coordination with Maine's transportation services to help veterans get to dental appointments.

Introduction

An emerging issue that the *Maine Bureau of Veterans' Services* (MBVS) explored in 2019 was the lack of **oral health** services for veterans in Maine. Unless a **veteran** has a 100% service-connected disability rating with the *Veterans Affairs* (VA) or they are eligible for Class I-VI dental benefits, they do not qualify for VA dental services (currently available at Togus VA Maine Healthcare in Augusta or at the VA's Bangor Community Based Outreach Clinic). As more and more veterans contacted the Bureau looking for assistance with dental issues and started to make requests to the Bureau's Veterans' Emergency Financial Assistance Program for dental emergencies, we began to recognize just how large a problem this is across the State of Maine. MBVS started their research on this issue by reaching out to the University of New England's Dental School, and asked for a tour to start to learn about dental care options for veterans in Maine who don't meet VA eligibility requirements.

In January 2020, MBVS applied to the Maine Health Access Foundation's (MeHAF) Discretionary Grants Program with a proposal to conduct a needs assessment regarding veterans' access to dental services. In April MBVS was notified that they were awarded a \$10,000 MeHAF grant. Later that month, MBVS sent

an introduction letter and a questionnaire to dental health providers across the state explaining the project and asking them if they would be willing to be interviewed. See APPENDIXES A & B.

There are an estimated 112,367 veterans in Maine, and our state is ranked third in the country for veterans per capita behind Alaska and Montana, but beyond that, we didn't know how many veterans were receiving dental services. Many veterans never connected to Togus VA Maine Healthcare System after they discharged from the U.S. Military. This leads to another important potential impact of this needs assessment: It could ultimately help more veterans connect to the benefits they earned through their military service by raising *oral healthcare* professionals' awareness of veterans' needs.

The Bureau believes that basic dental services (bi-annual dental cleanings and checkups) are preventive medicine that all veterans should be able to access, as well as access to routine restorative care and emergency procedures (dental pain or abscess, broken tooth, root canal, or tooth extraction). Currently, Maine's veterans face disproportionate barriers to accessing dental services, especially in rural areas of the state. MBVS has spent the last six months looking for creative approaches to help rectify these issues.

This report is a needs assessment of dental care access and oral health barriers for Maine's veterans. It provides information on *Veterans Health Administration* (VHA) criteria for access to oral health care through the *VA Maine Healthcare System* (Togus and Bangor Community ! Based Outpatient Clinic), private practice dental offices, Federally Qualified Health Care Centers (FQHCs), and non-profit, free standing clinics in Maine. The goal of this report is to find better ways to connect veterans to the VA, educate more private practice *dentists* about becoming VA Community Care Providers and making referrals to MBVS, increase access to preventive oral health programs and emergency dental services, provide *trauma informed care*, and to maximize and coordinate resources to decrease gaps throughout the state.

Research Methods

This report was created during the COVID-19 *pandemic* through a series of email, telephone, and Skype or Zoom interviews. Some of the interviewee quotes were edited for brevity. All interviewees were afforded the opportunity to review my notes as a courtesy to ensure accuracy and to avoid anyone feeling they were misquoted in the final report.

All sources have been cited throughout the report and an appendix, works cited, and glossary of terms can be found at the end of the report to provide further clarification for the reader. Words in *bold italics* are referenced in the glossary.

There are several similar terms used to name this health issue (dental care, oral health, dental services). I have chosen oral health as a general umbrella term.

All photographs in this report were either taken by Sarah A. Sherman or were provided by the interviewees, as the COVID-19 pandemic prevented in person visits to the various clinics mentioned in the report.

Barriers to Veterans Accessing Dental Care in Maine

One Veteran's Quest

During the summer of 2019, Dave Barber of Durham, ME, approached Director David Richmond of the Maine Bureau of Veterans' Services (MBVS) at the Maine Military and Community Network Annual Conference in Augusta, regarding issues he had finding dental services for himself. Barber served in the U.S. Navy from 1994-1997 as an Airman and a Photographer's Mate aboard the



USS Theodore Roosevelt, USS John C. Stennis, and USS John F. Kennedy. He didn't have any dental problems while serving in the U.S. Military, and upon discharge, Barber connected with the VA, was awarded an 80% service-connection (a disability rating with the VA), and in 2006, utilized the VA's Vocational Rehabilitation and Employment Program to learn woodworking and cabinetry.

As a civilian, Barber established a relationship at a dental practice in Cumberland County and kept up with basic preventive oral health care (bi-annual cleanings). He paid for his treatments out of pocket and found dental care to be very expensive, so he started avoiding getting x-rays at checkups to save money. In 2017, twenty years after his discharge from the military, Barber cracked a tooth and went to see his dentist. He was told that it would probably cost \$3,000 to get it fixed and to make an appointment with an oral surgeon. When Barber met with the oral surgeon, he was dismayed to learn that it would actually cost \$5,000 to repair the tooth.

“While dental care is imperative to overall health and well-being, 92 percent of veterans enrolled in VA health care are not eligible for VA dental care,”
U.S. Department of Veterans Affairs

Barber checked with the VA and was informed that unless he was 100% service-connected (had a total disability rating), he was not eligible for any dentistry services. He was in pain, so he had the tooth fixed, paying for it with a credit card, which he finally paid off in May of 2020. Ironically, if Barber had cracked the tooth in 2006, while he was enrolled in the VA's

Vocational Rehabilitation and Employment Program, it would have been taken care of by the VA.

This experience sent Barber on a personal quest to find out what was available for dental care services in Maine for veterans, locally and by county, and he even reached out to Maine's Congressional Delegation. In 2019, Barber discussed his concerns about the lack of dental services for veterans with the University of New England (UNE) and the University of Maine at Augusta Dental Hygiene Program (in Bangor), and later helped UNE promote their \$20 teeth cleanings for a veterans' program in November 2019, in honor of Veterans Day, which included a free dental exam and fluoride treatment.

Barber has always believed that having good oral health provides a good first impression. He developed a saying, "Dental is Mental," meaning access to dentistry affects self-esteem, mental health, and employment prospects. His mission for the last three years has been to research and provide dental solutions for veterans who don't qualify for existing VA dental benefits, and he would like to see oral health information organized in one easily accessed place so veterans don't have to search for it.

A Physician's Perspective



**Barbara Covey, President
Waterville Community
Dental Center**

When asked what is a known barrier for Maine's veterans accessing dental services, Dr. Barbara Covey, President of the Waterville Community Dental Center explained: "*MaineCare* covers very little for adults with dental disease. It will cover emergency services for acute pain and imminent tooth loss, but not the services needed for preventive or restorative care to prevent a patient from getting into that emergent situation. The big question in my mind is how to both improve access for adults to dental care and ensure that it occurs in the appropriate setting, that is, in dental offices and not in emergency rooms, where care is expensive and does not offer the definitive dental services needed to treat the problem. Emergency departments can offer little other than antibiotics and temporary pain relief and are a major source of needless dollars spent in emergency department care."

A 80% Service-Connected Veteran's Ongoing Dental Care Issues

Darrin Hardesty is a Maine native, and grew up in the town of China. He enlisted in the U.S. Army in 2007, and served with the 88m Heavy Transport in Mosul, Iraq from 2008-2010. While serving in the Army, Hardesty had a lot of dental work done, citing that he has always had problems with his teeth, even as a child. He was discharged from the Army in 2013, and connected with VA Maine Healthcare System (Togus), where he received an 80% service-connected disability rating due to a right knee injury and *Post Traumatic Stress Disorder* (PTSD), a result of his two years of service overseas, but he did not meet the eligibility requirements (100% service-connected to the VA) to access the Togus Dental Clinic.

As time passed and Hardesty's physical and mental injuries worsened, he didn't seek treatment for his PTSD and developed Substance Use Disorder (SUD), later becoming a *law-affected veteran*. By this time, his oral health had fallen by the wayside. He had broken teeth and no financial means to repair them. As a result, and during his incarceration, Hardesty has had several teeth pulled, which makes him feel embarrassed and has affected his self-confidence; the COVID-19 pandemic has also limited his access to any further dental services. In 2019, Hardesty connected with MBVS, who advocated for him during his incarceration, and connected him to the VA's Veteran Readiness and Employment Program (Chapter 31) at Togus, the Career Center in Augusta, and a PTSD service dog organization upon his release in July 2020. Hardesty is optimistic that he will be able to address his dental care issues in the future with support from MBVS.



SPC Darrin Hardesty
U.S. Army
Mosul, Iraq - Spring 2010

Thoughts from a Private Practice Dentist

Dr. Wendy Alpaugh, **DMD**, is a dentist in Deer Isle. She has noted the following barriers to oral health for veterans. "Because many veterans do not receive preventive care after they are discharged," she said, "they have significant dental disease when they decide to visit a dentist. The fear of dental treatment and cost can be a barrier. Some veterans have Post Traumatic Stress Disorder (PTSD), *Military Sexual Trauma* (MST), and/or Traumatic Brain Injuries (TBI), which can be exacerbated by the stress of the sounds, smells, and anxiety associated with a dental office.

"Had veterans been able to maintain their oral health with preventive care, those barriers might have been much lower. Sadly, not everyone with dental benefits opts to take advantage of them, especially if they had negative dental experiences in their past," Dr. Alpaugh explained. "There wasn't much education on this topic when I was in school, just a few optional courses, but with the "Me Too" movement, I have had several patients open up about how the abuse affected their ability to access oral health care because of the anxiety it causes them. There is room for further education for dentists in the area of working with patients with PTSD, MST, and/or TBIs We should be practicing trauma informed care with all our patients, especially veterans."



Dr. Wendy Alpaugh, DMD

Two Tours in Vietnam and I Connected to Togus Forty Years Later

Barry Sherman of Boothbay enlisted in the U.S. Marine Corps in 1966 and served two-tours in Vietnam with the Rolling 11th Rough Riders on a gun truck providing protection for convoys and picking up any vehicles that had been blown up to keep the roadway clear so troops and supplies could be moved throughout Vietnam. He was bitten by a poisonous snake while on patrol during the Tet Offensive in 1968, and had many serious encounters with land mines while serving in-country. During his third interaction with a landmine, the explosion threw him off the top of his gun turret while on convoy duty, just after crossing the Liberty Bridge en route to An Hoa. He was injured, with marks and cuts on his face, and he had his front teeth knocked out.



SGT Alfred Barry Sherman, Jr., (left)
U.S. Marine Corps, Two-Tour Vietnam Veteran

When Barry returned home 1970, the VA outsourced his dental work to a local dentist because so many veterans were getting out at the same time, they didn't have enough dentists to accommodate them. Dr. Robert Greene, Jr. in Boothbay Harbor worked on Barry's teeth, and 40 years later, Barry's father and a World War Two Marine Corps Veteran, Al Sherman, encouraged him to go to Togus in Augusta to get his injuries documented. Barry did and was quite shocked to be told, "We have no record of your serving in Vietnam. There was a fire in St. Louis and your records were burned." Barry was pretty upset and returned home to tell his father what had happened. His father reminded him that he went to Dr. Greene for his dental care when he came back from his second tour in Vietnam. Barry contacted his dentist's former assistant and learned that he had moved to Pennsylvania, but still had all his original files which fully documented his wartime injuries. Dr. Green sent Barry a copy of his dental record, and he was finally able to connect to the VA 40 years after serving in Vietnam.

A Veterans' Denturist



Kathryn Young, LD

Kathryn Young is a Licensed Denturist and has worked in the oral health field for over 30 years, the first twelve as a lab technician and dental assistant. She returned to school in 2004 and graduated with honors from the International Denturist Education Centre (IDEC) program of George Brown College in Toronto, Canada. Young founded her own dental laboratory and dental supply company, Denture Designs in Walpole, and has worked for the past seventeen years as a *licensed denturist*. She also serves as adjunct faculty for Tufts University and mentors dental students.

A large proportion of her clientele are older veterans who have lost all or some of their teeth. Currently Young has 370 veterans on her

patient roster. The two largest barriers to accessing oral healthcare that she sees them encounter are funding and the distance they must travel to care. She offers a 10% discount to veterans as her way of thanking them for their service, and over the years has donated over \$41,000 in services to veterans.

“During the First and Second World Wars and Korean War, if a service member had a cavity, it was not uncommon that military dentists would simply pull their teeth and tell them they would get dentures later. During the Vietnam War many young soldiers’ teeth were destroyed due to lack of hygiene or poor diet. If a person has a poor diet long enough, their teeth will become loose and fall out,” Young explained. “One veteran told me that due to the lack of access to oral healthcare in Vietnam, he’d chew on sticks in an effort to keep his teeth clean. Another veteran described coming into his base camp just off a 30-day patrol in the jungle and the camp dentist pulled five of his teeth. He was given 72 hours to recuperate and then was sent back out on patrol with his unit. It’s also not uncommon for me to work with patients, especially veterans, who have several different dentists do multiple procedures on the same tooth or teeth, i.e., patch work dentistry.”

There are three main reasons why people lose their teeth:

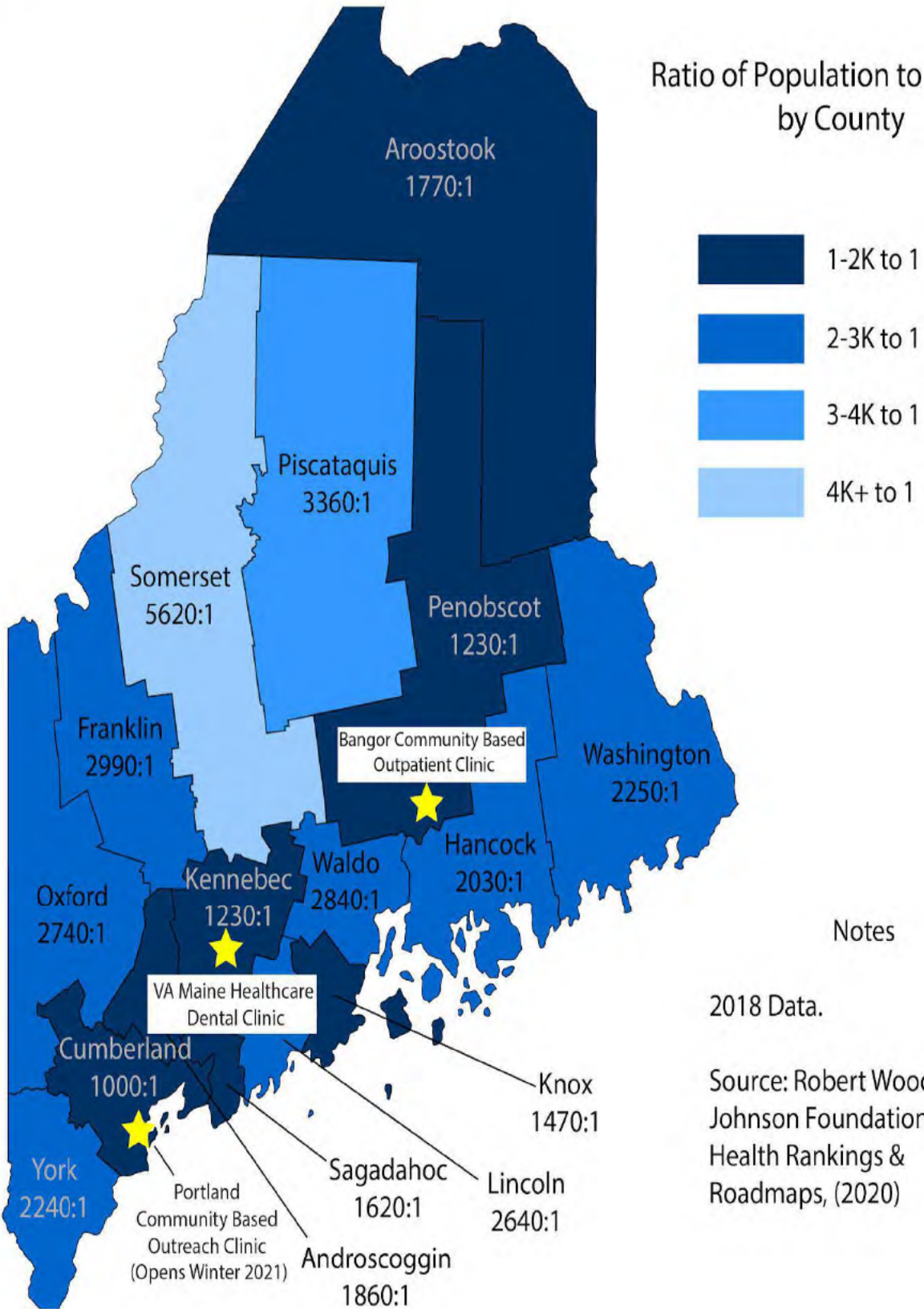
- 1. Neglect of their personal oral hygiene** - Lack of daily dental care, malnutrition, trauma, drug use, smoking, periodontal disease or the bone recedes.
- 2. Not enough oral healthcare and/or lack of access to dentistry.**
- 3. Too much dentistry** - Meaning years of repeat procedures.

“Older veterans continue to amaze me. They are so tough and will suffer in silence when they have a dental problem. They don’t seek as much care and tend to let things go regarding their oral healthcare,” Young said. “I’d really like to see a cultural shift or a re-education of veterans to let them know it’s all right to access dental services. Often there is an underlying bias, that the dentistry that is offered now will



be the same experience they had 40 years ago in the military, when actually we’ve had a re-birth of modern dentistry. For instance, the dental clinic at Togus in Augusta is state of the art and is staffed with very dedicated dentists and *dental hygienists*. When I know a patient is a veteran, I always check with them to see if they are connected to the VA, and I will make referrals to the Maine Bureau of Veterans’ Services if they aren’t to help get them connected to a *Veterans Service Officer*.”

Ratio of Population to Dentists by County



Notes

2018 Data.

Source: Robert Wood Johnson Foundation, County Health Rankings & Roadmaps, (2020)

Maine Veterans' Needs and Challenges Accessing Dental Care

There are multiple factors that currently affect veterans accessing oral health in our state and they fall under the following categories:

Known Barriers

Veteran isn't 100% Service-Connected to Veterans Affairs (VA)



1. The veteran has not been rated at 100% (total) under the *VA Schedule of Rating Disabilities* (VASR-D) or the veteran isn't receiving the 100% rating by reason of individual unemployability. Veterans with conditions listed in the rating schedule are assigned numeric values (ratings) that correspond with the increased severity of the condition. Ratings range from 0% to 100% and increase by increments of 10% or with Individual Unemployability. When a veteran can't work because of a disability related to his or her service in the military (a service-connected disability), this means they receive a disability compensation or benefits at the same level as a veteran who has a 100% disability rating.
2. The veteran doesn't fit VA Class I-VI qualifications, e.g., Former Prisoner of War, a patient at the VA Maine Healthcare System (Togus) who needs dental care prior to a medical procedure, a veteran who served on active duty in the Gulf War for 90 days or more, a participant in the VA's Voc/Rehab Program, veterans of the conflicts in Iraq or Afghanistan who signed up 180 days after their discharge for one dental screening, participants in the VA's Homeless Veterans program, and active duty military personnel.

"KVFD does not have any geographic limitations for the patients they treat. If a patient can find transportation to Augusta, we will treat them,"
Bonnie Vaughan, Executive Director Kennebec Valley Family Dentistry

Transportation and Distance to Drive

- Maine is a very rural state. In 2010, the U.S. Census Bureau noted Maine as the most rural state in the United States. For many veterans who live in Northern Maine, it is a three- or four-hour drive to get to VA Maine Healthcare Togus in Augusta or a two to three-hour drive to get to the VA's

Bangor Community-Based Outreach Clinic. The cost of fuel may be prohibitive, the veteran may not have reliable transportation or a family member who can bring them, or the veteran may no longer hold a driver's license.

Cost of Dental Care - The veteran may not be able to afford the cost of dental insurance, is over income to qualify for MaineCare (Maine's *Medicaid* Program), or is on a fixed income.

Veteran Identification - Many veterans never connected to the Veterans Administration when they discharged from the U.S. Military and may be eligible for healthcare, dentistry, mental health services, and other benefits of which they are not aware.

Availability and Access to Dental Care - Long waits to get in for treatment when a veteran hasn't established a relationship with a dental practice in his or her community. If a veteran can't find help for their oral health issue, they may go to the local hospital emergency department which is a very expensive alternative and doesn't provide definitive dental care.

Veteran resides in a Long-Term Living Situation - Maine Veterans' Homes or private nursing homes throughout the state.

Lack of Dentists in Maine - We have a shortage of dentists in Maine.

No Continuing Education Resources For Oral Health Professionals Regarding Veterans and Trauma Informed Care - Veterans may exhibit high levels of anxiety due to undiagnosed or undisclosed Post Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and/or Traumatic Brain Injury (TBI) or have a fear of dentistry due to poor experiences with dental care, perhaps occurring during childhood.

MaineCare Coverage and Reimbursement Rates - MaineCare (Maine's Medicaid Program) will pay for a limited number of dental services for adults, but only under defined criteria. For example, while these include "acute surgical care directly related to an accident where traumatic injury has occurred" such care "will only be provided for the first three months after the accident;" and oral surgery and "related medical procedures" are not covered if they involve teeth or gums. However, tooth extraction is covered under certain circumstances, as is "treatment necessary to relieve pain, eliminate infection or prevent imminent tooth loss" along with a number of other dental services, including the provision of full and partial dentures.

For those services, medical necessity must be documented and DHHS must determine, "that the provision of those services will be cost-effective in comparison to the provision of other covered medical services for the treatment of that condition." For a number of reasons, extraction is one of the more common procedures provided to "relieve pain" and although there is a range of restorative services potentially covered, MaineCare's adult coverage is often characterized and utilized as "emergency only."

MaineCare does not pay for routine preventive oral health care for adults, even when chronic disease overlaps have been documented and the individual is eligible for MaineCare's medical benefits. Dentists cite low reimbursement rates, which haven't undergone an across-the-board increase for the better part of 20 years, and difficulties enrolling in and being reimbursed by MaineCare as barriers to their participation in the program. Many private practice dentists who are enrolled in MaineCare have accepted children as patients but won't accept it as a form of payment for adults (summarized from multiple sources).

<https://mainecare.maine.gov/Default.aspx>

Dental School Debt for Dentists – New dentists may leave school with up to \$500,000 student loan debt upon graduation.

Non-Profit, Free Standing Dental Clinics Struggle to be Financially Stable - Their sources of income include MaineCare, payments made according to sliding-scale fee scales, with some proportion of self-pay patients or private insurance. Financial stability is an ongoing problem for many of these clinics across the State of Maine.

Effect of the Coronavirus Pandemic - Only a few clinics have been able to provide emergency dental services. Budget shortfalls due to the state of the economy will negatively affect the delivery of and access to oral health care. Dentistry is likely to be more expensive after **COVID-19** as additional safety precautions and personal protective equipment will add to the cost of care. As of the writing of this report the COVID-19 pandemic is still ongoing.

Legislation Pertaining to Veterans in the 129th Legislature

LD 1955 - *An Act to Promote Cost-Effectiveness in the MaineCare Program and Improve the Oral Health of Maine Adults and Children.* This bill was proposed to expand adult coverage for MaineCare eligible adults.

LD 2146 - *An Act To Implement the Recommendations of the Board of Dental Practice Related to the Definitions of "Supervision" and "Teledentistry."* This bill proposes a definition of teledentistry.

LD 1952 - *To Establish a Pilot Project to Provide Support Services for Military Members Transitioning to Civilian Life in Maine.* This bill was proposed to establish a bill of rights to help veterans access jobs, education, health care and housing, and provide general support to veterans.

LD 171 - *Resolve, To Establish a Pilot Project To Evaluate and Address the Transportation Needs of Maine's Veterans.* This bill was proposed to establish a pilot project in Oxford, Franklin, and Androscoggin counties to provide transportation to veterans, including a veterans' caregiver or dependent, to and from employment, employment-related services, medical and mental health appointments, social services, and community activities.

Note: Due to the number of bills sponsored during a Legislative Session, and the COVID-19 pandemic cutting the 129th Legislature short, a number of bills were not acted upon due to lack of time. Bills that aren't acted upon are deemed "dead" once the legislature adjourns sine die (the final adjournment of the assembly without a day being set for reconvening). This section of the report is intended to provide historical context for any future legislation that could be proposed.



Long-Term Living Situations - Maine Veterans' Homes - Augusta

Jacob Anderson is the Administrator of the Maine Veterans' Home in Augusta. Although the facility has a 150 veteran capacity, it is currently home to 120 veterans, as they haven't been able to admit any new patients due to the COVID-19 pandemic and there is a wait list. "There are definite challenges for veterans in long-term care facilities to maintain relationships with community care providers, such as dentists. This is one of the biggest gaps in providing them with dental care," noted Mr. Anderson. "Transportation is another - if they don't have a family member nearby that could drive them, staff can provide an escort, and then there may be accessibility issues, such as transfer from a wheelchair to a dental chair, levels of cognition, especially if a veteran has early stages of dementia.

"The new Maine Veterans' Home - Augusta is currently under construction with a finish date of June 2021. It is the first, small house model of care (a skilled nursing home is a small intentional community of older adults who need nursing care and help with daily activities) in Maine. It will not offer a dental suite, but I would like to re-establish a former program that partnered with the state's dental hygiene schools and provided oral health assessments by trained professionals and provided the students real-life work experience with both veterans and older adults.

Mr. Anderson explained, "At the Maine Veterans' Home - Augusta, we utilized the Mouth Care Without a Battle Model (an evidence-based approach to person-centered daily mouth care for persons with cognitive and physical impairment), meaning if a caregiver can get a dementia patient to allow them to assist with brushing 25% of their mouth, we

"Oral health inequities and health disparities exist among older adults," Labrini Nelligan, Executive Director of the Lunder-Dineen Health Education Alliance of Maine

deem it a success and then the caregiver will try again in a couple of hours to hopefully finish the process. In a long-term care facility, denture fittings are also a reality for many of our patients, because they are at an age where they have lost some or all of their teeth. <http://www.mouthcarewithoutabattle.org/>

"That is why it was great for the Lunder-Dineen Health Education Alliance of Maine to run their **MOTIVATE** Pilot Program out of the six Maine Veterans' Homes – Augusta, Bangor, Caribou, Machias, Scarborough, and South Paris, which was devoted to providing our staff with a high-level skill set in the environment they work in and our residents are better for it. The instruction provided best practices when working with an elderly or resistant population, and once it got off the ground, it was a seamless transition to the other Veterans' Homes around the state." <https://mainevets.org/>

Lack of Dentists in Maine

In 2012, the University at Albany's School of Public Health's Center for Health Workforce Studies published a comprehensive look at Maine's oral health workforce in *Oral Health in Maine, A Background Report*. The 132-page document reviewed oral health stakeholders' concerns regarding the status of the state's need to improve access to oral health services in rural areas of Maine noting, "Compared to other

states and the U.S. as a whole, the supply of dentists in Maine is relatively small. A preliminary analysis found that there were fewer dentists per capita in Maine than in most other states. In addition, Maine had fewer general practice dentists than other New England states. In 2011, there were 4.1 general dentists per 10,000 population in Maine” (Center for Health Workforce Studies, 2012, p. 9).

“Active dentists in Maine are unevenly distributed across the state, with more practicing in urban areas than in rural areas. In 2011, there were 1,361 people per active dentist in Cumberland County. At the same time, there were 4,018 people per active dentist in Somerset County. The number of Dental Health Professional Shortage Areas (DHPSAs) in the state is evidence of the uneven distribution of dentists in the state. All or part of each of 15 counties in Maine has designation as a DHPSA. Sagadahoc County is the only county with no DHPSA designations (Center for Health Workforce Studies, 2012). As of 2020, DHPSA designations are still present in 15 counties (Health Resources and Services Administration, 2020).

“We have an overall shortage of oral healthcare providers in Maine,” the U.S. Department of Veterans Affairs Office of Rural Health stated in their May 2017 report, *Lessons Learned: A Rural Case Study Challenges Increasing Access to Dental Care Among Rural Veterans*. “For individuals living in rural communities, including Veterans, oral health is a significant public health issue due to the documented disparities associated with access and use of dental services. More specifically, rural veterans face numerous barriers accessing dental services, including lack of transportation, affordability, and limited access to dental providers. These individuals are more likely to report an unmet dental need and only access dental services in response to discomfort or pain. The limited availability of dental services also contributes to oral health disparities by reducing access to dental care. In 2012, roughly 60 percent of the dental health professional shortage areas were in rural areas, which is expected to continue to increase over the next ten years” (U.S. Department of Veterans’ Affairs Office of Rural Health, 2012, p 1).

We are currently two years away from the ten-year mark noted in the VA’s Office of Rural Health’s report, with little improvement made to oral health access for veterans, especially in rural parts of Maine. There is much progress that needs to be achieved to ensure veterans can access dental care throughout our state.

Continuing Education Resources Needed for Dental Professionals Regarding Trauma Informed Care

“We should be practicing trauma informed care with all our patients, especially veterans,”
Dr. Wendy Alpaugh

Veterans may exhibit high levels of anxiety due to undisclosed Post Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and/or Traumatic Brain Injury (TBI) symptoms or have a fear of dental services due to poor experiences with dental care, e.g., while serving in the

military, perhaps occurring during childhood, or due to other adverse childhood experiences. Most oral health practitioners lack a basic understanding of how trauma affects the life of individuals and don't fully understand how a trauma survivor's experience may impact the way the individual accepts and responds to oral healthcare.

According to the CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study examining "The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood" (Felitti et al., 1998, p. 245), "... findings suggest that the impact of these adverse childhood experiences on adult health status is strong and cumulative" (Felitti et al, 1998, p. 251).

When reviewing these studies, it is important to keep in mind the question of how many veterans enlisted or were drafted into the U.S. Military with an already existing trauma history. Many of them were then re-traumatized by their experiences in the service, and their pre-existing conditions were not something that the military screened for at intake. Oftentimes adults have not dealt with the traumas they experienced during childhood, which later resurface due to an unrecognized trigger or event.

Examining these findings further, the Trauma-Informed Care and Oral Health: Recommendations for Practitioners Report states, "Those who had an ACE score of four or higher were less likely to receive adequate dental care as a child, and another study found that children who reported ACEs were more likely to have poor oral health and significant tooth decay, higher incidence of gum disease, or fungal or viral infections of the mouth. Additionally, having multiple experiences of childhood adversity had a cumulative effect on oral health, meaning those who had more adverse experiences were both more likely to have poor dental health and more individual caries" (The Illinois ACEs Response Collaborative, 2019).

Other oral health conditions associated with a history of trauma and adversity include:

- Endocrine changes
- Neglect of oral hygiene
- Gingival circulation
- Alteration in salivary flow and components
- Lowered host resistance
- Bruxism
- Acute necrotizing ulcerative gingivitis
- Aggressive periodontitis
- Systemic inflammatory diseases
- Poor wound healing
- Traumatic injury to head, neck, and mouth (The Illinois ACEs Response Collaborative, 2019).

www.hmprg.org

Note: Maine's Five Veterans Vet Centers are an excellent resource for questions regarding trauma informed care - <https://www.maine.va.gov/visitors/VetCenters.asp>.

Dental School Debt for Dentists

The level of dental school debt accrued by dentists is staggering. In June of 2019, Dr. Raymond Jarvis, Chair of the American Dental Association's New Dentist Committee, submitted testimony on behalf of the ADA about the impact educational debt has on small dental practices. He also discussed the impact that student debt has on new dentists regarding their early career decisions and life choices: "In 2017, 85% of all dental students graduated with an average of \$287,000 in student loans, according to the American Dental Education Association. To put this in perspective [in 2019], these same students would have graduated in 1975 owing nearly \$63,000," Dr. Jarvis wrote, and "1985 graduates would have left school owing more than \$126,000. And 1995 graduates would have been starting their careers owing almost \$179,000, just in student loans" (Garvin, 2019). See a state by state explanation of loan forgiveness programs at <https://www.adea.org/advocacy/state/loan-forgiveness-programs.aspx>

In May of 2019, Erinne Kennedy, DMD, MPH, stated in *Dental Economics*, "The bottom line is this: For today's dental students, not only is it *how much* they are paying in interest on their student loans, but *when* their student loans begin to accrue interest. The current arrangement is costing dental students and upcoming dental professionals dearly. The time for a policy change has come." See the link to read the full article -

<https://www.dentaleconomics.com/macro-op-ed/article/16386280/the-truth-about-dental-student-loans>

"New dentists come out of dental school with heavy student loan debt upon graduation," noted Dr. Jeff Walawender, Executive Director of Community Dental, a non-profit dental clinic network based in Maine. "They can't afford to work in the public health sector even if they wanted to, because they'd never be able to pay it back, and loan repayment programs are limited in Maine."

Non-Profit, Free Standing Dental Clinics Struggle to be Financially Stable

Non-profit, free standing clinics (that is, those that are not associated with federally qualified health centers or other organizations) rely on limited sources of income that are typically MaineCare, sliding-scale fees, or grant funding. Financial stability is an ongoing problem for many of these clinics across the State. Dr. Barbara Covey of the Waterville Community Dental Center noted, "In more 'normal' times we do have some outside support via area United Ways to support our sliding fee program. This has been important since sliding fees do not support the cost of care delivery, but there are limited sources for this type of support. Years past, state tobacco settlement monies supported our sliding fee services, but this funding is no longer available."

Holly Stover, State Representative and Executive Director at Lincoln County Dental, explained, “Some patients send \$5.00/month to help pay for their treatment, because they are so grateful that their oral health needs were addressed. The clinic is financed by grant funds, personal gifts, and donations.”

“Dealing with rural settings is always challenging for medical and dental care,” stated Nicole Breton from the Maine Center for Disease Control Office of Rural and Primary Care. “It is a constant struggle, multi-layered problem, and there needs to be better ways to get payment.”

Effects of the COVID-19 Pandemic

Dr. Covey explained, “The Waterville Community Dental Center was one of a few clinics in the state that remained open for emergency services during the (early stages of the) COVID-19 pandemic. We have not asked in the past whether our patients are veterans, but I assume that the clinic has worked with many veterans. We have an income based sliding fee program that provides reduced rates for dental services for all community members who qualify (less than 200% of poverty level). The Waterville Community Dental Center is one of a few “safety net” dental centers that are the main providers of care for residents in the state who are uninsured or who have MaineCare coverage.”

Angela Westhoff, Executive Director of the Maine Dental Association, stated, “With the onset of COVID-19, the MDA quickly transformed its continuing education programming to virtual and purchased a Zoom platform so we could continue to provide quality training to our membership. The pandemic has sent a ripple effect through the oral health community and has presented many challenges to dentists including finding sources for personal protective equipment for themselves and their staff, as well as utilizing new disinfecting protocol.” Westhoff added, “Currently 90% of our membership is back to work, but at a reduced 50% to 60% volume. It has already become evident that COVID-19 will have long-term effects on the dental industry.”

Jarad Greeley, MBVS Homeless Veterans Coordinator, commented, “For Maine’s Homeless veterans’ population, COVID-19 only exacerbated their need for safe housing and access to oral healthcare.”

Dr. John Newby is a Marine Corps Veteran, a Doctor of Podiatric Medicine, a Certified Corrections Health Professional, and serves as the Regional Vice President of Wellpath. He relayed what precautions were taken within the Maine Department of Corrections: “During the COVID-19 pandemic, Wellpath adhered to the American Dental Association’s and the National Commission on Correctional Health’s guidelines to stop the spread of the coronavirus. High-powered dental instruments cause aerosolization (the process or act of converting some physical substance into the form of particles small and light enough to be carried on the air), so these types of procedures were stopped (just as they were in private practice dental offices and non-profit clinics), and oral healthcare was limited to only urgent and emergent cases. Additional preventive measures included the utilization of additional personal protective equipment for staff and stringent disinfection cleaning procedures.”

Dr. Jeff Walawender, Executive Director of Community Dental: “Community Dental remained open. A list of clinics and times that are open for service are located at the link below including other practices

that take new patients. Monson is not open yet, Farmington has been closed because it is located within a testing center. Not all services are available at every clinic. If someone needs a same day extraction at the moment our Portland center is the best bet this week. We are following strict guidelines and dentist judgement to determine what constitutes an emergency. Some services require specialty treatment and are beyond our scope.” <https://mainepcoh.org/covid19/map>

Kathryn Young, LD, commented: “The COVID-19 pandemic drastically changed the way my denture clinic operates. I’m currently seeing about 30% of my scheduled patients and have lost half of my staff. I’ve had air cleaners, UV lights, and ozone units installed, and invested heavily in personal protection equipment. My schedule has also been altered to allow the treatment room to sit empty for a period

between each patient, while the equipment runs to sterilize it. For my patients who are over 65 and are considered at risk, I had one of my dental chairs moved out into the garden, and I met with some of them outside as an extra preventive measure if they were fearful.”



Assets for Veterans

The Department of Veterans Affairs and the Maine Bureau of Veterans’ Services – Different Agencies With the Same Goal

Though the two are often confused, the Department of Veterans Affairs (VA) and the

Maine Bureau of Veterans’ Services (MBVS) are two very different entities, one Federal and one State, but ultimately, they share the same unified goal – to advocate for Maine veterans.

MBVS does not have a clinical mission as the Bureau’s focus is on advocacy for veterans and their families. The VA is responsible for providing vital services to America's veterans on a nationwide scale. They provide health care services, benefits programs, and access to national cemeteries for veterans and their dependents. There are two branches to the VA that oversee healthcare and benefits:

1. **The Veterans Health Administration** The Veterans’ Health Administration is the largest integrated health care system in the United States” (Veterans Health Administration, 2019, para 1). “VHA Medical Centers provide a wide range of services including traditional hospital-based services such as surgery, critical care, mental health, orthopedics, pharmacy, radiology and physical therapy. In addition, most VA medical centers offer additional medical and surgical specialty services including audiology & speech pathology, dermatology, dental, geriatrics, neurology, oncology,

podiatry, prosthetics, urology, and vision care” (Veterans Health Administration, 2019, para 3).
<https://www.va.gov/health/aboutvha.asp>

2. **The Veterans Benefits Administration (VBA)** “Provides a variety of benefits and services to *Servicemembers*, veterans, and their families,” (Veterans Benefits Administration, 2020, para 1). Some of the major program offices within VBA are:

- **Compensation Service**
- **Pension and Fiduciary Service**
- **Insurance Service**
- **Education Service**
- **Loan Guarantee Service**
- **Office of Transition and Economic Development**
- **Vocational Rehabilitation & Employment (VR&E) Service**
- **Office of Field Operations**
- **Appeals Management Center** (Veterans Benefits Administration, 2020)
<https://www.benefits.va.gov/BENEFITS/about.asp>

Dental Care for 100% Service-Connected Veterans

The Veterans Health Administration (VHA) Dental Program consists of a six-tier eligibility system that is structured differently from other VA medical benefits in that veterans’ access to it may have time and/or service limitations. This program is designed to provide necessary dental care to maintain or restore oral health and masticatory function for veterans.

Program guidelines documented in the *VHA Dental Program Handbook (Amended March 10, 2020)* state, “Veterans are

evaluated for eligibility to receive dental care from VA, appropriately classified and rated for purposes of disability compensation if eligible and receive the appropriate level of dental evaluation and treatment consistent with their dental classification and standards of good dental practice” (p. 2).

The VHA’s Basis for Determining Eligibility is very specific and is described as follows, “VA Dental Services examine and treat eligible inpatient and outpatient beneficiaries. It is not the established mission of the VA to provide dental care to all Veterans or even to all those who are hospitalized. Dental

“In 2018, VA spent approximately \$1.1 billion on
veteran dental care, averaging approximately
\$2,185 per veteran,”
U.S. Department of Veterans Affairs

eligibility is determined in a different manner than medical eligibility. The scope of care is determined by the patient's dental classification. Eligibility for dental care is defined by statute and is to be provided in accordance with the provisions of existing law and VA regulations, i.e., 38 U.S.C. §§ 1710(c) and 1712, and 38 CFR §§17.160 through 17.166" (Veterans Health Administration, 2020, p. 2).

https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2867

VHA Procedures for Determining Dental Care Eligibility

1. "The VA facility Business Office is the first resource for administrative determination of dental eligibility. That office determines veterans' eligibility for all dental patient classifications, with the exception of Classes III and VI. When necessary, the second and final resource for administrative determination of a veteran's eligibility for dental care is the Health Eligibility Center (HEC). The HEC has final responsibility for verification of all administrative aspects of a veteran's eligibility for dental care with the exception of determinations related to Classes III and VI.
2. VA Dental Service Chiefs or designees are responsible for all Class II and Class IV eligibility-determinations as they require and are based on review of the Veteran's medical history.
3. Once a veteran is determined to be eligible for dental care, the facility is to provide the veteran with an evaluation by a dentist who must determine the appropriate scope of care consistent with the patient's designated dental classification" (Veterans Health Administration, 2020, p. 3).

Veterans who recently served in Iraq or Afghanistan, i.e., during Operation Enduring Freedom, Operation Iraqi Freedom, and/or Operation New Dawn, may be entitled to a one-time course of free dental care. According to the VA Dentistry – Improving Veterans' Oral Health [website](#), "They must have applied for dental care within 180 days of discharge (under conditions other than dishonorable) from a period of active duty of 90 days or more" (U.S. Department of Veterans Affairs, 2020, para 1).

<https://www.va.gov/dental/>

Unless a veteran has a 100% **VA service-connected rating** or meets very specific eligibility requirements as illustrated in the *VHA Dental Program Handbook (Amended March 10, 2020)*, they do not qualify for any dental services at the VA Maine Healthcare System (Togus) in Augusta or the Community Based Outreach Clinic in Bangor. See the chart on page 30 to identify veterans' eligibility.

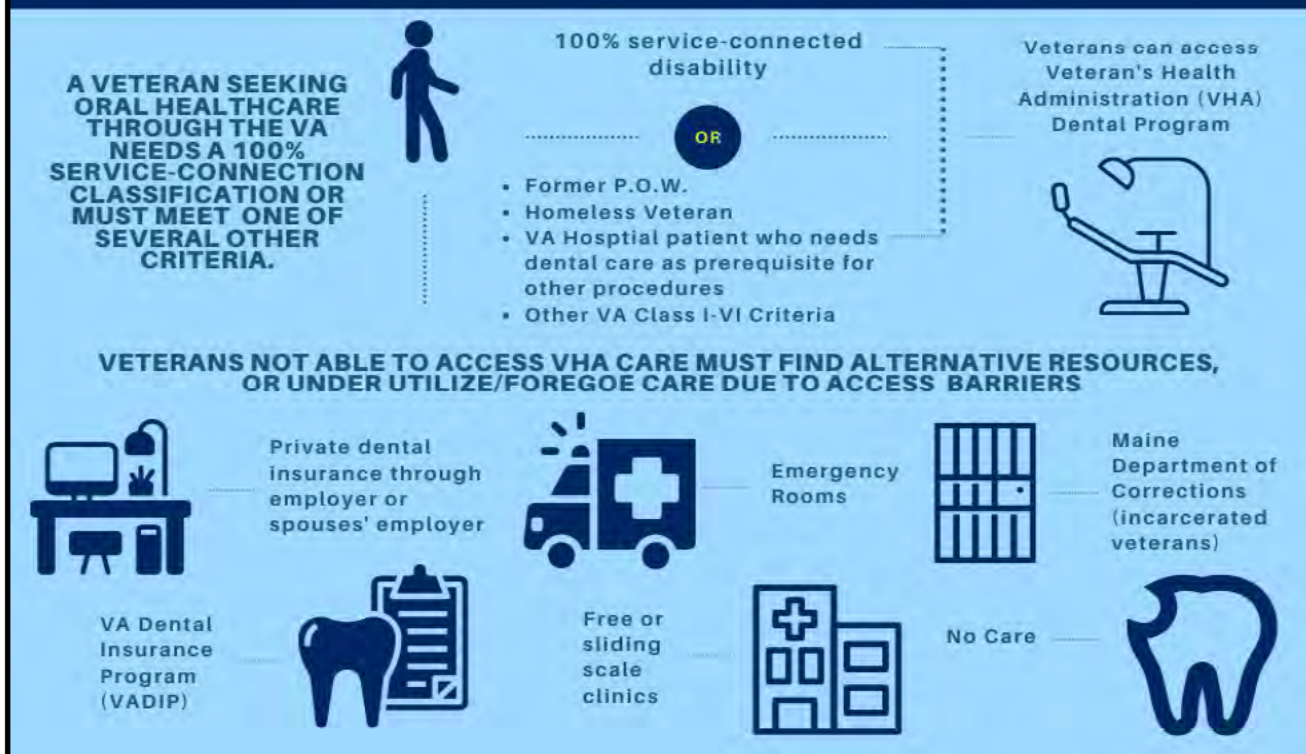
"Dentistry is one of the hardest areas for a veteran to get a VA service-connection,"

Steven Lanning, U.S. Army Veteran and
Claims Supervisor at MBVS

Oral Healthcare Resources for Maine Veterans

"Service Connection" is a key factor in whether veterans receive dental care directly from the VA or must seek other resources.

For a disability that results in benefits to be service connected, it has to be developed or aggravated by active duty service.



Dental Benefits for Veterans

Dental benefits are provided by the Department of Veterans Affairs (VA) according to law. In some instances, the VA is authorized to provide extensive dental care, while in other cases treatment may be limited. See the VA chart for descriptions of dental eligibility criteria and information to assist Veterans in understanding their eligibility for VA Dental Care.

Outpatient Dental Program

Eligibility for outpatient dental care is not the same as for most other VA medical benefits and is categorized into classes. If a veteran is eligible for VHA dental care through Classes I -VI, they are eligible for any necessary dental care to maintain or restore oral health and masticatory function, including repeat care. Other classes have time and/or service limitations (US Department of Veterans Affairs, 2019, February).

Eligibility for Dental Benefits for Veterans Through the VA

If You:	You Are Eligible For:	Through:
Have a service-connected compensable (10% or greater) dental disability or condition.	Any needed dental care.	Class I
Are a former Prisoner of War.	Any needed dental care.	Class IIC
Have service-connected disabilities rated 100% (total) disabling or are unemployable and paid at the 100% rate due to service-connected conditions.	Any needed dental care. (Please note: Veterans paid at the 100% rate based on a temporary rating, such as extended hospitalization for a service-connected disability, convalescence or pre-stabilization are not eligible for comprehensive outpatient dental services based on this temporary rating.)	Class IV
Request dental care within 180 days of discharge or release (under conditions other than dishonorable) from a period of active duty of 90 days or more.	One-time dental care if your DD214 certificate of discharge does not indicate that a complete dental examination and all appropriate dental treatment had been rendered prior to discharge. *	Class II
Have a service-connected non-compensable (0%) dental condition/disability resulting from combat wounds or service trauma.	Any dental care necessary to provide and maintain a functioning dentition. A VA Regional Office Rating Decision letter (VA form 10-7131) or the historical Dental Trauma Rating (VA form 10-564-D) identifies the tooth/teeth condition(s) that are trauma rated.	Class IIA
Have a dental condition clinically determined by VA to be associated with and aggravating a service-connected medical condition.	Dental care to treat the oral conditions that are determined by a VA dental professional to have a direct and material detrimental effect to your service-connected medical condition.	Class III
Are actively engaged in a Title 38, USC Chapter 32 Vocational Rehabilitation and Employment Program.	Dental care to the extent necessary as determined by a VA dental professional to: <ul style="list-style-type: none"> • Make possible your entrance into a rehabilitation program. • Achieve the goals of your vocational rehabilitation program. • Prevent interruption of your rehabilitation program. • Hasten the return to a rehabilitation program if you are in interrupted or leave status. • Hasten the return to a rehabilitation program of a Veteran placed in discontinued status because of illness, injury or a dental condition, or • Secure and adjust to employment during the period of employment assistance or enable you to achieve maximum independence in daily living. 	Class V
Are receiving VA care or are scheduled for inpatient care and require dental care for a condition complicating a medical condition currently under treatment.	Dental care to treat the oral conditions that are determined by a VA dental professional to complicate your medical condition currently under treatment.	Class VI

* **Note:** Public Law 83 enacted June 16, 1955, amended Veterans' eligibility for outpatient dental services. As a result, any Veteran who received a dental award letter from VBA dated before 1955 in which VBA determined the dental conditions to be non-compensable is no longer eligible for Class II outpatient dental treatment (U.S. Department of Veterans Affairs, 2019, February).

<https://www.va.gov/dental/>

Dental Services Provided When a Veteran is 100% Service-Connected to the VA

VA Maine Healthcare System Dental Clinics

During the course of research for this report, several members of the VA Maine Healthcare System Dental Clinic agreed to be interviewed for this needs assessment: Dr. Todd Stapley, an Air Force Veteran and Chief of Staff at the VA Maine Healthcare System; Dr. Nicholas Sirois, Dental Residency Director; Dr. Raymond Tang, Dental Services Chief and a Prosthodontist; and Luis Segovia, Jr., a Navy Veteran, Ambulatory Care Operation Director/Group Practice Manager. They provided crucial insights into the way dental services are practiced at the VA Maine Healthcare System and how the dental clinics assist Maine's 100% service-connected and/or Classes I-VI eligible veterans with their oral healthcare needs.



Currently, the VA Maine Healthcare System has two dental clinics in the state of Maine with a third one under construction:

- The VA Maine Healthcare System in Augusta (also known as Togus), provides general dentistry, has a part time oral surgeon, and offers very limited services in the specialties of periodontics, prosthodontics, and endodontics. Most specialty care is referred to specialists in the community along with treatment for sleep apnea devices, temporomandibular disorder (TMD) management, oral maxillo-facial prosthodontics, and sedation dentistry. <https://www.maine.va.gov/>
- The Bangor Community-Based Outpatient Clinic mostly provides general dentistry. <https://www.maine.va.gov/locations/bangor.asp>
- The VA Maine Healthcare System is scheduled to open a third dental clinic at the **Portland Community-Based Outpatient Clinic (CBOC)** for the winter of 2021. <https://www.maine.va.gov/locations/portland.asp>

The Togus dental team reported that they receive inquiries daily from veterans who either call or walk into their office inquiring about dental care. The front desk staff always recommends the veterans check with eligibility to verify their service connection rating and makes referrals to the University of New

England (UNE) College of Dental Medicine Dental Clinic in Portland to receive dental treatment at a highly reduced fee schedule.

Dr. Raymond Tang noted, “Maine is a very big state and we have a lot of veterans who drive hours to come to our dental clinics because we do not have an adequate network of community dentists in the state who are willing to service veterans. Also, many veterans trust us for their oral healthcare and will only come to see us at Togus or the dental clinic in Bangor.”

Unfortunately, both clinics now are at maximum capacity for staff recruitment. Even if they could hire more staff, there would be no way to accommodate them in their facilities. Doctors Stapley, Sirois, Tang, and Mr. Segovia recommended that going forward, the best way to provide expanded oral healthcare services to Maine’s veterans is to pursue the following actions:

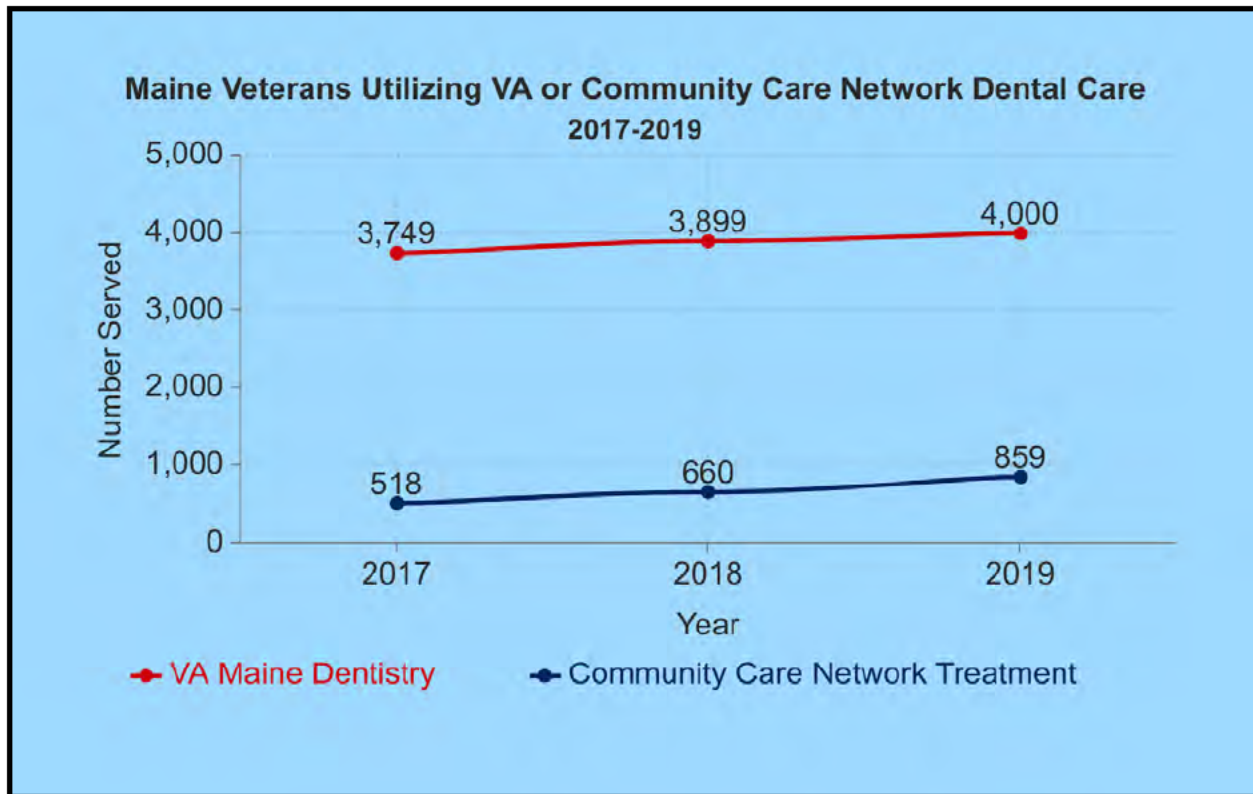
- Recruit more *VA Community Care Network* providers. Maine is in Region 1 of the VA’s Community Care Network (CCN), which provides a direct link with community providers to ensure veterans receive timely, high-quality care. There should be a state-wide recruitment effort to bring more private-practice dentists into the program in Eastern, Western, and Northern Maine.
- Explore ways to expand the number of VA Dental Clinics in the state of Maine. Community - Based Outpatient Clinics would be the natural expansion point – Calais, Caribou, Lewiston, Lincoln, Rumford, and Saco currently do not offer dental services.
- Request the VA increase its reimbursement rate to encourage more private practice dentists to become Community Care Network providers for Maine’s veterans.
- VA Dental Clinic staff make referrals to the Maine Bureau of Veterans’ Services so veterans can connect with a Veterans Service Officer and connect to VA healthcare and benefits.



**Luis Segovia, Jr., Navy Veteran
VA Maine Healthcare System**

“Between 2017 and 2019, there were 10,134 100% service-connected veterans who accessed health and dental care at Togus,”
Luis Segovia, Jr., a U.S. Navy Veteran and Ambulatory Care Operation Director and Group Practice Manager at VA Maine Healthcare System

See **APPENDIX C** - Dental services provided to Veterans by the VA Maine Healthcare System and Community Care Network Providers in Maine 2017-2019.



Source: VA Maine Healthcare System Togus Dental Clinic.

A Veteran's Thoughts on the Togus Dental Clinic

Brian Rego is a two-tour Vietnam Veteran from East Boothbay. He served in the U.S. Army from 1969-1972 and later re-enlisted, serving from 1974-1976. Rego served in Vietnam as a Crew Chief and Door Gunner on Chinook Helicopters (spending 20 months in-country) and was discharged at the rank of Sergeant.

After his second enlistment he connected with the VA Maine Healthcare System for medical and dental problems and received a 100% service-connection disability rating. At that time, he was awarded a stipend to receive dental care at a private practice office in his community to fix his initial problem (cavities). After that, he started to go to the Togus Dental Clinic for all his oral healthcare needs and continues to do.

When asked about dental services at Togus, Rego replied, "I've always received excellent dental care at Togus. I go there for all my cleanings, checkups, and x-rays. Dr. Sirois and the interns are great. If I have a dental problem, I just give them a call, and they fit me in as soon as possible."



SGT Brian Rego, U.S. Army and a Two-Tour Vietnam Veteran.
Photo taken in Vung Tau, Vietnam circa 1970.

VA Community Care Network



Corey Vail
Chief of VA Community Care
VA Maine Healthcare System

According to the U.S. Department of Veteran Affairs website, “VA provides health care for Veterans from providers in your local community outside of VA. Veterans may be eligible to receive care from a community provider when VA cannot provide the care needed. This care is provided on behalf of and paid for by VA. Community care is available to Veterans based on certain conditions and eligibility requirements, and in consideration of a Veteran’s specific needs and circumstances. Community care must be first authorized by VA before a Veteran can receive care from a community provider.

As with care provided directly by VA, Veterans are charged a copayment for non service-connected care. Learn how to pay your bill and alternative payment options. In addition, VA may bill Veterans’ health insurance for medical care, supplies, and prescriptions related to treatment of non service-connected conditions” (U.S. Department of Veterans’ Affairs, 2019).

<https://www.va.gov/COMMUNITYCARE/programs/veterans/index.asp>

Corey Vail, Chief of VA Community Care at VA Togus, described the program's recent transitions: "For many years the VA utilized third-party administrators such as TriWest and Health Net, as well as local provider agreements to facilitate care in the community. On June 6, 2019, the VA Mission Act went into effect, and the Community Care Network was established. For VA Regions 1, 2, and 3 (Maine to Idaho), Optum Public Health Solutions, a subsidiary of UnitedHealth, a global healthcare corporation, was contracted to provide services."

VA Community Care Network Enrollment

Christina Brochu, a VA Health Information Technician at Togus, processes all dental care requests for the VA Community Care Network. She described that there are two ways providers can enroll:

1. By calling 1-888-901-7404 to join the network.
2. Go to the website www.Info.vacommunitycare.com.

Once a provider signs up to become part of the Community Care Network, they will receive a non-disclosure agreement and a fee schedule, which is 50% of the Medicaid rate. Dentists then provide their 20 most used dentistry codes and their fee schedule, and they can then negotiate rates directly with Logistics Health, Inc. (LHI).

Brochu explained, "Recently some dentists who have tried to enroll have been told that the Community Care Network is not accepting anyone, despite the need for Community Care providers. There are currently 41 in Southern Maine and none in Eastern, Western, and Northern Maine. There is a **vital** need for dentists to become connected in rural parts of our state."

"Community Dental will treat anyone who walks through our doors. We are a VA Community Care Provider and we have had no problem getting reimbursed from the VA for services,"
Dr. Jeff Walawender,
Community Dental Executive Director

"The caveat for veterans is that they have to use a provider in their network, but we have been having a difficult time getting dentists to sign up," noted Vail. "Dentists have been turned away by the LHI system, which has cited that there are too many providers in their area or by what the dentists deem as low reimbursement rates, which changed when LHI took over the program. Currently local agreements are still standing, but once the Community Care Network is completely converted over through the LHI system, they will no longer be observed."

When asked how existing providers were notified of the change, Brochu explained, "Packets were sent to all the providers we had on record with instructions regarding the new enrollment process. If they didn't re-enroll at that time, they fell out of the Community Care Network system. For those dental providers who made the switch, they submit the new application for reimbursement once a procedure is completed, and we have been receiving good feedback that reimbursements have been paid out quickly. Sometimes with a one-week turnaround time or less."

VA Veteran Readiness and Employment

David Young serves as a Vocational Rehabilitation Counselor (VRC) for the VA's *Veteran Readiness and Employment* Program (formerly called Vocational Rehabilitation & Employment Program) at Togus in Augusta. He has worked for ten years in this position and serves as a Certified Rehabilitation Counselor as well.

When asked how eligibility to oral healthcare services connects to his program, Young explained, "Once a veteran is enrolled in the Veteran Readiness and Employment Program, a referral is made at the request of the veteran to the Veterans Health Administration (VHA) for dental services. This referral does not cover preventive care, and it is based on how the veteran's current dental situation impacts their ability to participate in the program and their employability, e.g., pain, infection, missing teeth, etc.

"VHA and the Togus Dental Clinic make the final determination as to what dental services are deemed necessary to promote success in the program. We also make referrals to the Togus Optometrist, because if a veteran needs glasses to perform tasks, our belief is that this is a necessary support that should be provided for them. Wherever a veteran is in Maine, they are required to come to the Togus campus for these services while participating in the Veteran Readiness and Employment Program, this is not done on an outpatient basis or as part of the Community Care Network."

<https://www.benefits.va.gov/togus/vre.asp>

VA Pilot Program for Dental Health Care Access

Michael Akinyele serves nationally as Chief Innovation Officer of the U.S. Department of Veterans Affairs. He was interviewed via email for this report and provided the following insights into the VA's Pilot Program for Dental Care Access, which had not yet officially started [as of July 7, 2020].

"Implementation planning is underway, and the official launch of the pilot program will be announced in the Federal Register. The VA is currently in the process of evaluating, interviewing, and selecting a small number of sites across several Veterans Integrated Service Networks (VISN) for this dental pilot demonstration. The VA will consider expansion to additional pilot sites based on the outcomes at the initial sites," Mr. Akinyele confirmed and also requested, "Please send us your study when it is available. We are interested in reading information which will help us serve our Veterans and potentially inform the pilot demonstration. VIC also suggests providing the study directly to our partners in the VA Office of Dentistry and the American Dental Association."

A detailed description of the Pilot Program is available in the Federal Register

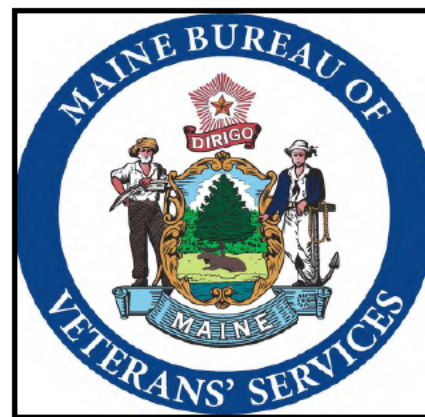
<https://www.federalregister.gov/documents/2019/12/13/2019-26901/pilot-program-for-dental-health-care-access>, which describes, "Upon Congressional approval, VA intends to develop and implement a pilot program designed to increase veteran access to health care and support services at no additional cost to VA or veterans. The initial demonstration project VA proposes under this pilot program is to improve dental health care access for veterans by connecting them with community-based, pro bono or discounted, dental service providers. The objective of this pilot demonstration is to improve overall health by increasing access to dental services for enrolled veterans currently ineligible for dental services

through VA. Improving the state of veteran health will be evaluated through assessment of emergency medical care visits. Thus, the anticipated impact of this pilot program is to improve quality of health while decreasing health care related” (National Archives and Records Administration, 2019, p. 68302).

“VA would collaborate with community entities or providers and dental providers to create multiple avenues for veterans to access pro bono dental care and discounted dental services provided by community providers. Information in this section is considered acquisition sensitive and therefore excluded, however, VA anticipates expending between \$5 million and \$10 million annually on the execution of the pilot program. VA would bear the impact evaluation and strategic execution and performance management/oversight of the pilot program” (National Archives and Records Administration, 2019, p. 68304).

Maine Bureau of Veterans’ Services

MBVS serves as the State of Maine’s advocate for veterans and has seven field offices, in Bangor, Caribou, Lewiston, Machias, Portland, Springvale, and Togus. The Bureau employs eight Veterans Service Officers (six in office and two mobile for rural areas or for veterans who are unable to leave their home due to transportation or health reasons) to assist veterans filing for healthcare or benefits claims with the VA and oversees four Veterans’ Cemeteries (two in Augusta and one each in Caribou and Springvale). In addition, MBVS provides or coordinates with other state agencies the following state-run programs:



- Employment
- Connection to Benefits
- Veterans’ Identification (Provide copies and/or connection to the National Archives.)
- Veteran Homelessness
- Education Benefits for Dependents (100% service-connected only)
- Tax Exemption and Financial Benefits
- Burial, Dependents, and Survivor’s Benefits (MBVS helps veterans or their families apply to the VA.)
- Recreational Licenses and Privileges - State Park and Museum pass, Disabled Veterans’ Moose Hunt, and Veterans’ License Plates (State of Maine Bureau of Veterans’ Services, 2020). <https://www.maine.gov/veterans/>

Director David Richmond remarked on the importance of increasing access to oral healthcare for veterans and their connection to the VA, “Maine is such a rural state, it is vital that we partner with other *veteran-centric* agencies to address these issues across the state. I am confident that the MBVS needs assessment will not only lead to solutions, but collaborations between agencies for the betterment of veterans who currently do not have access to dental care.”

Discharge from the U.S. Military, Veterans' Identification, and Service-Connection to the VA

Steven Lanning, a U.S. Army Veteran and Claims Supervisor at the Maine Bureau of Veterans' Services, started working at the Bureau in 2017. Prior to that, he served in the U.S. Army for 20 years as a First Sergeant for Mortuary Affairs, served overseas in Iraq and Afghanistan for 48 months, and was discharged at the rank of Sergeant First Class.

When asked to describe the discharge process for a veteran Lanning stated, "Every current service member is required by congressional mandate to attend 40-80 hours' worth of pre-separation training or the *Transition Assistance Program* (TAP). The program is started 24-48 months from the service member transitioning from service and can be taken more than once.

"Recruiting people to Maine is not difficult, but the transition from military personnel to civilian employees can be,"

Matt Leonard U.S. Navy Veteran and
Military Talent Source

"There are resume builder workshops, mock interview preparation, and some installations even have business suit donations programs. VA benefits and claims are a mandatory block of instruction where the claims process and VA healthcare is covered. Every service member is given everything that they need to file a claim at that time. However, the

process can be so overwhelming for some that they simply do not know where to start. That is why working with a Maine Bureau of Veterans' Services Veterans Service Officer (VSO) is so important. The VSO can walk the veteran through the process from start to finish."

Lanning described how a veteran's service is authenticated so they can receive services, "A DD-214 Form (discharge paper) really is the go-to because it shows the veteran's honorable, other than honorable, or not honorable service. Military retirement I.D. Card is another. Here in Maine veterans can get a special endorsement on their driver's license if they present their DD Form 214 at the Bureau of Motor Vehicles when they get their driver's license."

"When a veteran is connected to the VA, they receive a VA Rating Decision (VARD) letter explaining their recent rating. The VARD explains why they are rated at the current percentage and what they need for the next higher rating. The VARD also explains why a condition was denied and what evidence of record that the VA found favorable and what they did not."

To help civilians and/or dental and medical practitioners understand why veterans should utilize the Bureau's services, Lanning noted, "The importance of the Maine Bureau of Veterans' Services is that we are here to help with all types of veterans' issues, not just disability claims. Our VSOs are all veterans themselves and most of them had duty during wartime periods and conflicts. They understand what it's like to wear a uniform and that shared experience translates into excellent customer relations. The

Bureau's VSOs have specialized training which not only allows them to advocate for veterans, but their families, too.

“So many veterans never filed with the Veterans Administration, because so often they think, ‘I’m taking this away from someone who needs it more than me.’ The reality is more money is brought into the VA system by having veterans apply for the services they earned by serving in the U.S. Military. It’s an honor to assist and advocate for veterans while they are navigating the state and federal benefit system.”

“FQHC’s would be a natural place for veterans who are not 100% service-connected to the VA to access dental care because their mission is to serve medically underserved communities and they see all people regardless of their ability to pay for services,”

Beth Pearce, Maine Primary Care Association,
Oral Health Coordinator

There are several options for a veteran start the process to become VA service-connected:

- 1.) The veteran can fill out an Intent to File form with a MBVS Veterans Service Officer.
- 2.) The veteran can fill out an Intent to File form with the *Veterans of Foreign Wars* (VFW), *American Legion* (AL), or *Disabled American Veterans* (DAV).
- 3.) The veteran can call the VA directly at 1-800-827-1000.

The VA looks at three specific areas to determine if there is enough evidence to create a service-connection claim:

- What was the event/events that happened while the veteran was in the U.S. Military?
- Did the veteran receive medical care after their discharge for the problem/problems?
- What is the veteran’s current diagnosis?

If a veteran has a documented VA service-connected disability or health problem, at any time, they can file for an increase if their medical and/or mental health changes, e.g., range of motion decreased in a limb or their back, PTSD symptoms increased. Service-connection is documented in percentages ranging from 10% - 100% and can result in financial support for a veteran, which can be a life changing event if the veteran’s medical conditions interfere with their ability to work. The 2020 VA Veterans Disability Compensation Rates can be found at this VA website -

<https://www.va.gov/disability/compensation-rates/veteran-rates/>.

Veterans Service Officers are stationed at all of the Bureau’s seven field offices. Lanning explained the importance of connecting veterans to them, “My best description is that the veteran will be fully

supported from start to finish throughout the process. Our VSOs will go over the required forms, help them fill them out, suggest supporting documents to illustrate their claim, help them get a copy of their DD-214 (Discharge Papers) if theirs has been lost or accidentally destroyed, and will go over medical records and perhaps find other areas that are service-related, such as hearing loss (e.g., tinnitus which increases a claim by 10%, exposure to Agent Orange, PTSD or *Traumatic Brain Injury*).

“More than once a month, the clinic receives calls from veterans looking for dental care,”
Holly Stover, Lincoln County Dental
Executive Director and State Representative

“Dentistry is one of the hardest areas for a veteran to get a VA service-connection. Cavities and gum disease aren’t qualifiers, and unless there is documented dental related trauma from their military service (teeth knocked out or a concussive blow that caused face trauma), it is hard to make a service-connection. Interestingly, one of the accepted documented dental symptoms of Post-Traumatic Stress Disorder is temporomandibular joint disorder (TMJD) and bruxism (a condition in which a person grinds, gnashes or clenches their teeth either unconsciously while awake or during sleep). There is dental insurance available for veterans through Delta Dental and MetLife, it’s not too expensive, but there are wait periods associated with it involving larger dental procedures - crowns and root canals.”



The Importance of Connection to MBVS Veterans Service Officers

Jaime Robichaud has worked for the Maine Bureau of Veterans’ Services (MBVS) since 2001. She understands how complex the VA system is and how important Veteran Service Officers (VSO) are to providing veterans with the advocacy they deserve. Over the years, Robichaud has seen many veterans utilize VSO services, which she believes are one of the greatest services MBVS offers noting, “A

veteran might not consider a condition they have lived with is related to their claim. Our VSOs are highly trained and, in many instances, that connection can be a life-changing experience for a veteran.”

When a VSO is hired by MBVS they receive extensive training, which includes the following:

- 40 hours Department of Veterans Affairs training
- National Veterans Legal Services Program online training
- Online Veterans Service Officers training
- On the job training and job shadowing

- Observe the VA claims and ratings system
- VSOs are issued two reference law books – how to file claims and the ratings system.
- New VSOs may be assigned a mentor depending on their skill set
- VSOs become independent at about the four-month mark and start working with three to four veterans per day
- MBVS VSOs receive ongoing training (three to four times per year)

“Over the years, I have seen many veterans come to MBVS to help them with their claims, either to file new ones or ask for assistance with an upgrade. One of the most common dentistry issues I’ve witnessed is bruxism (grinding of the teeth), which is usually secondary to other issues the veteran is dealing with. If the veteran can document a specific event that happened while they were in service that is affecting their oral healthcare, they can file a claim for it and the VA can determine if that specific tooth/injury is related to service. Our VSOs are trained to ask the right questions and will advocate for Maine’s veterans throughout the claims process.”

Dental Insurance Options for Veterans who aren’t 100% Service-Connected to the VA

Cost of Dental Insurance - VA Dental Insurance Program (VADIP)

Veterans who don’t qualify for the VHA Dental Program can apply for private, discounted dental insurance coverage through the *VA Dental Insurance Program* (VADIP), which offers private insurance coverage through Delta Dental of California and MetLife. Eligible individuals receive diagnostic and preventive, endodontic and other restorative treatments, surgical, and emergency services. Everyone covered by the VADIP program pays the entire premium in addition to the full cost of any copays (U.S. Department of Veterans’ Affairs, 2020).

USAA: Another Option for Veterans’ Dental Insurance

Another option for veterans is United Services Automobile Association (USAA) Dental Insurance which is offered through Cigna Dental - <https://www.usaa.com/inet/wc/insurance-dental>. Of historical interest, the organization was founded in 1922 by U.S. Army Officers in San Antonio, TX, looking to insure each other’s cars.

See **APPENDIX D: Veterans’ Dental Insurance Information**.



Options For Access to Dental Care for Maine's Non-Service-Connected Veterans

Federally Qualified Health Centers

Maine has a network of established oral healthcare clinics at *Federally Qualified Health Centers (FQHCs)* which could be utilized to help non-service-connected veterans access dental care. These clinics accept MaineCare, provide a sliding scale for payments, and are willing to work with any patient despite their ability to pay, especially in rural areas.

When asked about the role Maine's FQHCs play in providing healthcare to veterans, Hillary Colcord, Health Equity Manager of the Maine Primary Care Association confirmed, "There are 20 Federally Qualified Health Centers in Maine, with over 70 sites where patients can access care. Each of the 20 health centers offer dental services, although not at every site. FQHCs served the following number of veterans illustrating the strong connection they have already established with the veterans' community in our state." <https://mepca.org/>

Beth Pearce, Maine Primary Care Association's Oral Health Coordinator noted, "FQHCs would be a natural place for veterans who are not 100% service-connected to the VA to access dental care because

their mission is to serve medically underserved communities and they see all people regardless of their ability to pay for services.”

This, coupled with education of the clinics’ staff to help identify veterans so they can make referrals to the MBVS and by providing MBVS Explanation of Benefits brochures in their offices, would be a big step towards offering better oral healthcare for veterans and helping them to connect to the VA.

Kathy Martin, Dental Program Manager at Greater Portland Health, noted, “For patients with an income the copay at our clinic starts at \$35.00. Since July 1, 2019, we have served eight veterans and our clinics are booking four to five months in advance. Currently the dental clinic is open four days a week, and we would love to add a fifth day to treat more patients, but we need more space.”

When Lincoln County didn’t have a safety net for dental patients, Kathryn Young, LD, thought to herself, “We need to find a better solution.” When she couldn’t find one, she helped build one, working with now Executive Director and State Representative Holly Stover and other devoted volunteers to create Lincoln County Dental, which is primarily grant funded. They ran the clinic out of Young’s office for many years; it has moved to Wiscasset, and is open to anyone whose family income is at or below 200% of the Federal poverty guidelines. Prior to its creation, Young would often refer patients to other non-profit, safety net programs such as Knox County Dental, Waldo County General Hospital, Kennebec Valley Family Dentistry, and Community Dental.

For residents, Lincoln County Dental is the only dental provider in that county that will accept MaineCare. Executive Director Holly Stover explained: “MaineCare will only pay for pain or infection treatment. The only other alternative is to go to the emergency room, which is highly expensive and doesn’t really address the issue. The clinic is currently closed due to the COVID-19 pandemic. Its current goal is to raise enough funds to open, at least on a limited basis, during the fall of 2020.” In July of 2020, Lincoln County Dental welcomed Scott Kingsley, DMD, who has extensive training and experience in all aspects of general dentistry. Of note, Stover reported that more than once a month the clinic receives calls from veterans looking for dental care.

Dr. Jeff Walawender served as a dental resident at the VA Maine Healthcare System (Togus) for a year, before going to work for Community Dental and eventually becoming their Executive Director. Community Dental has been open for 101 years, and serves as a non-profit, community health center. Community Dental no longer receives direct subsidies for their discounted care since the loss of the tobacco settlement funds. They do take MaineCare and special needs patients, and partner with Preble Street and Maine Medical Center in a learning collaborative in Portland to work with the homeless and with psychiatric patients at Riverview Psychiatric Center in Augusta. Community Dental is the largest dental organization in Maine

**Number of Veterans Served at
Federally Qualified Health Centers in
Maine**

2017 – 10,635 Veterans

2018 – 11,111 Veterans

2019 – 11,215 Veterans

with a non-profit mission. Community Dental will treat anyone who walks through their doors, but they are severely limited by the amount of free care they can provide.

Bonnie Vaughan, Executive Director of Kennebec Valley Family Dentistry stated: “We have a new clinic in Augusta and can serve up to eight clients at a time. With a team of dentists, UNE dental interns, and hygienists, KVFD provides restorative services to our patients, as well as x-rays, cleanings, fillings, root canals, crowns, and extractions.



Dr. Jeff Walawender
Community Dental Maine

“KVFD accepts MaineCare, private insurance, and self-pay from our patients, and we are currently accepting new patients of all ages. Through the generosity of the United Way, the clinic can offer a sliding scale to patients who pay for services out of pocket. KVFD does not have any geographic limitations for the patients we treat. If a patient can find transportation to Augusta, we will treat them.”

See **APPENDIX E: Maine Dental Clinics.**

UNE Department of Dental Hygiene

Marji Harmer-Beem serves as an Associate Professor and Program Director for the University of New England’s Dental Hygiene Program. When asked how her students help veterans meet their oral healthcare needs, Harmer-Beem explains, “The school works with the Maine Veteran’s Home in Scarborough for bedside dental hygiene care, oral education, and in-service education for caregivers.

“The Dental Hygiene Program also worked in November of 2019 with U.S. Navy veteran David Barber, who helped arrange discounted dental hygiene care for veterans (\$20 cleanings, a free dental exam, and fluoride treatments), and we hope to offer another event during the fall of 2020. *WCSH-6*, covered the Veteran’s Event and it is posted on the UNE website -

<https://www.une.edu/news/2019/dental-hygiene-students-provide-discounted-care-veterans.>”

The Dental Hygiene Program has been in existence since 1961, offering discounted dental hygiene services to the public including:

- Oral inspections
- Nutritional counseling
- Scaling and plaque removal
- Personalized oral hygiene instruction
- Blood pressure screening
- Radiographic surveys (x-rays)
- Fluoride treatments

- Sealants
- Athletic mouthguard fabrication

See **APPENDIX F: UNE Department of Dental Hygiene Fee Schedule.**

UNE College of Dental Medicine and Oral Health Center

Keary Sibole is the Assistant Director of Patient Services at the University of New England's College of Dental Medicine and Oral Health Center. She explains, "The College of Dental Medicine's Oral Health Center offers comprehensive oral health care to our patients. We are happy to provide this care to veterans, and understand the urgency of need in the State of Maine.

"The Oral Health Center accepts Maine Care insurance and is able to offer this care at very competitive rates. We do not have a sliding fee schedule. Payment for services is collected upon check-in. We are able to accept 3rd party payments at the time of check-in should any agency case worker be facilitating appointments for a patient. The Oral Health Center is often able to manage payments made through grants or other special arrangements for patients who come to us through other agencies. Our hope is to bridge access gaps for the vulnerable, while providing excellent care for all patients, as well as a high-quality education for our students.

She continued, "Care is provided by pre-doctoral students and supervised by licensed dental faculty. Our services encompass most major dental specialties. Urgent care appointments are available for non-established patients. There are some cases that are ultimately determined to be too clinically complicated for pre-doctoral students. In these situations, we facilitate referrals to local community specialists or to a post-doctoral educational program.

"We would be happy to help any veteran that would like to become an established patient at the Oral Health Center, or any veteran who has an urgent dental need. He/she should contact the Oral Health Center for information on how to become a patient. Patients and prospective patients can call 207-221-4747 or email OralHealthCenter@une.edu to discuss their needs. This fall [2020] we will once again have a graduate student in Social Work who will be able to assist patients with special needs or circumstances."

For more information about the University of New England's College of Dental Medicine and the Oral Health Center, please see the following websites:

UNE College of Dental Medicine - <https://www.une.edu/dentalmedicine>

UNE Oral Health Center - <https://www.une.edu/ohc>.

UMA Dental Hygiene Program (Bangor Campus)

Nancy Foster, Associate Professor and Director of the University of Maine at Augusta (UMA) Dental Hygiene Program (Bangor Campus), detailed the history of the UMA Dental Hygiene Program, which originally started on the Orono Campus in 1972, and in the late 1990s moved to the UMA (Bangor Campus). Foster started teaching at UMA in 2002 and became the Director of the UMA Dental Hygiene Program in January of 2020.

“UMA is a ‘Veteran Friendly’ campus and takes great pride in that,”

Nancy Foster, Associate Professor and Director of the University of Maine at Augusta Dental Hygiene Program

Currently the UMA Dental Hygiene Program consists of the following components:

- A one-year Certified Dental Assistant program (only accredited program in the State of Maine).
- A three-year Dental Hygienist Associate Degree program (one of only two accredited in the state; UNE is the other).
- A one-year Dental Hygienist Bachelor’s Degree program for students who have completed the three year program at UMA or otherwise qualify.
- A two-year Expanded Function Dental Assistant program.
- For more information about license and permit types see the Maine Board of Dental Practice’s website - <https://www.maine.gov/dental/licensure/license-types.html>.

About five years ago, UMA had a working relationship with the VA Togus Dental Clinic. Foster would like to work with Togus to restart this program, as it provided dental hygiene students with the invaluable opportunity to gain real-life experience working with veterans. During the course of this project, MBVS connected Foster to the current staff at the VA Togus Dental Clinic.

UMA Dental Hygiene Clinic Veteran Patient Data

The UMA dental hygiene clinic offers a \$5.00 discount to veterans (September – May) for preventive dental services at their clinic (cleanings, x-rays, sealants, and fluoride treatments). The clinic does not provide emergency services to patients, but does make referrals to other clinics that offer sliding fee scales.

The UMA Dental Hygiene Clinic treated 481 Veterans from September 2017 to May 2020. This data includes completed hygiene visits:

September 2017 - May 2018: 177

September 2018 - May 2019: 172

September 2019 - April 2020:
(COVID-19 shorter semester): 132

UMA also has a very supportive Veterans' Academic Center which is overseen by Amy Line, a U.S. Navy Veteran and the Director of Military & Veterans' Services. Foster also proudly noted, "95% of UMA's graduates stay and work in Maine."

Patients may call 207-262-7872 to schedule an appointment with a dental hygiene student. The UMA Dental Hygiene Clinic is not booking appointments for fall 2020 yet, as they are waiting to receive more guidance from the UMA President regarding classes for the fall semester (due to COVID-19). The UMA dental clinic does not currently have a fund for people who are unable to pay for services, but if they did, they could treat more patients. Foster noted, "Creating an earmarked fund for veterans would increase their accessibility to oral healthcare services."

See **APPENDIX F: UMA Dental Hygiene Clinic Fee Schedule.**

Access and Accessibility

Long Waits, Long Distances, and Finances

Veterans face long waits to access oral healthcare if a relationship hasn't been established with a dental practice in their community. This, paired with a lack of dentists in a community or extensive travel time to reach a dentist, often leads to the veteran receiving no oral healthcare services at all.

Lisa Sockabasin, Director of Programs and External Affairs at *Wabanaki Public Health* (an organization dedicated to improving the health and wellbeing of Maine's Tribal community members through connection, prevention and collaboration) noted, "Many veteran tribal members are accessing dental care in their home communities and some travel to VA Maine Healthcare System (Togus) for their dental care. However, it can require a three to four-hour drive, one-way, to get to Togus in Augusta and a two to three-hour drive, one way, to get to the Bangor Community Based Outpatient Clinic."

Dr. Wendy Alpaugh noted, "Running a private practice in Deer Isle for the past 30 years, I have been very fortunate to have a foundation that reimbursed my clinic at Medicaid rates for services provided to qualifying island residents – they are screened by a non-profit group that coordinates with our office to provide the care. Some work has been pro-bono, but usually there has been a discount given if the patient pays for the service him or herself."

Methods of Transportation in a Rural State



VA Veterans' Transportation

If a veteran requires assistance getting to an appointment at VA Maine Healthcare System or any of the VA's 11 Community Based Outreach Clinics, Giselle White, Mobility Manager at Togus, has many resources that can help, from the Disabled American Veterans' (DAV) Van to community transportation or even taxi fare in a pinch. White noted, "Maine is such a large state, sometimes I have to get creative. There is the Highly Rural Transportation Grant that I can tap into, but it only applies to VA or VA Community Care Network appointments."

Veterans Transportation Service Locations -

<https://www.va.gov/healthbenefits/vtp/map.asp>

VA Maine Healthcare System Voluntary Transportation Network -

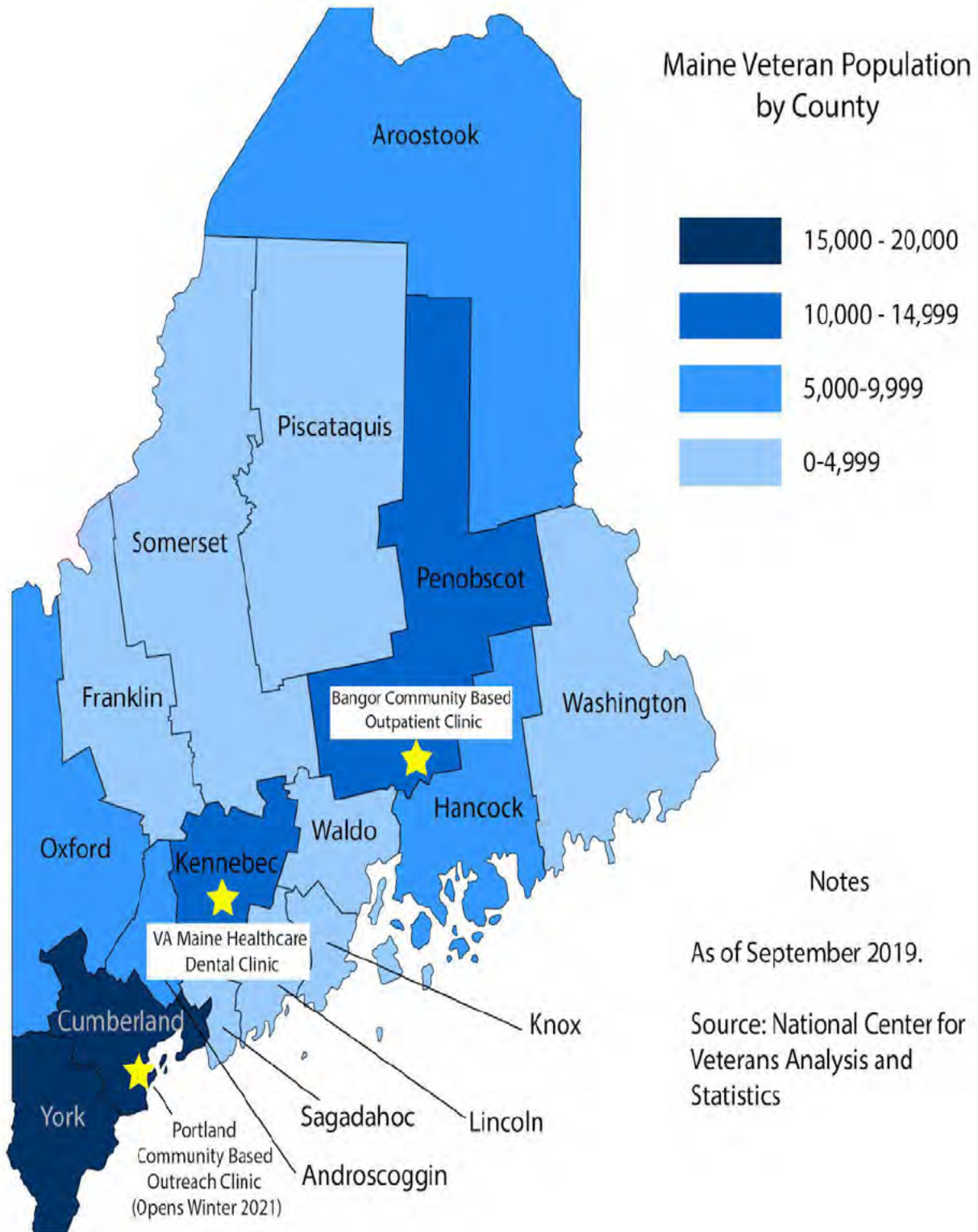
https://www.maine.va.gov/visitors/DAV_transportation.asp/

See APPENDIX H: Maine Transit Region

Veterans' Transportation Legislation - A New Pilot Project

MBVS Director David Richmond noted current proposed state legislation, LD 171, which will create a 30-month pilot project in Oxford, Franklin, and Androscoggin counties to provide transportation to veterans and their caregivers or dependents. The project's intent is to create a reliable source of transportation to employment or employment-related services, medical appointments, mental health services, social services and community activities.

LD 171 - https://legislature.maine.gov/legis/bills/bills_129th/billtexts/HP013401.asp



Other Transportation Services Veterans Can Utilize

Penquis Lynx Mobility Service

Penquis is a non-profit, Community Action Agency founded in 1967 with a mission to alleviate and eliminate the causes and conditions of poverty and to engage the community in addressing economic and social needs. Its programs serve all sixteen counties in Maine, but primarily serve low and moderate-income individuals in Penobscot, Piscataquis and Knox Counties.



Penquis Transportation Services was founded in 1984. Marcia Larkin started working for Penquis in 1994 as a dispatcher and has worked for the organization for 26 years, currently serving as the Director of Lynx Mobility Services. In 2018 the organization was awarded the Outstanding Rural System of the Year by the Community Transportation Association of America.

“We strive to provide safe, reliable, and efficient transportation,” Larkin explained. “People often take transportation for granted, and it’s important to remember that all kinds of people do not have the luxury of an automobile and without it they are isolated from their communities. We are very good at what we do and most importantly, we are there for the community. People need to be able to have that social connection whether it’s going grocery shopping, to a doctor’s appointment, or making a visit to the community center.”

Currently Penquis Transportation Brokerage serves as a *MaineCare Brokerage System*. They provide trips to medical appointments for people who are covered by MaineCare. For those who aren’t covered, but whose income falls within 200% of the Federal Poverty Guidelines, Penquis Transportation utilizes Lynx Mobility Services. Both transportation services frequently partner with the VA Maine Healthcare System to help veterans get to their appointments at Togus in Augusta, ME. Connections can be made to Lynx Mobility Services by calling 1-866-853-3695 or 207-973-3695 or by going to their website <https://www.penquis.org/services/transportation/>.

See APPENDIX I: Penquis Transportation Brokerage and Penquis Lynx Mobility Services grant sources.

Western Maine Transportation Services

Western Maine Transportation Services (WMTS) was founded in 1976, out of an independence project for older adults. It started with vans and grew into the extensive organization that it is today, providing multiple routes in Androscoggin, Franklin, and Oxford Counties as well as in the town of Brunswick. Run on a commuter model, it connects rural communities to the Lewiston/Auburn urban center with local demand-response services and/or flex-route services in many communities.

Sandy Buchanan is the General Manager for WMTS; she has served with the company for over 30 years and has seen many changes in that time. Buchanan stated, “Transportation is always evolving. When I started, our main customers were widows who never got their driver’s licenses and needed to go grocery shopping. Over the years, the company really grew and now we have routes between Lisbon and Lewiston/Auburn, Farmington/Wilton and Lewiston/Auburn and we are working on a new route between Bath and Lewiston/Auburn. We help meet the community’s transportation needs – to get to work, appointments, continuing education opportunities, and essential needs such as grocery, legal, pharmacy, and banking.”

The WMTS <http://www.wmtsbus.org/> website notes, “If you live in Lewiston, Auburn, Lisbon, Lisbon Falls, Norway, South Paris, Oxford, Rumford, Mexico, Farmington, Wilton, Jay, and Livermore Falls, Western Maine Transportation Services has a regular wheelchair-lift equipped paratransit bus and minivan service that can get you to medical appointments, shopping, personal services and daytime social activities” (Western Maine Transportation Services, 2020).

WMTS doesn’t have a veterans’ specific route but does provide transportation to the VA’s Community Based Outreach Clinic in Lewiston. Veterans pay their own fare, but if a veteran can’t afford it, WMTS always works to find an alternative payment source for them, such as the United Way Community Rides program if the veteran meets income guidelines. WMTS does provide transportation to the VA’s Community Based Outreach Clinic in Lewiston.

See **APPENDIX J:** Western Maine Transportation Services Public Bus Fares Schedule.

Wabanaki Veterans

The *Wabanaki Tribes* represent Maine’s five original indigenous communities who have inhabited this land for over 12,000 years. “The Wabanaki Confederacy (also spelled Waponahki) - translated as “People of the First Light” or “Dawnland” - currently comprises five principal nations: The Micmac (also spelled Mi’kmaq), Maliseet (also spelled Wolastoqewi), Passamaquoddy (also spelled Peskotomuhkati), Penobscot Nation (also spelled Panawahpskek), and Abenaki (also spelled Aponahkewiyik), and stretches from Newfoundland in the east, to New Hampshire in the south and parts of Quebec in the north and west.”

<http://www.fourdirectionsmaine.org/wabanaki-tribes/>

A *Wabanaki Veteran* is a member of one of Maine’s five Native American communities - Micmac, Maliseet, Passamaquoddy, Penobscot Nation or Abenaki, who served in the U.S. Military at a time of war or peace. Wabanaki Veterans have served in every armed conflict since the Revolutionary War and in every branch of the service. In April of 2009, Maine passed a law recognizing June 21st as Native American Veterans Day in Maine to acknowledge Wabanaki Veterans for their courage and service to our communities, State, and Nation.

Wabanaki Public Health

Lisa Sockabasin, Director of Programs and External Affairs at Wabanaki Public Health explained: “Each Tribal Community has its own oral health services, with varying levels of care.” The Passamaquoddy Tribe has two reservations, with a small dental clinic in Pleasant Point (Sipayik) and a full-service dental clinic at Indian Township. Dental care starts early with a dentist linked to their preschool programs. The Penobscot Nation has a full-service dental clinic on Indian Island.

<http://wabanakipublichealth.org/>

Michelle Barrows, Health Director at the Maliseet Health & Wellness Center in Houlton, reports: “We currently do not provide onsite dental services at our clinic even though we have a fully equipped dental suite available. It is not financially feasible for us to provide dental services on site due to high overhead costs and very low reimbursement rates. In the past we have sent our patients to the Micmac Dental Clinic for care and would again consider doing that as well, but they have had a wait list and limited openings as their hygienist is not available on a regular basis. We do, however, pay for dental services through *Purchased and Referred Care* (PRC) recipients. PRC is a program within our facility that pays bills to contracted providers for eligible patients and is part of the Maliseet Tribe’s contract with the *Indian Health Service*.”

<https://www.ihs.gov/>

Lisa Sockabasin noted: “The Aroostook Band of Micmacs have the capacity to administer a full dental clinic, as they have the space and equipment within their Health Department. Currently, they have a part-time program that offers basic oral healthcare and cleanings with a dental hygienist. The Micmac Tribe would like to expand their services and there have been conversations with the Houlton Band of Maliseets for potential collaborative opportunities, such as a shared position that would benefit both tribes.” See APPENDIX E: Maine Dental Clinics.



Maine’s Homeless Veterans

MBVS Homeless Veterans Coordinator



Jarad Greeley, A U.S. Army Veteran, serves as the Maine Bureau of Veterans’ Services Homeless Veterans Coordinator. The state currently averages 100 homeless veterans identified per month. When he returned from Iraq and was discharged from the military, Greeley hiked the Appalachian Trail from Georgia to Maine to help raise awareness about homeless veterans. When asked how great a need there is for homeless veterans to access oral healthcare, Greeley replied, “I couldn’t even begin to count the number of homeless veterans I have advocated

for that could have used better access to oral health care services. One male veteran who comes to mind had teeth that were so badly chipped he was in chronic pain all the time.”

<https://www.maine.gov/veterans/benefits/housing/homeless-veterans-services.html>

There are several ways veterans can utilize the VA Maine Healthcare System for Homeless Veterans Program and qualify for services at the VA Dental Clinic:

1. If they are approved for the *Grant Per-Diem Program* (Volunteers of America Transitional Housing in Saco or Biddeford, the Veterans, Inc. Program in Lewiston, or the Bread of Life Shelter in Augusta). The veteran must be enrolled in the program for 60 days and can receive one-time treatment.
2. If the veteran is a participant in the *HUD/VASH* Program. The veteran has to be enrolled in the program for 60 days and can receive one-time treatment.

Note: See other oral healthcare qualifiers for homeless veterans. (Page 30 - VA Eligibility Chart)

Maine Department of Corrections

Dental Care Services for Maine’s Justice Affected Veterans



Jason Palmer, a Marine Corps Veteran and Maine State Prison (MSP) Veterans’ Pod Correctional Care and Treatment worker, described how an incarcerated veteran accesses dental services at MSP: “If an incarcerated veteran needs dental care, he puts in a sick call slip asking for their teeth to be looked at by our dentist or cleaned by the hygienist. They are then called to the dental clinic to be seen.

It may take roughly three days to receive services, unless it is an emergency, at which point they would be seen as soon as the dentist had been notified or within one business day, for example, for a broken tooth or teeth or an abscessed tooth. Emergency dental situations are usually handled by a referral made by correctional staff or when medical personnel has determined that the inmate needs to be seen by the dentist.”

“MSP works with Wellpath (a healthcare organization that specializes in providing medical and behavioral healthcare in jails, prisons and inpatient and residential treatment facilities). They provide a full range of dentistry services – exams, cleanings, pulling teeth, dentures, and fittings. This last service is especially important to our older incarcerated population who are receiving geriatric dental services.”

Susan Carr is the Deputy Warden at the Maine Correctional Center (MCC) in Windham and oversees the supervision of the daily population. When interviewed in mid-June 2020, there were 521 inmates serving out their sentences at MCC, of whom 35 were *justice affected* veterans (just under 7% of the total population). Carr also noted that the total population is down due to COVID-19 and MCC is not receiving any new intakes.

When asked about oral health care services provided by the Maine Department of Corrections (MDOC) to justice affected veterans, Carr noted, “All individuals under MDOC deemed incarcerated are afforded complete access to dental care and treatment. We utilize Wellpath as the contractor of healthcare services under our existing agreement to provide dentistry services, oral surgery services, and denturist services as well as dental hygiene services.

Carr explained the MDOC procedure for oral healthcare services. “Once a person is transferred to prison to serve their sentence, all their medical care is then provided by the MDOC until their release.” Incarcerated veterans are permitted to be transported to VA Maine Healthcare (Togus) for Compensation & Pension examinations but are not permitted to be transported to Togus for dental appointments. Dental services are available at all facilities commencing with an initial dental assessment screening performed within 30 days of an individual’s admission into the MDOC System and regular, annual oral healthcare examinations are also performed.” <https://www.maine.gov/corrections/>

When asked if MaineCare, Delta Dental, MetLife, USAA or any other insurance pays for inmates receiving dental care, Carr stated, “Inmates’ insurance companies (if they have coverage) are not charged or billed for services other than for general sick call co-pays of \$5.00.”

Note: See U.S. Department of Veterans Affairs Incarcerated Veterans Information - <https://www.benefits.va.gov/persona/veteran-incarcerated.asp>.



Susan Carr
Deputy Warden - MCC

The Maine Department of Corrections Partnership with Wellpath

Dr. John Newby is a Marine Corps Veteran, a Doctor of Podiatric Medicine, a Certified Corrections Health Professional, and serves as the Regional Vice President of Wellpath. He described the oral healthcare services provided by Wellpath throughout the state’s prison system: “Inmate dental care is provided in accordance with Maine Department of Corrections’ Policy and Procedures which are consistent with the American Correctional Association, American Dental Association Standards, and Center for Disease Control guidelines and standards.

“Additionally, Wellpath provides full comprehensive medical, dental, behavioral health, psychiatric, and pharmaceutical services to all patients regardless of being considered a United States Military veteran or not.



Dr. John Newby

Regional Vice President of Wellpath

Wellpath is the prison's contracted provider of healthcare services and in that capacity, we hire both licensed subcontracted providers as well as employees to serve in the capacity of dental staff.

"Wellpath, formerly known as Correct Care Solutions, came to Maine on July 1, 2012, to start providing services. It was immediately evident that there was a shortage of dental care providers in the state, especially in Northern Maine. In 2013, the University of New England's College of Dental Medicine opened its school, and as [we] started to look closer at dentistry, [we] saw that MaineCare guidelines had traditionally been followed when inmates needed dentures and local denturists were used to provide them. Wellpath then found service providers outside of the MaineCare network and improved the process for inmates."

<https://wellpathcare.com/>

Dr. Newby explained how inmates access dental care. "In order for individuals to request services," he said, "they can submit what are referred to as a sick call request specific for dental, which are picked up daily, triaged within 24 hours of form being collected, and [they are] scheduled to be seen by dental services. Patients can also be referred by a Nursing or Medical Provider to be seen. Depending on the nature of the request or the referral, the patient is seen by a dentist, oral surgeon or dental hygienist. We do have a waitlist for certain services, which is not unlike some services seen in the community. We schedule patients to be seen on urgent, emergent, and routine service type visits.

"Dentistry services provided through the MDOC utilize state of the art dental equipment to support the services provided, i.e., digital dental panoramic X-Ray, electronic medical records, and updated modern dental operatory suites. Denturist services are offered at each of the facilities providing dentures for all patients designated appropriately."

How are dental emergencies handled in prison? Dr. Newby explained the process, "Dental emergencies are seen immediately. If the nature of the emergency occurs after hours and cannot be seen the next working day by a dentist at the facility, the patient would be transported to the nearest emergency room for evaluation, treatment, and/or stabilization."

Dr. Newby speaks with a sense of pride regarding the "fresh start" Wellpath dentists and dental hygienists are able to provide inmates upon their release, "It's an accelerated lift for these men and women to go for job interviews and to be able to smile, especially after their teeth have been destroyed by the side effects of drug abuse. We have received many thank you letters from grateful, formerly

incarcerated patients, after their return to society. It's an absolute honor and privilege to be of service to the Great State of Maine.”

Legislation

State Representative Drew Gattine

State Representative Drew Gattine has served in the Maine State Legislature for the past eight years representing Westbrook (District 34). He sponsored LD 1955, *An Act to Promote Cost-effectiveness in the MaineCare Program and Improve the Oral Health of Maine Adults and Children*, to provide Mainers with expanded access to preventive dentistry.



Representative Gattine noted that currently there are three problems that directly correlate to this issue:

1. **Financial** – It is a very expensive and inefficient way for taxpayers to pay for health care, e.g., adults seeking dental services at the emergency room.
2. **Bad Healthcare Model** – Expecting people to wait to seek help until their oral health deteriorates to the point of severe pain and infection is cruel.
3. **Struggle to Maintain Employment** – If a person has a mouthful of rotten teeth or is missing teeth, they don't interview well and companies don't want them to interact with the public. There is a real stigma associated with poor oral health.

“The state has the flexibility to decide what they will pay for Medicaid services and there are currently 35 states across the country who have created adult Medicaid programs,” Gattine explained. “Medicaid is funded 65% by the federal government and 35% by the state. Children's oral healthcare coverage is mandatory for states and coverage for adult oral healthcare is optional. Currently, adults who qualify for MaineCare are only covered for emergency dental procedures, and often, a problem with the tooth or teeth lands them in the emergency room. Creating an adult dental benefit (diagnostic and preventive care) would solve this problem and be a more humane and cost-effective model for Maine.

“Our nation is really suffering a healthcare crisis. People can't afford private health insurance and even fewer people have access to dental insurance,” Representative Gattine stressed, and added, “we're in the middle of a world-wide COVID-19 pandemic, the economy is bad, unemployment rates and the state government's revenue has been affected by all of these factors.

“There is a societal misperception that dental care is something different from health care. People shouldn’t have to wait to receive dentistry services until their health deteriorates to the point of an emergency. Bottom line, it’s an inhumane way to deliver healthcare to Maine’s citizens.”
 State Representative
 Drew Gattine

“The good news is that currently LD 1955 is alive, and when the Legislature is ready to reconvene, a fiscal analysis will tell us how much the program would cost the state, and then legislators can determine if we can find the money to fund the program so the Appropriations Committee can move the bill forward. If we can get the bill passed, the next hurdle will be to look at increasing MaineCare rates for oral health services which haven’t been raised in many years and have been a real deterrent for dentists wanting to accept this type of insurance.”

LD 1955 - https://legislature.maine.gov/legis/bills/display_ps.asp?LD=1955&snum=129

Maine Equal Justice

Kathy Kilrain de Rio is the Director of Campaigns and Healthcare Advocacy for Maine Equal Justice (MEJ), a non-profit, civil legal aid organization whose focus is on economic justice for Maine and its citizens. In 2019, the state administration changed. MEJ resumed its work to push for dental access for low income adults, an issue that has been unresolved for over 30 years.



She noted, “A bill made it through the legislative process unanimously. Appropriations allotted \$5.5 million for it, but then it got caught up in budget negotiations and didn’t pass. MEJ asked for a compromise and a working group was formed. The bill was then restructured as LD 1955. It had a very strong public hearing with 70 testimonies in favor of it and unanimous support on both sides of the aisle. Then COVID-19 hit, everything stopped at the state level, and LD 1955 is currently in Appropriations sitting in limbo.

“It’s hard to know what is going to happen, if the new benefit will pass or not and a lot will depend on what the state’s budget looks like after all the revenue loss because of the pandemic,” Kilrain de Rio

stated. “MEJ is going to do all we can so LD 1955 doesn’t die and so it can be revisited next year.” She added, “We had some testimony regarding veterans and there is a 2012 report that researched the impact on emergency rooms, which showed the number one cause of claims at the Emergency Room (ER) was diseases of the tooth and gums. It’s not a smart use of \$7 million a year, when those funds could be utilized to fund adult access to Medicaid and alleviate unnecessary trips to the ER. [We could] reallocate the funds for preventive care instead of utilizing it for emergency care.”

Kilrain del Rio continued, “Then the question becomes, ‘Will dentists accept it if you expand the program?’ Since MaineCare hasn’t raised their rates for dental care since 1994, I think this is a very valid question. I sit on an advisory council for MaineCare and they are currently looking at this issue and how it impacts the industry, should they increase their rates, and they are conducting an evaluation of their current dental care program.”

She commented further: “Once again, COVID-19 has also impacted the dental industry and now dentists are faced with increased requirements for protective equipment, increased disinfecting in between patients, which will ultimately reduce the number of patients they can treat per day. The federal government recognizes the link between oral health care and better healthcare overall. If they could invest more in the state’s programs it would help so many Mainer’s lives. The state can do it, but it’s going to be hard and there is still a lot of work to be done. Ironically, up until the COVID-19 pandemic, people who get dental care regularly really didn’t understand the magnitude of this issue until they themselves couldn’t get dental

“Clinics that offer a sliding scale for services and allowing dental hygienists to work in rural areas would help fill the tremendous need for preventative oral healthcare services,”

Kathy Kilrain de Rio, Director of Campaigns and Healthcare Advocacy for Maine Equal Justice

care unless it was an emergency, and even then, there were only a handful of clinics in the state providing emergency dental care. The Legislature might go back into session in July or August and they could pick up LD 1955 and go with it or change it. It’s up to the Appropriations Committee to decide if they should fund it or not.”

Gatekeepers for Maine’s Oral Health

Maine Board of Dental Practice

Penny Vaillancourt serves as the Executive Director of the Maine Board of Dental Practice. When asked how the Board fits into Maine’s oral healthcare landscape, she explained that the Board has a very limited role in public policy matters, including those that involve access to dental care and providing direct dental care services. The Board’s sole purpose is to protect the public by issuing licenses to qualified applicants and by disciplining licensees who violate the Board’s governing statutes and rules.

In legislative matters, the Board provides technical information to policy makers, such as in the pending legislation proposed by LD 2146, *An Act to Implement the Recommendations of the Board of Dental Practice Related*

to the Definitions of "Supervision" and "Teledentistry," which has become even more relevant in policy discussions, given COVID-19 pandemic conditions.

Maine Center for Disease Control's Office of Rural and Primary Care

Nicole Breton is the Director of the Maine Center for Disease Control's Office of Rural and Primary Care. She originally worked as a dental hygienist, then moved into the public health sector, and clearly remembers how hard it was to navigate getting dental care for veterans, noting "We know from existing data that rural areas have a high percentage of veterans and Maine is a very rural state."

Breton explained, "Dealing with rural settings is always challenging for medical and dental care. It is a constant struggle, multi-layered problem, and there need to be better ways to get payment. Currently in Maine, we have two hospitals on the verge of bankruptcy, in part because they can't get paid for the medical services they have provided. The pandemic may be the tipping point between them being able to stay open and closing their doors. I am concerned about the ability of dental clinics to remain open after the COVID-19 pandemic because they will have additional requirements for personal protective equipment and supplies, which will create a financial burden for them."

Maine Dental Association

The Maine Dental Association (MDA) was founded by dentists over 150 years ago. Its mission includes providing continuing education to oral health professionals in the form of lectures, hands-on workshops and an annual



conference; and to serve as an advocate regarding oral healthcare policy and legislation. The MDA also started a foundation to provide scholarships for Maine's dental students. The MDA currently has a membership of approximately 750, with 550 dentists actively practicing. <https://www.medental.org/>

Angela Westhoff, Executive Director of the MDA noted, "We have a strong partnership with the University of New England's College of Dental Medicine and we're very proud to report that since 2017 there have been over 50 graduating dentists who have stayed and are practicing in Maine."

When asked if the MDA had worked on veterans' issues or with their providers, Westhoff stated, "Many years ago, we had an educational relationship with the Dental Clinic at the VA Maine Healthcare System (Togus)." She added, "One already established program that comes to mind that may be able to help veterans access dental care is the Dental Lifeline Network and their "Will You See One Vet" program. They are a national, non-profit organization and have a branch in every state. Their mission is to help connect older patients with medical conditions to oral healthcare. All services are pro bono, donated by dentists in their network. They also provide a Veterans' Dental Clinic once a year and over 900 dentists across the country participate." <https://dentallifeline.org/willyouseeonevet/>



Maine Oral Health Coalition

Judith Feinstein, the Coordinator of the Maine Oral Health Coalition (MOHC) explained, “The MOHC’s mission is to raise awareness and support for oral health through community education and advocacy, working toward the realization of our vision, that oral health is valued as a vital element

of wellness for Maine residents. We were originally founded in 1997 as the Maine Dental Access Coalition (MDAC), which brought about 20 groups together, including the Maine Dental Association, to discuss access to dental care and what the issues were that we could all work on together. The Coalition provided a neutral forum for those discussions and a place where several legislative actions were “incubated.” The MOHC has since evolved into a broad network across the state.”

<http://www.maineoralhealthcoalition.org/>

Feinstein noted, “Referrals to the Maine Bureau of Veterans’ Services (MBVS) could be increased. Health service providers should know that the Bureau’s mission is to advocate for veterans and their families. Once we get through COVID-19 and it is safe to meet again, it would be great to host a brainstorming or planning session, where MBVS could collect and share information with key players in the dental services field.”



Recommendations On a National Level

American Dental Association's National Committee

Dr. Leonard Brennan, DMD, is a member of the American Dental Associations' National Elder Care Advisory Committee on senior health (a council that advises the American Dental Association and other national and state organizations on oral health models and on aging research for seniors).

Dr. Brennan noted: "The American Dental Association's National Elder Care Committee is working to develop innovative models of health to improve care and access for seniors. These models would be aimed at overcoming the barriers that prevent so many seniors from seeking treatment. Examples of these barriers are finances, fear, health problems, transportation, education, geography and insurance coverage. The greatest barrier to care is finances. The American Dental Association estimates that up to 70% of people 65 and older cannot afford and do not seek oral health care. Since most seniors in Maine do not have the finances or insurance coverage to seek regular dental treatment, their limited options are often using hospital emergency services, tooth extraction, drug management or no treatment at all. In the April [2020] *Journal of the American Dental Association*, data showed that there were over 4,000,000 hospital emergency visits in the US for just dental complaints from 2008-2010. It was also estimated that the average cost for an ER visit was \$760."

Maine's Congressional Delegation

- Several interviewees suggested that MBVS could work more directly with Maine's Congressional representatives to help identify what policy makers need to know at a Federal (VA) and State level so that they can make changes to laws and policies that would lead to better oral health care for veterans.
- Request the VA to broaden the scope that already exists regarding veterans' eligibility for health and dental care and increase its reimbursement rate to encourage more private practice dentists to become Community Care Network providers for Maine's veterans.
- Explore the feasibility of conducting the VA's Pilot Program for Dental Care Access in Maine.

"The bottom line is to follow the money. When the question is, "How can we afford it?" The answer must be, "It will save you money." People are starting to realize that the reduction in medical costs is tremendous, and that if we can prevent disease, we don't have to treat it,"

Dr. Leonard Brennan

Recommendations On a State Level

Better Utilize Existing Oral Healthcare Clinics and Training Schools

Maine has a network of established oral healthcare clinics which could be utilized to help non-service-connected veterans access dental care.

- Create a state-wide referral program for veterans to connect them to the University of New England's Oral Health Center, UNE Dental Hygiene Clinic, UMA Dental Hygiene Clinic (Bangor Campus), FQHC Dental Clinics, Community Care Clinics, and free-standing, non-profit clinics.

Create an Earmarked Fund for Veterans' Dental Care and a Model for a Veterans' Dental Network in Maine

- Nicole Breton, Director of the Maine Center for Disease Control's Office of Rural and Primary Care noted, "You need to find funding that would support already existing clinics, money earmarked for veterans' dental services, and create a program."
- Several interviewees suggested revisiting the utilization of state tobacco monies to support sliding fee services at Maine's non-profit, stand-alone dental clinics.
- Another thought is to partner with banks throughout Maine who have community programs that could help establish an earmarked oral health fund for veterans in the communities they serve.



Tom Raffio
CEO - Northeast Delta Dental

Tom Raffio is the CEO of Northeast Delta Dental and oversees their dental insurance program in Maine, New Hampshire, and Vermont. As noted in the previous VA Dental Insurance Program section of this report, veterans who don't qualify for the VHA Dental Program can apply for private, discounted dental insurance coverage through the VA Dental Insurance Program (VADIP), which offers private insurance coverage through Delta Dental of California and MetLife. <https://www.nedelta.com/Home>

Raffio has been working with New Hampshire's U.S. Senator Jean Sheehan to change Congressional guidelines regarding veterans' access to oral healthcare. He stated: "As the son of a U.S. Navy Veteran, I have worked on behalf of veterans to create a network of dentists in New Hampshire (many of them veterans themselves) to provide a discounted rate to veterans and Northeast Delta Dental reimburses them. It could be possible to replicate this model in Maine. For the most part, after we use our program to take care of veterans in need (which we pay for), we try to get them enrolled either in the VA Dental Insurance Program or our local Delta Dental Insurance that you have outlined. But of course, money is always an issue."



**Dr. Mitch Couret, DDS
Chief Dental Officer and
Vice President of Public
Relations for Northeast
Delta Dental**

Northeast Delta Dental has also co-sponsored a free oral health clinic in Manchester, NH, around Veterans Day. When transportation became an issue, Raffio worked with the Manchester Transportation Authority so veterans could take the bus for free to access the clinic. Both programs have been widely promoted by radio advertisement and Op-Eds in various NH media outlets. Raffio also noted another local option that he suggests to veterans - <https://www.nedelta.com/Better-Benefits/Family>.

Dr. Mitch Couret served as a dentist in the U.S. Air Force in the 1970s. After he was discharged from the U.S. Military, he opened a private practice in Merrimack and later Goffstown, New Hampshire, which he has run for 40 years and always offered a 20% discount for veterans. Dr. Couret has also served as the Chief Dental Officer and Vice President of Public Relations for Northeast Delta Dental for the last 25 years.

Northeast Delta Dental provides Tri-State Coverage in Maine, New Hampshire and Vermont. Working with the insurer, Dr. Couret helped establish a Veterans' Dental Network in New Hampshire in 2018, which by June of 2020 had served 100 veterans who couldn't afford dental care. He recruited a cadre of twelve dentists (ten are veterans and the other two wanted to give back to the veterans' community) throughout the state who committed to provide a discounted fee (20%) and donating services.

Referrals are made through the New Hampshire VA System and Easterseals to this trusted network of dentists, which consists of Oral Surgeons (dental specialists trained to perform surgical procedures on the mouth, teeth, jaws, and face) and Endodontists (dental specialists in diagnosing and treating tooth pain and performing root canal treatment). Northeast Delta Dental pays for services for those veterans with a board-approved budget.

Dr. Couret explained, "Over \$300,000 in dental services have been donated over the last two years (50% from Northeast Delta Dental and 50% from the dentists participating in the Veterans' Dental Network). The level of donations understates the need and compassion the program provides for New Hampshire's veterans. This program truly has the ability to change a veteran's quality of life <https://portal.lb.state.me.us/tams>."

- When asked if it is possible to create a model like New Hampshire's Veterans Dental Network in Maine, Dr. Couret replied, "Yes, but you will need money, a willing group of dentists to assist, and partner organizations who can provide referrals."



Northeast Delta Dental

Dental Lifeline Network

The Dental Lifeline Network is a national 501-c-(3) nonprofit organization that was founded in 1974 to provide free access to dental care and education to people who cannot afford it and have a permanent disability, are elderly (65 or older), or who are medically fragile. There is currently a program coordinator in every state. <https://dentallifeline.org/maine/>

- MBVS will work with veteran-centric organizations to make referrals to the Dental Lifeline Network (DLN).
- MBVS will continue to look for ways to better assist with veterans' transportation to DLN appointments. During the course of this interview, an email introduction was made between the Maine Coordinator of the DLN, Penquis Transportation Services/Lynx Mobility Services, and Western Maine Transportation Services.
- Invite partner organizations and the DLN to discussions with Northeast Delta Dental regarding creating a Veterans' Dental Network in Maine.



Elizabeth Sawyer serves as the Vice President of Program Services for Dental Lifeline Network and works in their national office in Denver, Colorado. She noted, “The organization started the Donated Dental Services (DDS) in Maine with the support of the Maine Dental Association in 1999. It’s a wonderful program, that consists of amazing volunteer providers who provide complex dental treatment to people with disabilities, who are elderly or medically fragile and who couldn’t have afforded it otherwise. Most of our dentists commit to treating one or two patients per year, at no charge, and that generosity balances against a comprehensive dental treatment plan that may take three to six months or longer to complete with an average cost of \$4,200 per patient.”

When asked about the program’s visibility in the community, Sawyer noted, “The organization doesn’t do a lot of marketing and many of our referrals are made word of mouth, internet or through social workers. In 2018, we started the “Will You See One Vet?” campaign in an effort to get more volunteers to specifically treat veteran patients. It is our hope that if we recruit more volunteers and have the funding to be able to support more coordinator hours, we will be able to help more individuals, including veterans, every year. There is often a six-month to one-year wait list for services and this has been even more relevant during the COVID-19 pandemic. Unfortunately, we cannot help everyone and our funding and volunteer availability is often limited.”

“I can’t begin to relay how gratifying it is to see a patient, often someone who hasn’t received oral healthcare services in years, smile for the first time,” Elizabeth Sawyer, Vice President of Program Services for Dental Lifeline Network

Carol Rioux has served as the Maine program's Coordinator for four years and noted that veterans are very much a part of the Dental Lifeline Network's mission. "We assist seven to ten veterans per year and I have several on my wait list right now," Rioux said. "To apply for the program, the veteran must fill out our application, provide a copy of his or her DD-214 (military discharge papers), proof of disability, or a medical triage form signed by a doctor. Though the Federal Poverty Level (FPL) serves as a guideline to help us determine eligibility, we take into account income and expenses as a final measure of eligibility. When a veteran's application comes in, we try to get them into a dentist as fast as possible and they are moved to the top of our wait list once their paperwork is complete.

"Transportation has been an issue at times," Rioux remarked, "[and] we have had problems getting patients to their dental appointments because Maine is such a rural state. Another area where we could use some help is connection to oral surgeons who would be willing to join our network of providers. Currently due to a lack of oral surgeons, I am not accepting applications in Kennebec, Penobscot, and Aroostook Counties. Part of the problem is the oral surgeons are so busy, sometimes booked a year in advance, they have little time to volunteer their services.

"Sometimes veterans don't qualify for the Dental Lifeline Network due to not meeting our qualifications," Rioux added. "I don't like to say no to anyone, especially a veteran, because they served our country. I know they need the work done and they really can't afford oral healthcare services. I hate to see anyone fall through the gaps." Rioux does provide alternative resources to applicants who may not qualify, which includes Federally Qualified Health Centers (FQHCs) or sliding-scale clinics that provide dental care.

Oral Health Grants (State and Federal)

"Solutions to improve Veterans' access to dentistry could include grant funding to improve access to oral healthcare." Judith Feinstein, Director of the Maine Oral Health Coalition

MBVS partnered with Department of Health and Human Services (DHHS) and Substance Abuse and Mental Health Services Administration (SAMHSA) grant writers and project managers to flag any oral healthcare or rural transportation grants that come into their office and bring them to the Bureau's attention. During the course of researching this report, MBVS connected Lunder-Dineen staff with DHHS and SAMHSA

staff, regarding their pursuit of oral healthcare grants. The Bureau will act as a partner in the grants as needed to include letters of support as requested.

The Lunder-Dineen Health Education Alliance of Maine will be looking to partner with public and private philanthropy organizations in 2020 to evolve the MOTIVATE program by building its education programs platform, to be able to provide materials and supplies, and to pay faculty a small stipend for their volunteer leadership. In the past, the Alliance has worked with a variety of regional and national

foundation partners, including the Maine Health Access Foundation, DentaQuest, Open Network, and the Doree Taylor Foundation.

Lunder-Dineen is interested in identifying applicable federal grant opportunities. They would like to structure a three-way partnership to pursue a federal grant. In the fall, the University of Maine Center on Aging will be one of their partners. There is interest in connecting with the VA Maine Healthcare System for both their inpatient nursing home unit at Togus and the Community Based Outreach Clinics (CBOCs) that are located around the state.

Importance of Dental Insurance

- Increase awareness within the veterans' community regarding VA Dental Insurance Program (VADIP) which utilizes Delta Dental, MetLife, and USAA Dental Insurance (Cigna Dental).

Dr. Leonard Brennan noted the following correlations regarding the importance of dental insurance: "Many studies suggest that dental insurance is associated with improved oral health outcomes. Dental coverage appears to be an efficient and effective way to support financially vulnerable populations. Data is showing that the oral disease process in seniors can affect the management and treatment of other chronic diseases, for example diabetes and heart disease. The Center for Disease Control estimates that four in ten seniors have four or more chronic diseases.

<https://www.cdc.gov/chronicdisease/about/index.htm>.

"The successful management of senior oral health may reduce overall health care costs.

<https://www.ada.org/en>. Some insurance companies are beginning to cover the cost of management to improve health and to reduce health care costs. According to the 2005-2008, "NHANES Oral Impact Report," avoidance of dental care shows that 22% of seniors have pain, 18% avoid food, 18% are embarrassed by their appearance, and 10% experienced a less than satisfying life.

"Currently, the American Dental Association is investigating new models for the promotion and development of senior oral health care solutions. One example being closely looked at is the feasibility of including oral health coverage in Medicare. Additionally, past Surgeon General Reports have recommended that educating all members of the patient's interprofessional team on the relationship of oral health to total health care is an important first step in the prevention and treatment of senior oral disease. Interprofessional education and collaboration help to deliver the most cost effective and highest quality of patient care." <https://www.ada.org/en>

MBVS Public Information Campaign and Continuing Education

- MBVS will add a dental care section to its website to provide a centralized place for the information researched in this report and a link to the full report for veterans' ease of access.

“I couldn't even begin to count the number of homeless veterans I have advocated for that could have used better access to oral health care services,” Jarad Greeley, U.S. Army Veteran and MBVS Homeless Veterans Coordinator

- MBVS will encourage oral health programs in long-term care facilities that work with veterans and staff and help them expand their educational mission.
- MBVS will collaborate with the Lunder-Dineen Health Education Alliance of Maine, the Maine Oral

Health Coalition, and other partners to create a continuing education module regarding veterans for dentists, dental hygienists, and other healthcare professionals.

- MBVS will create a media campaign regarding the importance of oral health preventive care for veterans and how they can access resources.
- MBVS will work with the Maine Dental Association, which provides a Continuing Education Recognition Program (CERP), and the Maine Board of Dental Practice to ensure that the highest quality, continuing education and veteran specific module is offered to Maine's oral health professionals.
- MBVS will assist recently discharged veterans who want to work in the dental care field connect to the licensing board and professional oral health organizations in the State of Maine.

Expand Wabanaki Veterans' Access to Tribal Dental Clinics

- MBVS will partner with Wabanaki Public Health and Tribal Health Care Directors to look for ways to expand their dental clinics in Northern and Downeast Maine, perhaps through a shared position between the Micmac and Maliseet Reservations, and to help provide better access to dental care for veterans in their communities.
- Provide assistance with connection to state and federal loan forgiveness programs for oral health professionals.
- Explore potential for grant partnerships on multiple levels involving Native American, veterans, oral healthcare providers, and advocates for rural healthcare access.

Re-Establish On-Site Training Programs for Oral Healthcare Professionals at Established Veterans' Dental Clinics and Long-Term Living Facilities

- MBVS will help re-establish connections to on-site programs between the state's dental hygiene schools and the Togus Dental Clinic and Maine Veterans' Homes. During the writing of this report, email introductions were made between the UMA Dental Hygiene Program and current staff.

Expand Access to Trauma Informed Care

For veterans needing a diagnosis or suffering from a Traumatic Brain Injury, make a referral to MBVS, the VA Maine Healthcare System, and the *Brain Injury Association of America* (Maine Chapter).

<https://www.biausa.org/find-bia/maine>

For veterans needing a diagnosis or suffering from Post Traumatic Stress Disorder symptoms, make a referral to MBVS, the VA Maine Healthcare System, and Maine's *Vet Centers*.

<https://www.maine.va.gov/visitors/VetCenters.asp>

When Domestic Violence, Sexual Assault, and/or Military Sexual Trauma is disclosed, also provide appropriate referrals to the VA Maine Healthcare System, Maine's Vet Centers, MBVS, and to Maine's Domestic Violence and Sexual Assault Services providers which can direct survivors to the closest agency in their county who can connect them with an advocate:

Maine Coalition to End Domestic Violence

Telephone: 1-866-834-4357 Website: <https://www.mcedv.org/>

Maine Coalition Against Sexual Assault

Telephone: 1-800-871-7741 Website: <https://www.mecasa.org/>

Improve Veterans' Connection to the VA and MBVS

- Oral health providers make referrals to the Maine Bureau of Veterans' Services so veterans can work with a Veterans Service Officer and connect to VA healthcare and benefits.

Legislative

Recommend continued monitoring of the following bills:

- **LD 2146** - *An Act To Implement the Recommendations of the Board of Dental Practice Related to the Definitions of "Supervision" and "Teledentistry."*
- **LD 1955** - *An Act to Promote Cost-effectiveness in the MaineCare Program and Improve the Oral Health of Maine Adults and Children.*
- **LD 1952** - *To Establish a Pilot Project to Provide Support Services for Military Members Transitioning to Civilian Life in Maine.*
- **LD 171** - *Resolve, To Establish a Pilot Project To Evaluate and Address the Transportation Needs of Maine's Veterans.*

MaineCare

- Work to modernize MaineCare reimbursement rates. Dentists cite low reimbursement rates, which haven't undergone an across-the-board increase for the better part of 20 years, and difficulties enrolling in and being reimbursed by MaineCare as barriers to their participation in the program.

"Improve MaineCare reimbursement rates to dentists," Kathy Martin of Greater Portland Health noted, "MaineCare reimbursement rates haven't changed since 1992."

Dr. Leonard Brennan: "There is a lot of information out there, veterans' studies, but it's always a Catch -22 and comes down to the finances. At the age of 65, older people and a lot of Maine's veterans [who] are in that category (72%-75%), simply cannot afford and do not seek oral health care. There are a lot of dentists who provide pro-bono treatment, but volunteerism isn't a sustainable model. We need better Medicare and Medicaid coverage."

Dr. Jeff Walawender, Community Dental: "I have spoken on every Medicaid bill that has gone through the State Legislature in the past few years. I thought we had Adult Medicaid expansion last year, which would have been so beneficial to so many people regarding their oral healthcare, but with the COVID-19 pandemic, everything had to be put on hold. We need expansion that provides comprehensive benefits for patients and an increase of the fees paid. Clinics can't rely on grant money. They need a sustainable business model." Dr. Walawender compared Maine's Medicaid rates to those in Massachusetts and Vermont and discovered dentists in Maine are paid half of what their counterparts in other states receive for certain procedures.

Representative Holly Stover and Lincoln County Dental Executive Director: "Expand the Medicaid Adult Benefit. That would be the biggest positive change for the State of Maine's oral health programs."

Dr. Wendy Alpaugh: “Currently in the Maine Legislature Adult Medicaid expansion is being discussed and the issue is being spearheaded by Maine Equal Justice and is supported by the Maine Dental Association and Maine Oral Health Coalition and many other groups. There is support for the bill in the legislature, but there are economic issues tied to it. In the long term, Medicaid expansion for oral health would save money.”

MBVS’s Veterans’ Emergency Financial Assistance Program

The Maine Bureau of Veterans’ Services started the Veterans’ Emergency Financial Assistance Program (VEFAP) in 2019. It provides up to a \$2,000 grant for a veteran experiencing a financial emergency and is run in conjunction with the Bureau’s partners, the American Legion and Easterseals Maine (State of Maine Bureau of Veterans’ Services, 2019). Currently, this is the only known fund in Maine that a veteran could apply for if he or she were experiencing a dental emergency, e.g., if a root canal procedure were required before a major surgery could be undertaken.

<https://www.maine.gov/veterans/benefits/tax-finance-benefits/vefa.html>

Maine Veterans’ Homes

- Continue partnership with the Lunder-Dineen Health Education Alliance of Maine.



MAINE VETERANS’ HOMES

caring for those who served

An independent nonprofit organization serving Maine’s Veterans and families

- Restart the program that brought dental hygiene students into the Maine Veterans’ Homes to get real-life experience for the students and to provide professional care for the veterans.

MBVS Will Work to Support Long-Term Care Oral Health Programs That Work With Veterans



The Lunder-Dineen Health Education Alliance of Maine has done a remarkable job creating a unique oral healthcare program in the State of Maine. The Maine’s Oral Team

Based Initiative Vital Access to Education (MOTIVATE) Program’s website notes that it “provides interprofessional teams in long-term care with education to advance their knowledge, skills and attitudes about oral health, while supporting best practices to promote evidence-based oral health care, will strengthen both an interprofessional collaborative practice model and total healthcare for older adults” (Lunder-Dineen Health Education Alliance of Maine, 2020).

<https://lunderdineen.org/oral-health-motivate>

Dr. Leonard Brennan, DMD, is the Co-Director of Harvard School of Dental Medicine’s Geriatric Fellowship Program and part time lecturer in their Department of Oral Health Policy and Epidemiology.

He also serves as a MOTIVATE Advisory Team Member. He explained, “The MOTIVATE Program was developed in Maine through the Lunder-Dineen Health Alliance of Maine and is recognized by the American Dental Association to be one of the most innovative oral health programs in the country. Its primary task is to promote ways to prevent and manage oral health care in patients over the age of 65 in long term care facilities through the education of the interprofessional team.” Six Maine Veterans’ Homes have participated in the MOTIVATE Pilot Program during the last five years. MOTIVATE is currently expanding their oral health educational program throughout Maine’s long-term care facilities.

A broader description of Phases 1 and 2 of the Lunder-Dineen MOTIVATE Program was provided by Labrini Nelligan, Executive Director of the Lunder-Dineen Health Education Alliance of Maine and Denise O’Connell, Lunder-Dineen Senior Program Manager:



MOTIVATE Program (Phase 1)

Oral health inequities and health disparities exist among older adults. Opportunities exist to address these and prevent more costly care by teaching the care team the importance and process of providing routine evidence based oral health care to Maine’s most vulnerable adults residing in nursing homes. The MOTIVATE Program focuses on the oral health of older adults.

Labrini Nelligan explained, “The first pilot of the MOTIVATE Program (Phase 1) was conducted at

the six Maine Veterans’ Homes in Caribou, South Paris, Augusta, Bangor, Machias, and Scarborough. It was on-going for a three year period. [The pilot established] a Maine oral team based education and quality improvement initiative to educate interprofessionally about oral health care basics and best practices (brushing and flossing), and to harness the power of education to equip nursing homes to provide positive, evidence-based oral hygiene that focused on when to act and when to monitor dental issues with their patients. Phase 1 efforts included developing the core team, defining the pilot’s purpose, concept and model, creating content for the learning modules and in person learning, and then enlisting pilot sites. The first few pilot sites were active influencers of the program’s development, with adjustments made after each launch.”

In 2019, Lunder-Dineen completed the “MOTIVATE Evaluation Report, Preliminary Findings for an Interprofessional, Blended-Learning Program on Oral Health for Long-Term Care Teams, Phase 1: Maine Veterans’ Homes System,” which illustrated progress made. In 2020, the Lunder Foundation and Mass General committed to funding another five years of this important work throughout the state. Long-term goals include program expansion across the state and continued no-cost educational programs to healthcare institutions. See the Lunder-Dineen website to access the report <https://lunderdineen.org/oral-health-motivate>.



Partner organizations in the MOTIVATE Program include the Maine Dental Association, the Maine Oral Health Coalition, the University of Maine Center on Aging, the University of New England College of Medicine, and the University of Maine at Augusta Dental Hygiene Program among others.

The MOTIVATE Program provides online learning modules, in person workshops and an in-person oral health demonstration. Lunder-Dineen works with dental providers to educate nursing home staff on how to work as a collaborative interprofessional team and to know what to do when they identify a problem with a resident. In many instances, oral health problems are treated with antibiotics, but with the proper training, staff learn about a variety of options, including making referrals to clinics, especially when their patient has no family and no financial means to pay for dental care. By providing routine care, nursing homes learn that routine preventive care can prevent complications, such as pneumonia, and the need for more costly care.

One component of the program is to educate the nursing homes about community resources and experts that may partner with them to help older adults when in need. Such organizations are the Community Based Health Clinics, and local non-profit dental clinics such as Caring Hands of Maine in Ellsworth and Community Dental in Portland, the UNE Dental Hygiene and Dental Schools in Southern Maine and the UMA Dental Hygiene Program in Bangor. One interesting finding Denise O’Connell cited is that, “The CNA’s who have completed the training have received more dental health care education than most medical students.”

Barriers to dental care that the MOTIVATE Program has identified for veterans are as follows:

- Older veterans may have never had access to dental care in their younger years.
- Many older veterans live on a fixed income and can’t afford to pay for the care they need.
- Most have no dental insurance.
- Those in nursing homes may not be able to assist with their own oral health care and staff may be unaware of best practices.
- Because dentists are not co-located in nursing homes, it can be challenging for a resident to travel to a dentist (either no family support or they live too far away, or the physical challenges are too great).

- Veterans may be in a wheelchair and the dentist's office may not be equipped for walkers and wheelchairs. Some may need assistance from two people to transfer into a dental exam chair.
- Finding a dentist who is skilled working with older adults.
- Poor dental health can contribute to health problems, e.g., diabetes, pneumonia, and cardiac issues.

The six nursing homes in the Maine Veterans' Homes System participated in the pre-program needs assessment. Lunder-Dineen studied gaps in oral health care knowledge, attitudes towards oral health care, barriers to care, and the utilization of existing programs from around the country (most were found to be too old, i.e., did not meet 21st century learning best practices), and also reviewed adult learning preferences. As a result, four online learning modules were created, which were followed by in-house workshops that featured case studies where staff had to solve real-life problems, such as if a dementia patient is suddenly very agitated, determine if there is an underlying dental problem that the patient can't communicate to staff.

This program was a partnership with the community, connected with local dentists, provided hands-on demonstrations, and a question and answer period for staff. The MOTIVATE Program was onsite for consultation and during this time looked at a variety of factors within the nursing home, including current practices around resident oral care and assessed opposition to learning. Over time and once the new system was in place and training had been provided, the program documented an attitude shift in nursing home staff as they started to recognize that dental healthcare is as important as any other form of healthcare.

Jennifer Crittenden, Ph.D., Associate Director of the University of Maine Center on Aging and MOTIVATE Program Advisory Team Member noted, "There is a Catch-22 in that we strive to teach long-term care facility staff best practices and how to identify oral health problems, but there is often a financial barrier for the patient accessing services. Often it falls back on the family to find dental care for their loved one, to transport them to the appointment, and to pay out of pocket for services. The staff is sometimes put in a bind because they know the patient's family doesn't have the financial resources to do so, but they also know that their patient still needs dental care. We try to combat this situation with education, but the problem still exists."

MOTIVATE Program (Phase 2)

In 2020, the MOTIVATE Program will be going back into the Maine Veterans' Homes System to study what really stuck with staff and what challenges they have encountered. Lunder-Dineen also plans to expand the program to additional nursing homes throughout the state and would like to expand to community dwelling older adults. Program staff will also be working with the University of Maine Center on Aging to conduct an educational study at the Cedars in Portland and the Island Nursing Home on Deer Isle to specifically look at the benefits of oral health care and incidence of pneumonia.

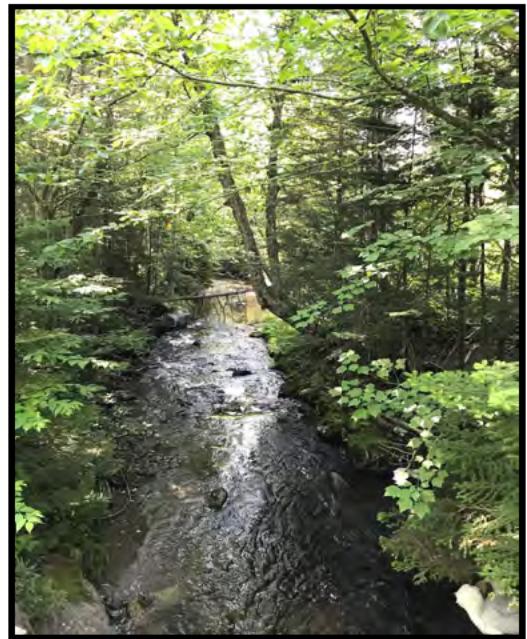
The Lunder-Dineen Health Education Alliance of Maine is strictly an organization that focuses on education, awareness building, and leadership in the healthcare industry. They are not involved in advocacy or policy, but the data they collect can be given to advocacy groups, who in turn may provide it to the decision makers who shape Maine's healthcare policies. Of note, the MOTIVATE Program has been consistent for the last ten years and has not allowed mission creep. They focused on the designated tasks, provided evidence-based educational best practices and when specific issues stood out, they documented that information as the program progressed.

One potential recommendation emerging from MOTIVATE could be for nursing homes to provide space in-house for dental care. Dentists can not treat patients in their rooms (not sterile or private). The Lunder-Dineen Foundation is also looking toward the future. One of their long-term goals includes creating a program where dentists and dental hygiene students travel to nursing homes to treat patients in-house, including veterans, and finding additional funding to provide stipends to organizations that participate in the program as a means of recruitment. There is a potential for MBVS to create partnerships with both organizations, and by working together to ensure that services are not duplicated.

Veterans' Continuing Education Module for Dental Care Providers

The Bureau will work with the VA Maine Healthcare System, Vet Centers, Dr. Wendy Alpaugh and other Maine oral health professionals, the Lunder-Dineen Health Education Alliance of Maine, and the Maine Oral Health Coalition, to create a continuing educational module that will provide training including the following topics:

1. Veterans Health Administration (VHA) dental services and the qualifying criteria for Maine's veterans.
2. What steps dentists need to take to become a VA Community Care Network Dental Provider.
3. How dental professionals can help veterans connect to the MBVS and the VA.
4. How dentists can provide trauma informed care to all their patients, especially veterans who may have heightened anxiety due to adverse childhood experiences, Post Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST) and/or Traumatic Brain Injury (TBI) symptoms.



Maine's Homeless Veterans

MBVS, the VA Maine Healthcare System for Homeless Veterans Program, and other veteran-centric partners will work together to ensure Maine's homeless veterans are able to gain access to dental care.



The Maine Department of Corrections Partnership with Wellpath



Continued collaboration between the MDOC, Wellpath, and MBVS to ensure justice affected veterans are connected to MBVS Veterans Service Officers and receive the services they are entitled to, both while incarcerated and upon their release back into the community.

PACE Program

Dr. Wendy Alpaugh recommends incorporating the Programs of All-Inclusive Care for the Elderly (PACE) Program in Maine to help provide dental care to older residents, including veterans. PACE is a Medicare and Medicaid program that helps people meet their healthcare needs in the community instead of going to a nursing home or other care facility. The Pace program offers a comprehensive range of services, including dentistry. <https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/pace>

Recruit Dental Students to Maine

- MBVS supports continued promotion of the University of New England's College of Dental Medicine, UNE's Dental Hygiene Program, and the University of Maine at Augusta's Dental Hygiene Program to Maine's high school students as a means of gaining interest to study and work in Maine as oral healthcare professionals.

Workforce Retention of Oral Health Professionals

Dr. Nicholas Sirois, a Bowdoin resident, attended Tufts University School of Dental Medicine in Boston and then returned to Maine to work at the Dental Clinic at Togus. He participated in the VAs *Education Debt Reduction Program (EDRP)* and stated, "I was lucky to receive this award, as it is not always available from what I understand. Dental students are often graduating with \$400,000 to \$500,000 in student loans, which in my case have interest rates from 6-8%. The EDRP has been very helpful, up to \$24,000 per year for five years. Unfortunately, with these high loan balances and interest rates EDRP covers a good portion of the yearly interest but no principal."

According to the VA Careers website, the EDRP "Authorizes VA to provide student loan reimbursement to employees with qualifying loans who are in difficult to recruit and retain direct patient care positions. Loans must be for the health professional's education that qualified the applicant for a specific position.

Each Veterans Health Administration (VHA) facility determines which positions are hard to recruit and retain and when the facility will offer EDRP for these positions. EDRP is a recruitment and retention incentive offered or approved for certain positions.” (U.S. Department of Veterans Affairs, n.d.)

https://www.vacareers.va.gov/Content/Documents/Print/EDRP_VA_Careers_Page_v2.pdf

- Increase Maine’s loan forgiveness programs as an incentive to retain oral health professionals in the state.

Dr. Jeff Walawender, Community Dental: “There are federal and state loan repayment programs for dentistry graduates who chose to work in rural areas. The Health Resources and Services Administration (*HRSA*) *Loan Repayment Program* is Federal and pays \$25,000/year, tax free, with no payment cut off, as long as the dentist meets the criteria. <https://nhsc.hrsa.gov/loan-repayment/index.html>

The Finance Authority of Maine lists the State of Maine’s incentive program which offers \$80,000 to \$100,000 and is capped at four years (Finance Authority of Maine, 2020).

https://www.famemaine.com/maine_grants_loans/maine-dental-loan-repayment-program/

There are also Income Based Loan Repayment Forgiveness Programs. After ten years of working at a non-profit part of the employee’s loan is forgiven. Dr. Walawender explained, “Community Dental does not currently utilize this program or recommend it, because it has been on the cutting block for years. With a half million-dollar loan ballooning up way higher on this program, if it goes away, the person would be doomed for life if they relied on it.”

“There are limited spots in these loan forgiveness programs and priority is given to regional disparities versus population disparities typically,”
Dr. Jeff Wallawender

Dr. Walawender noted, “Another caveat to loan forgiveness programs that must be taken under consideration is that for example, if a dentist sets up in Farmington to serve rural MaineCare patients and another dentist later moves into the area, this can create a situation where there is no longer a dentist shortage, even though the second dentist isn’t accepting MaineCare patients, and then the first dentist loses his incentive and can’t pay off his or her student loans.”

“The state’s loan repayment program needs to be extended to help keep dentists in place longer,” Dr. Walawender stated. “It currently serves a purpose over a four-year period, and then it ends, and usually the dentist makes the decision to go into private practice because it is the only way they can pay their loans off. The public health sector is losing out because of this.”

Military Talent Source

Matt Leonard is a U.S. Navy Veteran who provided treatment on the battlefield for service members and later served for three years at the Pentagon in Washington, D.C. as a medical policy advisor for the Marine Corps. He retired after 21 years of service as a Senior Chief Hospital Corpsman, was the President of the Androscoggin Chamber of Commerce and later founded Military Talent Source in 2016, an agency that connects personnel discharging out of the U.S. military with employers around the country. <https://militarytalentsource.com/>



Leonard explained, “We focus on connecting veterans with everyone from small business to Fortune 500 businesses, so they can find quality employment after leaving the military. Recruiting people to Maine is not difficult, but the transition from military personnel to civilian employees can be. To help alleviate that stress for veterans, my five employees and I travel to bases all over the United States and attend their transition seminars and talk about employment options. My team might speak to ten service members in Portsmouth, New Hampshire or 100 at Camp LeJeune in North Carolina.

“From an occupational recruiting standpoint we say, ‘Welcome and we recognize you.’ We educate on employment options and benefits, because for most service members, everything has been taken care of for them by the military. Explaining the importance of private health and dental insurance is a very important discussion. Often people are totally oblivious of the cost of insurance, but when you look at United Services Automobile Association (USAA) dental insurance it is very affordable. <https://www.usaa.com/inet/wc/insurance-dental>

“Regarding oral health care, I did everything from temporary fillings to tooth extractions when I served in Iraq. The military medical training is superb, and you can train for sub-specialties (expanded function technician, dental equipment repair and sterilization, and dental hygienist), but [the training] is often later challenged upon discharge from an occupational licensure standards viewpoint. I’d like to see more opportunities for veterans to be able to use their field experience in lieu of expensive and often redundant educational programs to meet currently existing state licensure standards. There needs to be a better understanding of military occupations, especially dentistry.”

Boots2Roots Program



Bill Benson, a U.S. Army Veteran and Executive Director of Boots2Roots explained, “ [Our] mission is focused on preparing active duty military members up to a year before they begin their transition for immediate success in Maine, while providing a pipeline of new workforce talent to Maine employers. We specifically work with active duty military members and their families who are planning to transition to Maine, up to a year before they come to Maine. Boots2Roots provides a personalized self-assessment, resume building, interview coaching, peer mentoring, Maine business connections, and local networking.

The Boots2Roots organization has two primary goals for transitioning active duty members:

- They will find meaningful employment within two months of arriving in Maine.
- They will remain in their first post-military job for at least one year.

Benson noted, “In addition to our commitment to meeting these goals, Boots2Root’s peer mentors are dedicated to helping our teammates connect with all necessary community contacts before and during transition to Maine, for example, realtors, veterans’ organizations, school referrals, industry contacts, etc.

“Recruits are found via our website, web searches, and word of mouth. There is a tight community with service members, and I have even had people I served with reach out to me with transition questions. Maine needs something to pull veterans up here and encourage them to live and work in Maine. Serving in the military does provide loan forgiveness for medical school debt. Once medical professionals leave the military, they usually don’t have a hard time finding work. We have had some pass through our program. <https://boots2roots.org/>

“There is a lot of negative messaging that Maine is nice to visit, but not a great place to work if you want to make a living in comparison to other parts of the country. There is a long-term trend that there is a workforce shortage in Maine. As a state, we need to improve our messaging.

Benson stated, “Currently, LD 1952 - *To Establish a Pilot Project to Provide Support Services for Military Members Transitioning to Civilian Life in Maine*, has been carried over to any special session of the 129th Legislature. Boots2Roots had hoped to work with the pilot program and hire a program director and another employee to start engaging in proactive outreach, but the COVID-19 pandemic stopped their efforts. Our plan had been to start attending the one-week Transition Assistance Programs (provided six to nine months prior to a service member discharging from the military), to present what the economic opportunities are in Maine.”

- MBVS will partner with the Maine Department of Economic and Community Development to improve workforce recruitment and retention of dentists and dental hygienists in Maine. See their 10-year plan - <https://www.maine.gov/decd/strategic-plan>.
- MBVS will provide a welcome letter to veterans returning to the State of Maine to ensure that they have the Bureau's contact information and a description of services offered as they transition back into civilian life.
- MBVS will work with Military Talent Source and Boots2Roots to help support live and work in Maine programs.
- MBVS will connect veterans with the Department of Professional and Financial Regulation for streamlined certification.

Utilization of Telemedicine/Teledentistry and Traveling Oral Healthcare Teams

- Partnerships could be formed between MBVS, the Lunder-Dineen Health Education Alliance of Maine, and veteran-centric organizations to better identify ways teledentistry could be utilized across the state, perhaps by pairing a dentist and a team of independent hygienists and creating pilot programs that go into nursing homes and provide services to veterans in rural areas.

Judy Feinstein of the Maine Oral Health Coalition explained: "LD 2146, An Act To Implement the Recommendations of the Board of Dental Practice Related to the Definitions of "Supervision" and "Teledentistry," was heard on March 10, 2020, and passed out of committee, but when the Legislature adjourned on March 17, the bill hadn't yet been reported out, and technically is carried over until either the next regular session or could be included in any emergency session.

"As a result, teledentistry isn't yet allowed specifically within the Maine Dental Practice Act. Because of this, teledentistry was not included in any of the Executive Orders from the Governor that specifically authorized telehealth and telepharmacy services. However, at several meetings over the following month, the Board of Dental Practice (<https://www.maine.gov/dental/>) offered some clarifications, which are posted on the Board's website."

https://www.maine.gov/dental/documents/guidance_letter-covid-19_04232020.pdf

LD 2146 - https://legislature.maine.gov/legis/bills/display_ps.asp?LD=2146&snum=129

“Maine is such a large state, sometimes I have to get creative,”
Giselle White,
VA Mobility
Manager at Togus

Transportation

- MBVS will work with VA Maine Healthcare System and local transportation agencies to ensure veterans can access dentistry in their communities and work to increase connections between private transportation agencies and dental clinics.
- MBVS will support or partner with transportation companies on rural transportation grants for veterans.
- MBVS will help promote LD 171, A 30-month pilot project in Oxford, Franklin, and Androscoggin Counties.

LD 171 - https://legislature.maine.gov/legis/bills/bills_129th/billtexts/HP013401.asp

VA Maine Healthcare System

- Recruit more VA Community Care Network providers in Eastern, Western, and Northern Maine.
- Explore ways to expand the number of VA Dental Clinics in the state of Maine. Community - Based Outpatient Clinics would be the natural expansion point; Calais, Caribou, Lewiston, Lincoln, Rumford, and Saco currently do not offer oral healthcare services.
- Create more connections for veterans to the VA's Veteran Readiness and Employment Program (formerly called Vocational Rehabilitation & Employment Program).
- Reconnect the UMA Dental Hygiene Program with the VA Togus Dental Clinic and discuss restarting their prior working relationship. As a result of this report, introductions have been made via email between MBVS and both agencies.
- Explore the feasibility of conducting the VA's Pilot Program for Dental Care Access in Maine.



APPENDIX A - MBVS Introduction Letter

June 10, 2020

Re: Dentistry Access for Veterans in Maine

Dear Sir or Madam,

In April, the Maine Bureau of Veterans' Services (MBVS) was awarded a \$10,000 grant from the Maine Health Access Foundation (MeHAF) 2020 Discretionary Grants Program for a new project, "Dentistry Access for Veterans in Maine." The Bureau's interest in researching this special population stems directly from an apparent lack of access to dental services for veterans, unless they have a 100% service-connected disability rating with the Veterans Administration (VA) or meet very specific Veterans Health Administration (VHA) Dental Program eligibility requirements:

Residents of VA domiciliaries, VA Community Living Centers, and VA Hospital inpatient with a compelling medical dental need that impacts them medically.

Former Prisoners of War.

Veterans who served on active duty for 90 days or more during the Persian Gulf War era.

Has a service-connected non-compensable dental condition or a disability that's the result of combat wounds or service trauma.

Participating in a 38 U.S.C. Chapter 31 VA Veteran Readiness and Employment Program.

Individuals with dental emergencies who are provided outpatient dental care on a humanitarian basis or who signed up for care through the Homeless Veterans Dental Program. (VHA Directive 2007-039)

Veterans who recently served in OEF/OIF/OND may be entitled to care, but must apply within 180 days of their discharge, and active duty military personnel.

Without these eligibility classifications, veterans do not qualify for any dental services at the VA Maine Healthcare System (Togus) in Augusta, Maine. As more and more veterans continue to contact the Bureau looking for assistance with dental issues, we realized just how big a problem this is for veterans across the state.

Over the coming months, MBVS intends to reach out to dental providers and organizations to begin looking collectively for solutions to these disproportionate healthcare barriers veterans are facing. Initial areas of interest and concern include:

- There are an estimated 112,367 veterans in Maine. Of that number, we need to determine the number of 100% service-connected veterans compared to veterans with dental benefits via their work or - spouse's benefits plan as well as to veterans who receive no dental benefits at all, which is our target audience.
- Many veterans who might be eligible for dental benefits have never accessed their VA benefits. How can MBVS better connect veterans to these earned services?
- Provide basic dental services (bi-annual dental cleanings and checkups) and preventative services that all veterans should have access to. How can we improve this connection and make it affordable for those who have no access, especially in rural areas?
- Improved access for emergency procedures (dental pain or abscess, broken tooth, root canal, or a tooth extraction). Currently the only option non-100% connected veterans have is to apply for the MBVS *Veterans' Emergency Financial Assistance Program* (up to a \$2,000 grant). Applicants can apply to the program once per calendar year. However, due to the funding process (identification and verification of need) it can take up to two weeks for payment to be made directly to the provider.
- How can we maximize and coordinate resources to decrease gaps throughout the state?

Ultimately, the goal of this project is to increase healthcare access for veterans. If you are interested in participating, I would welcome the opportunity to interview you in the coming weeks as your schedule allows, with the intent that this inaugural needs assessment will change the way veterans receive dental services in Maine. Thank you for your time, and I look forward to hearing from you.

Sincerely,

Sarah A. Sherman
Director of Strategic Partnerships/Grant Writer
Maine Bureau of Veterans' Services

APPENDIX B - MBVS Dental Services Questionnaire

U.S. veterans are not eligible to receive dental services at Veterans Administration (VA) facilities unless they have a 100% service-connected disability rating or meet other Veterans Health Administration eligibility requirements. There are an estimated 112,367 veterans in the State of Maine and many of them have never connected to or filed a claim with the VA to receive the benefits they earned by serving in the U.S. Military. The following questions were created to help the Maine Bureau of Veterans' Services understand and research how we can maximize and coordinate resources to decrease healthcare gaps throughout the state for veterans.

1. Do you or does your organization currently provide dental services to veterans? If yes, in what capacity?
2. Has your organization worked with any veterans who had difficulty paying or were unable to pay for dental services? If yes, how was the situation handled?
3. What available dental care resources are you aware of in the State of Maine that veterans might be able to access?
4. Does your organization receive calls about how a veteran might access dental care in Maine and if so, how often - weekly, monthly, rarely?
5. Are you aware of any other barriers keeping veterans from accessing dental health care?
6. Can you provide any potential solutions to this problem?
 - What could your organization do with adequate resources; or what would you need in order to provide services?
 - What are one or two ideas that you think could be developed to move toward a solution?
7. Does your organization refer veterans to the Maine Bureau of Veterans' Services?
 - If yes, what has that experience been like?
 - If not, would your organization be willing to do so? Connecting veterans with a Veterans Service Officer would allow access to other earned benefits.

8. Are you aware of any philanthropic organizations that might be willing to partner with the Bureau to help create a fund that would cover dental expenses for non-100% VA connected veterans?
9. Do you have any recommendations for federal policy makers? What do we want them to know to make changes to existing laws and policies at the VA or other relevant programs that would lead to better oral health care for veterans?
10. Who else would you recommend I speak with about this issue and would you be willing to provide an introduction?

APPENDIX C - Dentistry provided to Veterans by the VA Maine Healthcare System and Community Care Network Providers in Maine 2017 - 2019

Year	Veterans Receiving VA Maine Healthcare System Dental Services (Togus and Bangor CBOC).	100% Service-Connected Veterans Receiving VA Maine Healthcare System Dental Services (Class IV).	Maine Veterans with Class I, II, III, V or VI Eligibility Receiving VA Maine Healthcare System Dental Services.	Veterans Authorized by VA Maine Healthcare System to Receive Community Care Network Treatment by Private Dental Practices in Maine.	Veterans Receiving VA Maine Healthcare System and Community Care Network Dental Services.
2017	3749	3327	422	518	4,267
2018	3899	3453	446	660	4,559
2019	4,000	3,600	400	859	4,859

Source: The VA Maine Healthcare System Dental Clinic - 2020

APPENDIX D: Veterans' Dental Insurance Information

Northeast Delta Dental - <https://feds.deltadentalins.com/vadip/index.php>

Northeast Delta Dental Veterans Affairs Dental Insurance Program (VADIP) Fact Sheet - <https://feds.deltadentalins.com/vadip/downloads/fact-sheet.pdf>

Note: Maine, New Hampshire, and Vermont are considered Region 1 for Northeast Delta Dental..

MetLife Veterans Affairs Dental Insurance Program (VADIP) Fact Sheet - <https://www.metlife.com/vadip/>

United Services Automobile Association (USAA) Dental Insurance - Offered through Cigna Dental - <https://www.usaa.com/inet/wc/insurance-dental>.

Note: According to the **CHAMPVA** website, “Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health insurance program for the spouse or surviving spouse of—or a child of—a Veteran with disabilities or a Veteran who has died and the surviving family member/members don’t qualify for **TRICARE** (the Department of Defense’s health care program for active-duty and retired service members and their families).”

<https://www.va.gov/health-care/family-caregiver-benefits/champva/>

APPENDIX E: Maine Dental Clinics

VA Maine Healthcare System Dental Clinics

VA Maine Healthcare System Dental Clinic (Togus)

Telephone – 207-623-8411

Website - <https://www.maine.va.gov/>

Bangor Community Based Outpatient Clinic

Telephone – 207-561-3600

Website - <https://www.maine.va.gov/locations/bangor.asp>

Maine Dental Clinics

Federally Qualified Health Care Centers

Telephone – 207-621-0677

Website - <https://mepca.org/community-health-centers/locations/>

University of New England Dental Hygiene Clinic

Telephone - 207-221-4900

Website - <https://www.une.edu/wchp/dental/patient-info>

University of New England Oral Health Center

Telephone - 207-221-4747

Website - <https://www.une.edu/ohc>

UMA Dental Hygiene Clinic (Bangor Campus)

Telephone - 207-262-7872

Website - <https://www.uma.edu/academics/programs/dental-programs/patient-services/>

Wabanaki Dental Clinics

Pleasant Point Health Center

Telephone - 207-853-0644

Website - http://www.wabanaki.com/wabanaki_new/Health_Center.html

Indian Township Health Center (APPENDIX E: Maine Dental Clinics - Cont.)

Telephone – 207-796-2321

Website - <https://www.facebook.com/pages/category/Public---Government-Service/Passamaquoddy-Health-Center-Indian-Township-118304341591130/>

Micmac Family Health Clinic

Telephone – 207-764-7219

Website - http://www.micmac-nsn.gov/html/micmac_health.html

Maliseet Health & Wellness Center

Currently the clinic does not provide onsite dental services. They do pay for dental services through Purchased and Referred Care (PRC) recipients. PRC is a program that pays bills to contracted providers for eligible patients and is part of the Maliseet Tribe's contract with the Indian Health Service.

Telephone - 207-532-2240 Ext. 123

Website - [http://www.maliseets.com/health%20 department.htm](http://www.maliseets.com/health%20department.htm)

Free-Standing, Non-Profit Dental Clinics

Community Dental (Biddeford, Farmington, Lewiston, Portland, Monson, and Rumford)

Telephone – 207-874-1025

Website - <https://www.communitydentalme.org/>

Waterville Community Dental Center

Telephone – 207-861-5801

Website - <https://www.communitydental.org/>

Kennebec Valley Family Dentistry

Telephone – 207-623-3406

Website - <https://www.facebook.com/augustakvfd/>

Lincoln County Dental

Telephone – 207-563-8668

Website - <http://www.lcdental.org/>

Caring Hands of Maine Dental Center

Telephone – 207-667-6789 (Ellsworth) or 207-244-1150 (Southwest Harbor)

Website - <http://www.caringhandsofmaine.org/>

Other Options for Veterans (APPENDIX E: Maine Dental Clinics - Cont.)

- Contact the Maine Bureau of Veterans' Services for information accessing dental care. Telephone - 207-430-6035 Website - <https://www.maine.gov/veterans/>
- Veterans can also utilize the Maine Center for Disease Control & Prevention's Maine Oral Health Care website - <https://www.maine.gov/dhhs/mecdc/population-health/odh/index.shtml>
- The Maine Center for Disease Control & Prevention's Guide to Dental Clinics & Services for Maine - <https://www.maine.gov/dhhs/mecdc/population-health/odh/documents/Clinics.pdf>
- 211 Maine is also another resource by calling 211 directly or going to the website <https://211maine.org/>.
- Delta Dental Covers ME - www.DeltaDentalCoversMe.
- Aspen Dental offers an annual "Day of Service" where many of their branches will offer free dental that day to Veterans. Veterans nationwide can call 1-844-277-3646 to find a participating Aspen Dental office in their community and schedule an appointment during the annual Day of Service in June. Advance appointments are required.
- During the COVID-19 pandemic, Emergency Oral Health Care resources can be found at the Maine Emergency Dental Access Providers - <https://www.mainepecoh.org/covid19/map>.



APPENDIX F: UNE Department of Dental Hygiene Fee Schedule

(Updated Fall 2018)

Approximate Costs:

Child Prophylaxis (Ages 0-12)	\$16
Adult Prophylaxis (Ages 13-61)	\$36
Senior Prophylaxis (Ages 62 & over)	\$25
Fluoride	\$5

Additional Services (May include additional \$10 fee without a cleaning):

New Patient Screening Assessment	\$13
Full-Mouth Series X-Ray (FMX)	\$35
Panorex X-Ray	\$35
Bitewing X-Ray (4 film)	\$8
Bitewing X-Ray (2 film)	\$5
Sealants (per tooth)	\$8
Quadrant Scaling (per quadrant)	\$36 Adult/\$25 Senior Citizen

(Note: All non-periodontally involved teeth will be completed at no additional charge.)

Periodontal Maintenance \$36 Adult/ \$25 Senior Citizen

(Note: 3-month recall after quad scaling has been done.)

Sending out X-Rays	\$5
Edentulous Patient (Dentures)	\$10 (exam/ultrasonic denture clean)
Periodontal Debridement	\$10

Dental Prophylaxis, commonly called a “prophy” is a treatment that involves cleaning and polishing the teeth to control bacteria on the teeth and just beneath the gum line. A prophylaxis is typically performed twice per year, or every six months, to maintain healthy gums and teeth.

The Dental Hygiene Clinic is located on the University of New England’s Portland Campus. They provide affordable dental hygiene care September through April, and appointments can be made by calling (207-221-4900). Payment is expected upon completion of a patient’s appointment.

UNE Dental Hygiene Clinic website - <https://www.une.edu/wchp/dental/patient-info>

APPENDIX G: UMA Dental Hygiene Clinic Fee Schedule

Description	August 2020 Fee Schedule
FMX X-Rays	\$40.00
Panoral X-Ray	\$30.00
Bitewings (set of 2) X-Ray	\$8.00
Bitewings (set of 4 or 6) X-Ray	\$16.00
Single PA (1) X-Ray	\$4.00
DHS (Adult Prophyl)	\$35.00
DHS Veteran (Adult Prophyl)	\$30.00
DHSC (Child Prophyl)	\$25.00
Dental Sealant (per tooth)	\$12.00

Note: Patients may call 207-262-7872 to schedule an appointment with the UMA Dental Hygiene Clinic.

APPENDIX H: Maine Transit Regions

- **Region 1** - Aroostook Regional Transportation System (Aroostook County).
- **Region 2** - Downeast Transportation, Downeast Community Partners, and West's Transportation (Washington and Hancock Counties).
- **Region 3** - Community Connector and Penquis LYNX (Penobscot and Piscataquis Counties).
- **Region 4** – KVCAP, Kennebec Explorer, and Somerset Explorer (Kennebec and Somerset Counties).
- **Region 5** – Bath City Bus, Metro BREEZ, Mid-Coast Public Transportation, Belfast Shopper, and Brunswick Explorer (Mid-Coast)
- **Region 6** – Shuttle Bus, Zoom Turnpike Express, Casco Bay Lines, Metro, Metro BREEZ, Regional Transport Program, Lakes Region Explorer, and South Portland Bus (Greater Portland and Cumberland County) .
- **Region 7** – Community Concepts, CityLink, Western Maine Transportation Services, Mountain Explorer, Sugarloaf Explorer, and Lisbon Connection (Androscoggin, Oxford and Franklin Counties).
- **Region 8** – Shuttle Bus, Zoom Turnpike Express, Sanford Transit, Shoreline Explorer (York County)

For a map of Maine Transit Regions - <https://www.maine.gov/mdot/transit/>.

APPENDIX I - Western Maine Transportation Services Public Bus Fares for Androscoggin, Franklin, and Oxford County Demand Response/Paratransit Services

All Fares are per boarding. (Updated October 1, 2019)

Distance	Adult	Reduced*
0-25 Miles	\$5.00	\$2.50
26-50 Miles	\$7.50	\$3.75
51 + Miles	\$10.00	\$5.00
Urban**	\$3.00	N/A

* Seniors 60+, Children 5-11, Disabled, Medicare. **In Lewiston/Auburn

Note: Accompanied children under the age of 5 ride for free.

Telephone - 1-800-393-9335

Website - <http://www.wmtsbus.org/>

APPENDIX J: Penquis Transportation Services and Penquis Lynx Mobility Services Grant Sources

- **DHHS Low Income** (Available in Penobscot and Piscataquis Counties, excluding Patten)
- **Accessing Cancer Care** (Available in Penobscot and Piscataquis Counties)
- **Seniors John T. Gorman** (For Seniors 55+ in Penobscot and Piscataquis Counties)
- **Transportation Assistance Program** (Requires a mental health Axis 1 diagnosis and LOCUS score of 17 or higher)
- **Maine Veterans of Foreign Wars** (Piscataquis County only and specifically for medical appointments covered by the veterans' insurance. Veterans must apply through Maine VFW and then the VFW sends the trip information to Lynx.)
- **MDOT 5311 Funding**
- **General Public** (Available in Penobscot County (excluding Patten) and all of Piscataquis County. Sub-sections of the General Public include):
 - a. Low Income
 - b. Chronic Illness
 - c. New Freedom Grant
 - d. Penobscot County Veterans

Note: A-D are available in rural areas in Penobscot County (excluding Patten) and all of Piscataquis County.

- **Urban New Freedom** (Available in Bangor, Brewer, Veazie and the urban areas in Hampden, Old Town, and Orono that are off the bus route.)

Telephone - 1-866-853-3695 or 207-973-3695

Website - <https://www.penquis.org/services/transportation/>

APPENDIX K: The Dental Lifeline Network - Maine Annual Report

- 1,494 individuals served since inception (2001)
- \$5,063,292 in donated dental treatment since inception
- Dental Service Volunteers – 171
- Volunteer Laboratories – 20



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Glossary of Terms

American Legion - The American Legion was chartered and incorporated by Congress in 1919 as a patriotic veterans' organization devoted to mutual helpfulness. It is the nation's largest wartime veterans service organization, committed to mentoring youth and sponsorship of wholesome programs in our communities, advocating patriotism and honor, promoting strong national security, and continued devotion to our fellow servicemembers and veterans. <https://www.legion.org/>

Brain Injury Association of America - The Brain Injury Association of America – Maine Chapter (BIAA-Maine) works to increase awareness of brain injury, provide information, resources and support for individuals who have sustained brain injuries and their families, and advocate for prevention and improved funding and services across the state of Maine. <https://www.biausa.org/find-bia/maine>

Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) - A health insurance program for the spouse or surviving spouse of - or a child of - a veteran with disabilities or a veteran who has died and the surviving family member/members don't qualify for TRICARE. <https://www.va.gov/health-care/family-caregiver-benefits/champva/>

Community-Based Outreach Clinic (CBOC) - VHA implemented these clinics to make access to health care easier. These clinics provide the most common outpatient services, including health and wellness visits, without the hassle of visiting a larger medical center. VHA continues to expand the network of CBOCs to include more rural locations, putting access to care closer to home. There are eight CBOCs in Maine - Bangor, Calais, Caribou, Lewiston, Lincoln, Portland, Rumford, and Saco. <https://www.va.gov/health/aboutvha.asp>

Coronavirus Disease (COVID-19) - A newly identified coronavirus (SARS-CoV-2) which caused a worldwide pandemic of respiratory illness that was first announced by the World Health Organization on January 9, 2020. <https://www.ajmc.com/focus-of-the-week/a-timeline-of-covid19-developments-in-2020>

DD-214 (Military Discharge Papers) - A document that verifies a service member's proof of military service. This Certificate of Release or Discharge form is issued through the Department of Defense and is typically issued at the final out processing appointment prior to retirement or separation from the U.S. Military.

Dental Hygienist - A person who is trained and licensed to clean teeth, take dental x-rays, and provide related dental services and care, usually under the supervision of a dentist. <https://www.dictionary.com/browse/dental-hygienist>

Dentist - A person qualified to treat the diseases and conditions that affect the teeth and gums, especially the repair and extraction of teeth and the insertion of artificial ones. <https://www.lexico.com/en/definition/dentist>

Disabled American Veterans - DAV is a nonprofit charity that provides a lifetime of support for veterans of all generations and their families, helping more than one million veterans in positive, life-changing ways each year. Annually, the organization provides more than 600,000 rides to veterans attending medical appointments and assists veterans with well over 200,000 benefit claims. In 2019, DAV helped veterans receive more than \$21 billion in earned benefits. DAV's services are offered at no cost to all generations of veterans, their families and survivors. DAV is also a leader in connecting veterans with meaningful employment, hosting job fairs, and providing resources to ensure they have the opportunity to participate in the American Dream their sacrifices have made possible.

<https://www.dav.org/learn-more/about-dav/>

Doctor of Dental Surgery (DDS), Doctor of Medicine in Dentistry, or Doctor of Dental Medicine (DMD or DDM) - Meaning that the dentist graduated from an accredited dental school. The DDS (Doctor of Dental Surgery) and DMD (Doctor of Medicine in Dentistry or Doctor of Dental Medicine) are the same degrees. Dentists who have a DMD or DDS have the same education. It's up to the universities to determine what degree is awarded, but both degrees use the same curriculum requirements. <https://www.mouthhealthy.org/en/az-topics/d/dds-dm>

Education Debt Repayment Program (EDRP) - A student loan repayment program that offers up to \$200,000 through the U.S. Department of Veterans Affairs. EDRP authorizes VA to provide student loan reimbursement to employees with qualifying loans who are in difficult to recruit and retain direct patient care positions. Loans must be for the health professional's education that qualified the applicant for a specific position. www.vacareers.va.gov

Federally Qualified Health Center - Community-based health care non-profit organizations that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. <https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc/index.html>

Grant Per-Diem Program - Low Demand (GPD-LD) - Housing programs that utilize a harm reduction framework to accommodate chronically homeless veterans who were either unsuccessful in traditional housing programs, or did not participate in them, due to treatment participation and sobriety requirements for admission to and/or continued stay in the programs. Low demand programs do not require sobriety or compliance with mental health/substance use treatment as a condition of admission or continued stay, and they are characterized by the following: Demands are kept to a minimum; environment of care is non-intrusive as possible to foster trust between staff and residents; rules focus on staff and resident safety; and case management, education, and treatment services are offered and highly encouraged, but not a condition of admission or continued stay.

<https://www.va.gov/HOMELESS/nchav/models/GPD-LD.asp>

Health Resources & Services Administration (HRSA) Loan Repayment Program - Licensed primary care clinicians in eligible disciplines can receive loan repayment assistance through the National Health Service Corps Loan Repayment Program (NHSC LRP). In exchange for loan repayment, they serve at least two years of service at an NHSC-approved site in a federally designated Health Professional Shortage Area (HPSA). <https://nhsc.hrsa.gov/loan-repayment/index.html>

HUD/VASH Program - HUD-VASH is a collaborative program between the U.S. Department of Housing and Urban Development (HUD) and the United States Department of Veterans Affairs (VA). It combines HUD housing vouchers with VA supportive services to help veterans who are homeless and their families find and sustain permanent housing. <https://www.va.gov/homeless/hud-vash.asp>

Indian Health Service - An agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. This relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders. The IHS is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for approximately 2.6 million American Indians and Alaska Natives who belong to 574 federally recognized tribes in 37 states. <https://www.ihs.gov/>

Law Affected or Justice Affected Veteran – A veteran struggling with the physical and invisible wounds of war who has had involvement with law enforcement and the justice system. The veteran may be incarcerated or participating in a *Veterans' Treatment Court*. Often one who has had difficulties adjusting to civilian life due to undiagnosed Post Traumatic Stress Disorder, a Traumatic Brain Injury, Military Sexual Trauma, developed drug and alcohol problems or a combination of these conditions.

Licensed Denturist - A specialized dental-care professional who is trained and works exclusively with denture patients, and specializes in making, fitting, and repairing dentures as a direct service to the public.

Maine Bureau of Veterans' Services - Serves as the State of Maine's advocates for veterans and their families and has seven field offices - Bangor, Caribou, Lewiston, Machias, Portland, Springvale, and Togus, provides access to state veterans' programs, and oversees the four Veterans' Memorial Cemeteries in the state. <https://www.maine.gov/veterans/>

MaineCare - Maine's Medicaid program will pay for a limited number of dental services for adults, but only under defined criteria. MaineCare does not pay for routine preventive oral health care for adults, even when chronic disease overlaps have been documented and the individual is eligible for MaineCare's medical benefits.

MaineCare Brokerage System - MaineCare offers Non-Emergency Transportation (NET) for eligible members. <https://www.maine.gov/dhhs/oms/nemt/index.shtml>

Medicare - A federal health insurance program that provides health coverage to persons 65+ or under 65 who have a qualifying disability. <https://www.medicare.gov/>

Military Sexual Trauma (MTS) - Sexual assault or harassment experienced during military service.

MOTIVATE Program - A Lunder-Dineen Health Education Alliance of Maine program that provides interprofessional teams in long-term care with education to advance their knowledge, skills and attitudes about oral health, while supporting best practices to promote evidence-based oral health care, will strengthen both an interprofessional collaborative practice model and total health care for older adults. <https://lunderdineen.org/oral-health-motivate>

Oral Health - Oral health is a functional, structural, aesthetic, physiologic, and psychosocial state of well-being and is essential to an individual's general health and quality of life. <https://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/ada-policy-definition-of-oral-health>

PACE Program - Provides dental care to older residents, including veterans. PACE is a Medicare and Medicaid program that helps people meet their health care needs in the community instead of going to a nursing home or other care facility. <https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/pace>

Pandemic - A disease that affects a large number of people within a community, population, or region spread over multiple countries or continents.

Post Traumatic Stress Disorder - A psychiatric disorder that some people develop after experiencing or witnessing a life-threatening or traumatic event, such as combat, a natural disaster, a car accident, physical or sexual assault. <https://www.ptsd.va.gov/>

Purchased/Referred Care (PRC) - Medical/dental care provided at an Indian Health Service (IHS) or tribal health care facility is called Direct Care. The PRC program at IHS is for medical/dental care provided away from an IHS or tribal health care facility. PRC is not an entitlement program and an IHS

medical referral does not imply the care will be paid. If IHS is requested to pay, then a patient must meet the American Indian/Alaska Native tribal affiliation, residency requirements, notification requirements, medical priority, and use of alternate resources (including IHS facility).

<https://www.ihs.gov/forpatients/prc/>

Service Members - Men and women actively serving in the United States Military (Army, Navy, Air Force, Marines, or Coast Guard).

Transition Assistance Program (TAP) - Provides information, resources, and tools to service members and their loved ones to help prepare for the move from military to civilian life. Service members begin TAP one year prior to separation, or two years prior to retiring.

<https://www.benefits.va.gov/transition/tap.asp>

Trauma Informed Care - A basic understanding of how trauma affects the life of individuals and exhibiting compassion when a trauma survivor's experience may impact the way the individual accepts and responds to services. Oral health professionals can provide an improved experience of care for veteran patients by creating a safe space for them during appointments.

Traumatic Brain Injury (TBI) - A TBI is caused by a bump, blow or jolt to the head, or a penetrating head injury that disrupts the normal function of the brain.

Tricare - The Department of Defense's healthcare program for active-duty and retired service members and their families. <https://www.tricare.mil/>

VA Community Care Network - The VA's direct link with community providers to ensure veterans receive timely, high-quality care.

https://www.va.gov/COMMUNITYCARE/providers/Community_Care_Network.asp

VA Dental Insurance Program (VADIP) - Offers discounted private dental insurance for veterans and family members who meet certain requirements.

<https://www.va.gov/health-care/about-va-health-benefits/dental-care/dental-insurance/>

VA Maine Healthcare System - VA Maine Healthcare System's Togus VA Medical Center (VAMC) is a Joint Commission accredited, complexity Level 1C facility in Augusta, Maine that serves over 42,500 Veterans. Full-time community-based outpatient clinics (CBOCs) are located in Bangor, Calais, Caribou, Lewiston, Lincoln, Portland, Rumford and Saco. Part-time clinics are located in Fort Kent and Houlton. A 53-foot mobile clinic, an Office of Rural Health pilot program, was converted to a fixed-site part-time clinic in Bingham.

Togus VAMC is a 67-operating bed facility with general medical, surgical, intermediate and mental health beds, as well as a 100-bed Nursing Home consisting of 50 Skilled and Longer Stay beds, and a 50-bed Dementia Unit. The oldest veterans' facility in the country, having opened in the fall of 1866, Togus is located five miles east of Augusta, the state capital. The Togus campus encompasses 500+ acres of buildings and natural woodlands serving as natural habitats for Maine's wildlife. Additionally, the National Cemetery is located on the Togus campus. <https://www.maine.va.gov/about/index.asp>

VA Service-Connected Rating – A veteran who is disabled due to injury or illness that was incurred in or aggravated by military service. A VA rating schedule is utilized to evaluate a disability resulting from all types of diseases and injuries encountered as a result of or incident to military service. Ratings are given in 10% increments, designated to a veteran from VA under the VA's Schedule of Rating Disabilities (VASR-D). <https://www.va.gov/disability/about-disability-ratings/>

VA Schedule of Rating Disabilities - Provides access to the schedule of ratings used by both the VA and the military in evaluating service-connected disabilities.
<https://www.benefits.va.gov/WARMS/bookc.asp>

VA Veteran Readiness and Employment (Chapter 31) - A VA program for veterans with a service-connected disability that limits their ability to work or prevents them from working, Veteran Readiness and Employment (formerly called Vocational Rehabilitation and Employment) is also known as Chapter 31 or VR&E. It helps veterans explore employment options and address training needs. In some cases, veteran's family members may also qualify for certain benefits.
<https://www.va.gov/careers-employment/vocational-rehabilitation/>

Vet Center - Veteran Outreach Centers are community-based and VA sponsored. They provide free counseling to Combat Veterans (experiencing PTSD symptoms), survivors of Military Sexual Trauma (MST), and grief counseling to family members of anyone that dies on active duty. There are five Vet Centers in Maine located in - Caribou, Bangor, Lewiston, Portland, and Springvale.
<https://www.maine.va.gov/visitors/VetCenters.asp>

Veteran - Upon discharge, received an honorable discharge or a general discharge under honorable conditions, provided the discharge was not upgraded through a program of general amnesty. If having served as an enlisted person after September 7, 1980, or as an officer after October 16, 1981, served for a minimum of 24 continuous months. Has a DD-214 (discharge document) or a VA I.D. card as a form of veterans' identification.

Veterans Affairs - The VA carries out four specific missions - Veterans Health Care, Veterans Benefits, National Cemeteries, and the VA's "Fourth Mission," to improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to

ensure continued service to veterans, as well as to support national, state, and local emergency management, public health, safety and homeland security efforts.

https://www.va.gov/ABOUT_VA/index.asp

Veterans Benefits Administration - Provides a variety of benefits and services to Service Members, veterans, and their families. <https://benefits.va.gov/benefits/>

Veteran-Centric - Culturally competent care and behaviors that demonstrate thoughtfulness and respect towards military culture while recognizing and accepting a veteran patient's unique experiences and background.

Veterans' Emergency Financial Assistance Program - A Maine Bureau of Veterans' Services oversees the program that provides up to a \$2,000 grant for a veteran experiencing a financial emergency and is paid directly to the business or agency providing the service. A veteran must have an Honorable or General Under Honorable discharge on their DD-214 (discharge papers) to qualify for the program. For more information contact MBVS's partners - American Legion (1-207-893-3229) or Easterseals Maine (207-828-0745 ext. 1004).

Veterans Health Administration - The Veterans Health Administration is America's largest integrated health care system, providing care at 1,255 health care facilities, including 170 medical centers and 1,074 outpatient sites of care of varying complexity (VHA outpatient clinics), serving nine million enrolled Veterans each year. <https://www.va.gov/health/>

Veterans of Foreign Wars - A nonprofit veterans service organization comprised of eligible veterans and military service members from the active, Guard and Reserve forces. Founded in 1899 and chartered by Congress in 1936, they are the nation's largest organization of war veterans and its oldest major veterans organization. <https://www.vfw.org/app/who-we-are>

Veterans Service Officer - A specially trained person (often a veteran) who counsels, advises, and assists military service veterans, veterans survivors and their dependents in obtaining benefits provided for them by county, state, and federal laws.

Veterans' Treatment Court - A specialty court track for justice affected veterans, designed to not only deal with their legal issues, but to provide support for physical, mental health, and substance abuse treatment. https://www.courts.maine.gov/maine_courts/drug/codvc.html

Wabanaki Public Health - The formation of the Tribal Public Health Unit in 2008 was a direct result of the four federally recognized Wabanaki Tribes in Maine coming together in partnership with the Maine CDC. Wabanaki Public Health (established 2011) is dedicated to improving the health and well-being of tribal community members through connection, prevention, and collaboration.

<http://wabanakipublichealth.org/>

Wabanaki Tribes - Represents Maine's five original indigenous communities who have inhabited this land for over 12,000 years. "The Wabanaki Confederacy (also spelled Waponahki) - translated as "People of the First Light" or "Dawnland" - currently comprises five principal nations: The Micmac (also spelled Mi'kmaq), Maliseet (also spelled Wolastoqewi), Passamaquoddy (also spelled Peskotomuhkati), Penobscot Nation (also spelled Panawahpskek), and Abenaki (also spelled Aponahkewiyik), and stretches from Newfoundland in the east, to New Hampshire in the south and parts of Quebec in the north and west."

<http://www.fourdirectionsmaine.org/wabanaki-tribes/>

Wabanaki Veteran - A member of one of Maine's five Native American communities - Micmac, Maliseet, Passamaquoddy, Penobscot Nation or Abenaki, who served in the U.S. Military at a time of war or peace. Wabanaki Veterans have served in every armed conflict since the Revolutionary War and in every branch of the service. In April of 2009, Maine passed a law recognizing June 21st as Native American Veterans Day in Maine to acknowledge Wabanaki Veterans for their courage and service to our communities, State, and Nation. The Maine Bureau of Veterans' Services would like to thank Maine's Native American Veterans for their service.....in their own languages.

~ Wela'lin, Woliwon, Woliwoni, Wli Wni Wabanaki Veterans ~



Looking at Maine's Veterans' Oral Health History



and Moving Towards Their Future.



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