Exploring Medicaid Dental Utilization in Kansas: Trends, Gaps, and Special Populations

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2023 - 2025

About me

- Born and raised in India
- Completed BDS in 2019; practiced dentistry in India (2019–2021)
- Moved to Lawrence, Kansas, USA in 2023
- Worked as a dental assistant in Lawrence (2023–2024)
- MPH student at Kansas State University (since August 2023)
- Currently, a full-time mother, balancing family and professional growth
- Passionate about dentistry, public health, and lifelong learning

"Dentistry gave me the tools to heal; public health gave me the vision to serve beyond the clinic."

Outline

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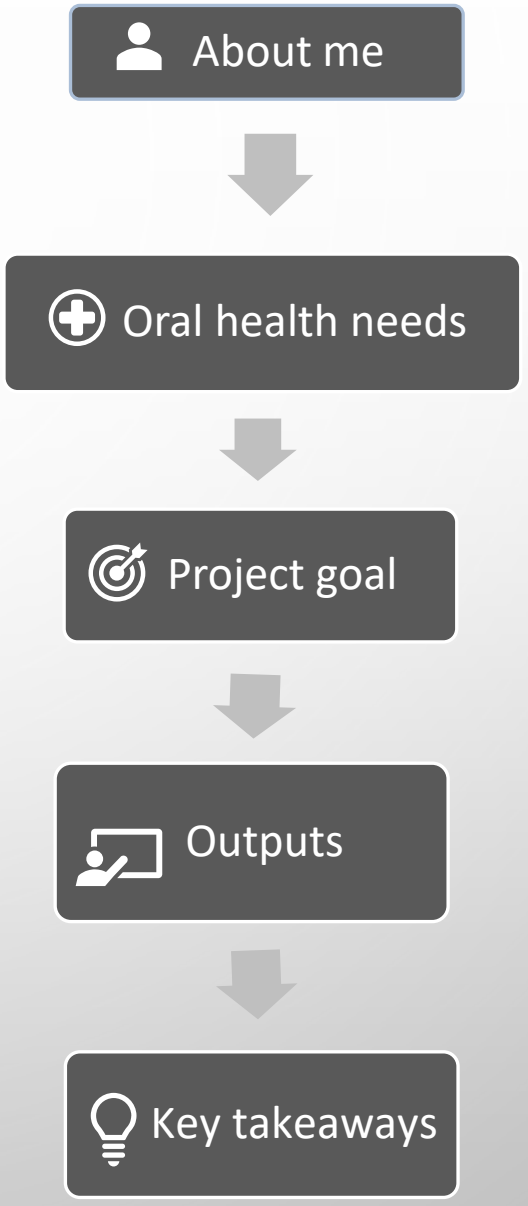


Public Health Agency Site: Oral Health Kansas

Internship: May – July 2025, Topeka, KS

Who they are: A nonprofit organization dedicated to improving oral health and equity across Kansas.

Pathways to Oral Health

1. Advocacy and policy reform

Expands Medicaid adult dental benefits.

Raises reimbursement rates.

2. Initiatives

The Dental Champions Leadership.

Thirsty for Health encourages schools to promote water over sugary drinks.

Brush, Book, Bed.

Community Water Fluoridation.

3. Resources

My Dental Care Passport

Sensory-friendly care guides

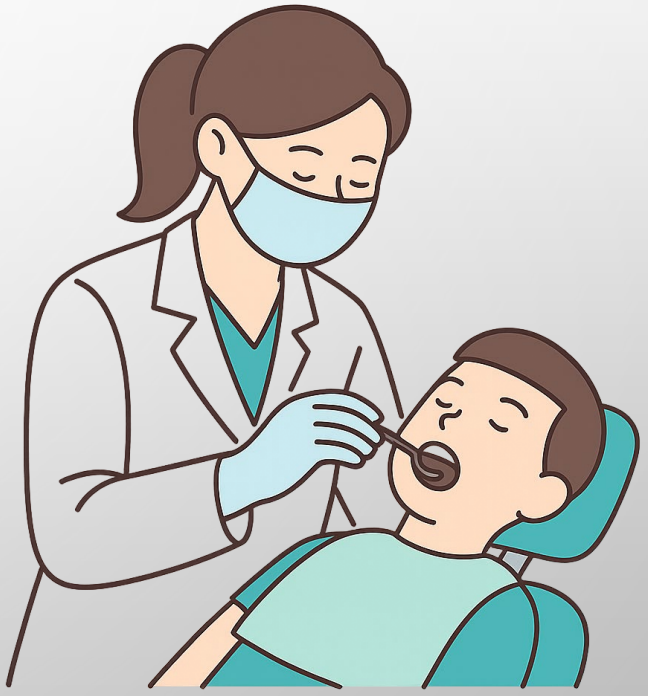
Educational materials for families and providers.

Oral health needs in IDD & autism

- Dental care plays a vital role in everyone's health — but for people with special needs, it works differently.

  Here's why:

- **Higher needs:** More cavities, gum disease, and bruxism.
- **Physical and behavioral challenges:** Sensory sensitivities, communication challenges, dental anxiety, and dependence on a caregiver.
- **System gaps:** Limited insurance, long waits, high costs, and a few trained providers.
- **Consequences:** Pain, infection, poor nutrition, and worse chronic disease.
- **Equity issue:** Disparities persist without targeted action.



ORAL HEALTH ACCESS: U.S.

U.S. Context

According to CDC data, only 65.5% of U.S. Adults and nearly 90% of children had a dental exam or cleaning in 2023 — meaning 1 in 3 adults missed care.

Preventive/treatment can resolve up to 80% of dental issues and reduce emergency visits by 14%

Yet, access isn't equal for everyone.

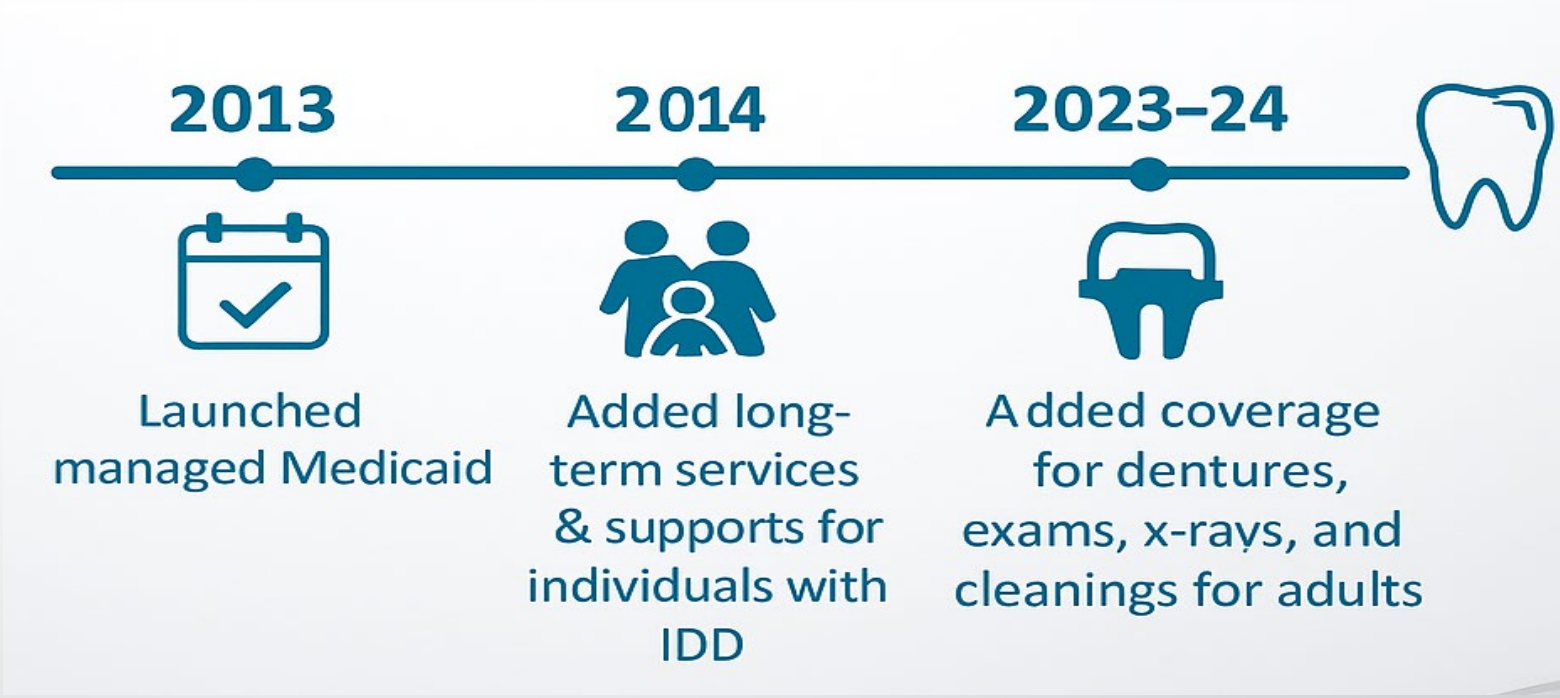
IDD & Autism populations

- Nearly **9 million** adults rely on Medicaid for dental care.
- Children: **Higher visit rates:** 86% vs 76% of peers.
- But 3× more care gaps: 3.5% vs 1.2% unmet needs.
- Only 32% of dentists treat children with autism;

  72% cite low reimbursement/time barriers.

KanCare overview

- Adult dental coverage: Preventive cleanings/exams; most restorative care excluded.
- <50% of KanCare-enrolled children ages 3–5 received dental care in 2021–22, compared with ~80% of Kansas children overall.



Gaps remain

- Only 13% of dentists accept Medicaid
- Limited IDD/autism data & caregiver education
- Low reimbursement → provider reluctance
- Adults face major access issues

Project goal

In Kansas

In 2023, 85.2% of Kansas children (ages 1–17) had a dental visit.

No state-level data exists on dental access or emergency visits specifically for children and adults with IDD/autism — a critical data gap.

Goal:

- Analyze how individuals with IDD and autism use dental services under Medicaid.
- Identify barriers to access.
- Develop tools and resources to inform policy, engage providers, and promote equitable oral health access for underserved populations.

Learning objectives

Data & analysis: Strengthen skills in data cleaning, analysis, and visualization (Excel, Tableau).

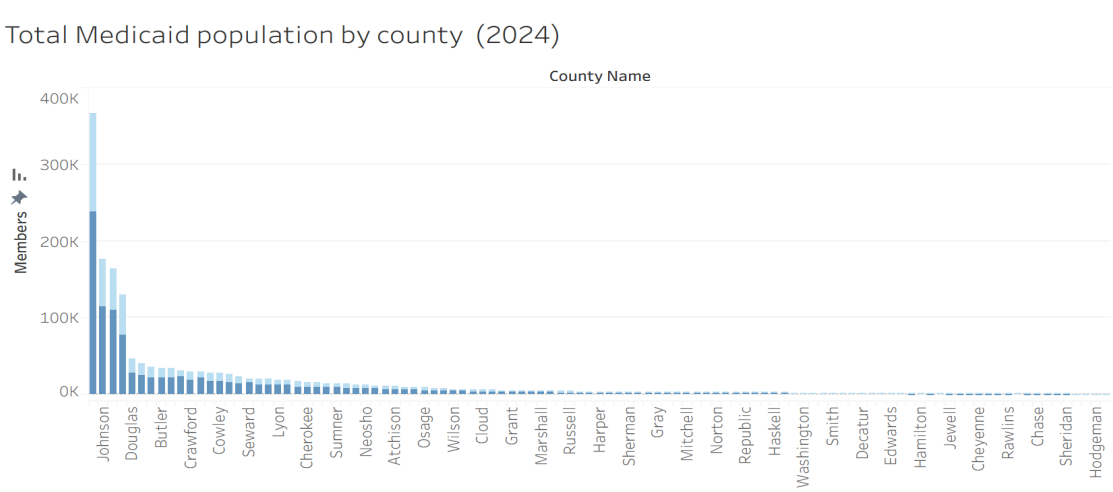
Translation & communication: Convert complex datasets into actionable insights; design targeted outreach materials.

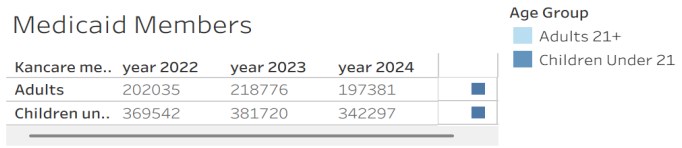
Knowledge building: Deepen understanding of oral health disparities in IDD/autism; enhance knowledge of Medicaid policy, advocacy, and program implementation.

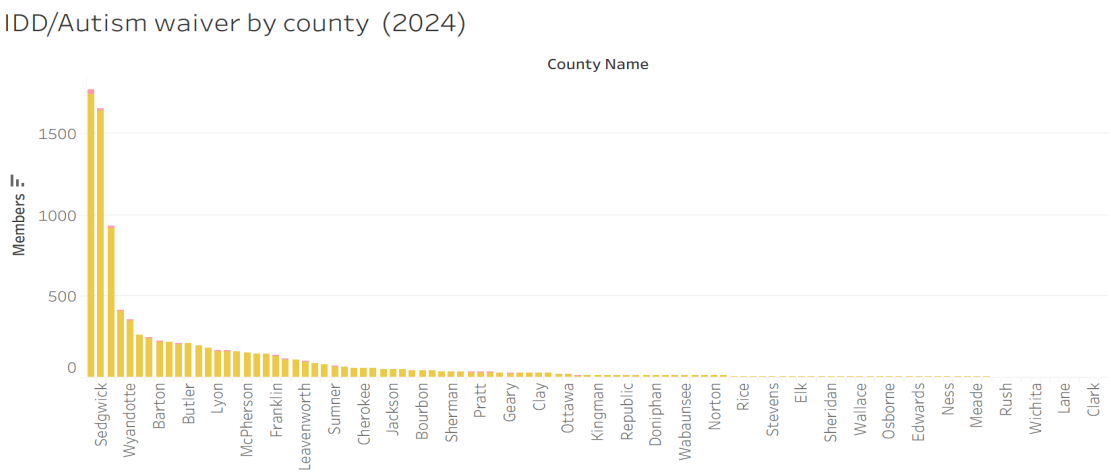
Collaboration & leadership: Build partnerships with public health organizations, advocacy groups, and policymakers.

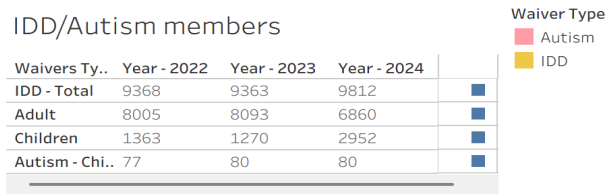
Impact: Apply public health leadership and real-world strategies to improve access to oral health care.

Product 1 Dashboard 1: Medicaid Enrollment And IDD/Autism Waiver Distribution In Kansas (2022–2024)









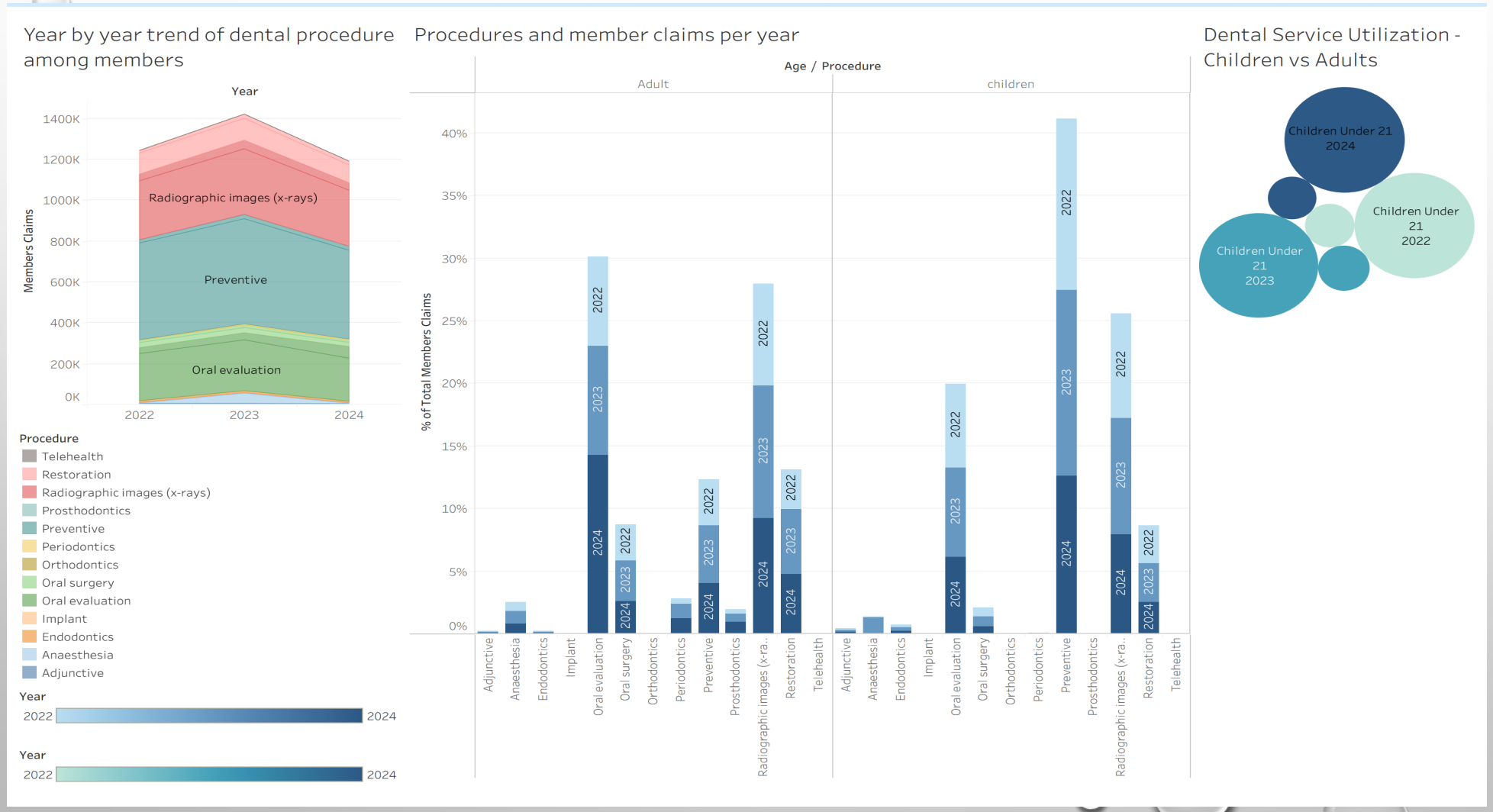
Medicaid Population: Children make up the largest share, with the highest numbers in Johnson, Sedgwick, and Wyandotte counties.

IDD/Autism Waivers: Concentrated in Sedgwick, Shawnee, and Johnson; mostly adults.

Use: Identifies counties for targeted outreach and provider support.

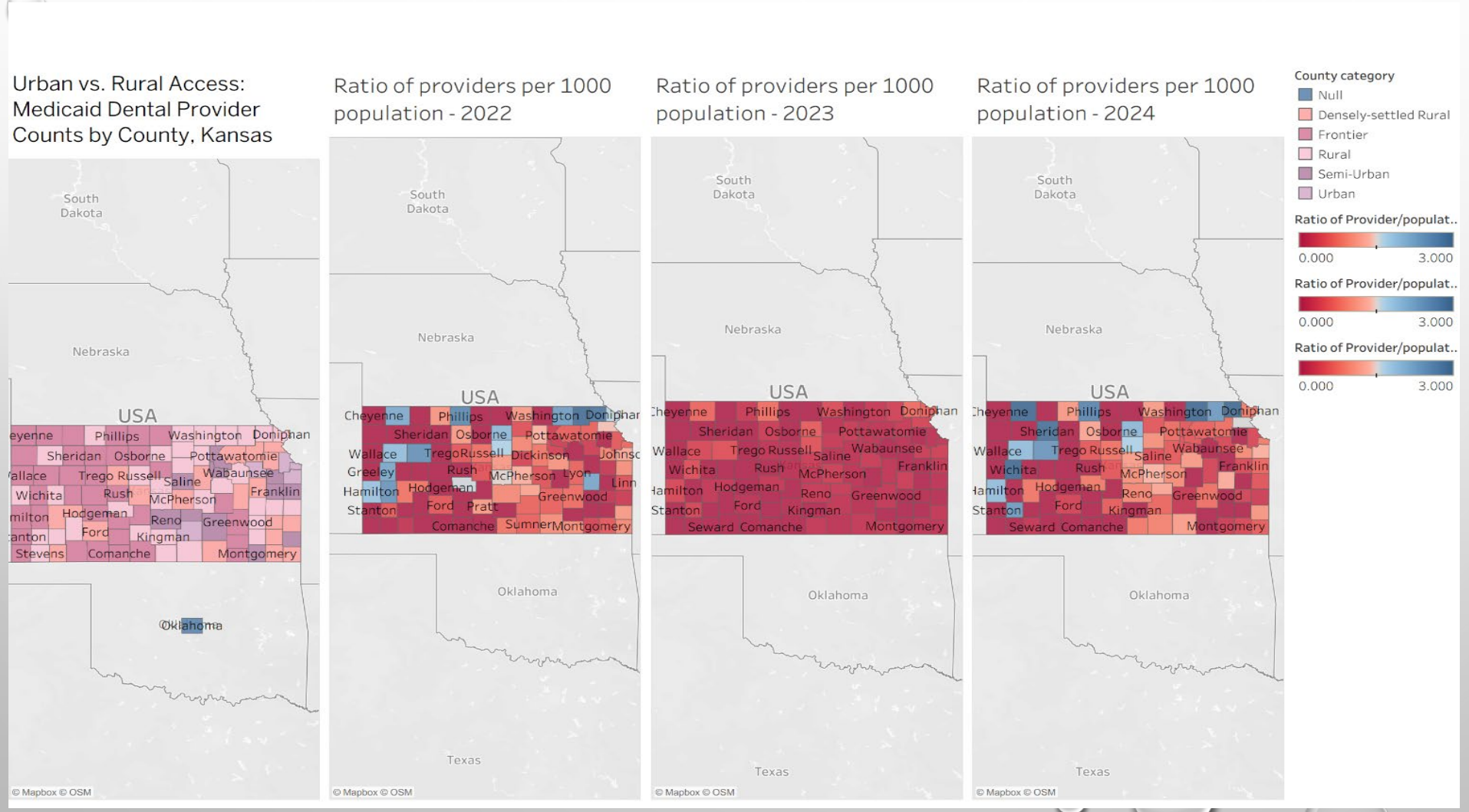
Limitation: Shows only totals, not service quality or health outcomes.

Dashboard 2: Trends In Dental Service Utilization Among Medicaid Members (2022–2024)



Children under 21 have significantly higher dental service utilization than adults.
High use of **preventive/oral evaluation**; very low use of specialized services.
Uses: Highlights trends, disparities, and gaps in dental service utilization between children and adults.
Limitations: Based only on Medicaid claims → not every visit is captured.
Tells *what* services were used, not *why* people didn't get care.
Doesn't show if care improved health.

Dashboard 3: Urban – Rural Disparities In Medicaid Dental Provider Access, Kansas (2022–2024)



Urban–Rural Disparity: Medicaid dental providers are concentrated in urban and semi-urban counties, leaving many rural and frontier areas underserved. Highlights a **geographic access gap**, meaning that individuals in rural Kansas must travel farther or face delays for dental care.

Limitation: Maps only show numbers, not wait times or the willingness of dentists.

Product 2 Executive Summary

Oral Health Kansas
Executive Summary
Date: July 25, 2025

Title: Your Dental Health and KanCare: What You Need to Know

Why does it matter:
Many health problems begin in the mouth, and taking care of your teeth helps keep your whole body healthy. This summary illustrates how individuals on KanCare, including children, adults, and those with special needs, utilize dental services. It helps us understand what's working well and what needs to improve to keep all Kansans healthy.

What we found:

- By 2024, fewer adults and children were enrolled in KanCare because the special pandemic rule called continuous eligibility ended. When the state rechecked who still qualified, many lost coverage. Most remaining members live in bigger counties like Johnson and Sedgwick.
- In 2024, nearly 10,000 people with disabilities and autism were enrolled in KanCare waivers, spread across many counties. Most live in bigger counties like Sedgwick, Wyandotte, and Johnson, but rural areas still have fewer enrollments.
- The good news is that most children and adults on Medicaid, including those with IDD or autism, used dental services each year from 2022 to 2024. Around 85% of children under 21 used these services, making them the largest group each year.
- From 2022 to 2024, nearly 1.5 million preventive dental services—like cleanings and fluoride treatments were delivered to people on KanCare. The most common services were teeth cleanings and fluoride to protect against dental cavities.
- From 2022 to 2024, access to KanCare dental providers stayed uneven across Kansas. While some places like Phillips County improved, others like Crawford saw fewer providers, and rural areas like Thomas County had none at all. Urban areas, such as Johnson County, have better access, but many rural Kansans still face long travel times or wait times to receive the care they need.

What does this mean for you?

- If you are a parent: Take your child for a regular dental checkup. Medicaid covers it and helps prevent dental problems at an early stage.
- If you live in a rural area, ask your local leaders to bring more dentists to your community.
- If you or your loved one has a disability: Know that dental care is available and being used well – continue your appointments regularly.
- If you are a Kansan who cares: Support programs that bring care to more people and make access fair across all counties.

"Together we can build a healthy community — no matter where they live or who they are."

Audience: Kansas - Population | Prepared by Oral Health Kansas | www.oralhealthkansas.org

Oral Health Kansas
Executive Summary
Date: July 25, 2025

Serving with Impact: What Kansas Dentists Should Know About KanCare and Dental Access

Why does it matter:
As oral health professionals, Kansas dentists play a key role in maintaining the state's overall health. This summary highlights trends in KanCare dental utilization and reveals where care is reaching people and where more help is needed.

Key Findings:

- By 2024, KanCare enrollment dropped for adults and children due to the end of pandemic-era continuous eligibility. As redeterminations resumed, many individuals lost coverage. Most remaining members live in larger counties like Johnson and Sedgwick, where more dental providers are available.
- At the same time, nearly 10,000 individuals with IDD or autism were enrolled in waivers in 2024—a result of state funding to reduce waiting lists. Despite this progress, rural areas still lag in service availability. This means people in small towns often have to travel farther or wait longer to get the dental care they need.
- Encouragingly, the majority of children and adults enrolled in KanCare, including individuals with IDD or autism, utilized dental services consistently from 2022 to 2024. Approximately 85% of children under 21 received dental care annually, making them the largest user group each year.
- Nearly 1.5 million preventive dental services, especially cleanings (D1110) and fluoride applications (D1206), were delivered over three years. This highlights the importance of maintaining preventive care access.
- Persistent workforce disparities: Between 2022 and 2024, KanCare provider distribution remained uneven. While counties like Phillips improved, others like Crawford declined, and rural areas like Thomas had no providers at all. Urban counties, such as Johnson, consistently maintain high provider access, underscoring the ongoing need to support dentists serving underserved areas.

What does this mean for you?

- If you are a dentist in a rural area, you're making a big difference, but you may also face high demand. Consider outreach partnerships to expand coverage.
- If you're not currently enrolled with KanCare, now may be a good time to join. Adult dental coverage and reimbursement have improved, especially for preventive services.
- If you serve special populations, continue these efforts. The data show high engagement and need, especially among individuals with disabilities.
- As a health leader in your community, advocate for better incentives, student loan support, and infrastructure to attract more dental providers to underserved regions.

"Your commitment matters — together, we can close the gap and create a healthier Kansas for all."

Audience: Kansas - Providers | Prepared by Oral Health Kansas | www.oralhealthkansas.org

Oral Health Kansas
Executive Summary
Date: July 25, 2025

Oral Health Equity in Kansas: How KanCare Makes a Difference

Why does it matter:
Oral health is a critical part of overall health. Many chronic health problems originate in the mouth, and ensuring access to basic dental care helps keep individuals, families, and communities healthy, while also lowering long-term healthcare costs. This summary illustrates how Kansans utilize KanCare dental services and highlights gaps that require continued state attention.

Key findings:

- Enrollment shifts: By 2024, KanCare enrollment declined for adults and children due to the end of the pandemic-era continuous eligibility rule. When eligibility checks resumed, many Kansans lost coverage. Most remaining members live in larger counties like Johnson and Sedgwick, where more providers are available.
- Waiver growth and rural gaps: In 2024, nearly 10,000 people with disabilities and autism were enrolled in KanCare waivers across many counties. Most live in larger counties such as Sedgwick, Wyandotte, and Johnson, but rural areas continue to face limited provider access.
- Strong utilization: Most children and adults on Medicaid, including those with IDD or autism, used dental services consistently from 2022 to 2024. About 85% of children under 21 received care each year, showing strong demand when services are accessible.
- Preventive care delivered: Between 2022 and 2024, nearly 1.5 million preventive dental services, such as cleanings and fluoride treatments, were delivered through KanCare, helping prevent costly oral health issues.
- Persistent workforce disparities: From 2022 to 2024, KanCare dental provider distribution remained uneven. Counties like Phillips saw gains, while Crawford declined, and rural areas like Thomas had no providers. Urban areas such as Johnson maintained strong access, highlighting the need for policies to recruit and retain providers in underserved areas.

What does this mean for policymakers?

- Maintaining and expanding dental care access requires continued state action
- Support families: Promote awareness that KanCare covers preventive care for children and adults.
- Strengthen rural access: Invest in strategies to recruit and retain dentists in underserved counties, such as student loan repayment programs and tuition assistance, and partnerships with dental schools to reduce student debt.
- Protect vulnerable Kansans: Ensure funding for waivers and services for individuals with disabilities and special health needs.
- Advance health equity: Back policies that close provider gaps so all Kansans, no matter where they live, have fair access to care.

"Together, we can strengthen Kansas communities by ensuring that every resident can get the dental care they need to stay healthy and thrive."

Audience: Kansas State Legislator | Prepared by Oral Health Kansas | www.oralhealthkansas.org

These executive summaries are tailored for three key audiences—Kansas residents, dental providers, and policymakers—to deliver targeted insights, highlight service gaps, and guide actions that improve access to dental care under KanCare.

Product 3
An Educational Flyer

This flyer was created to help caregivers quickly recognize early signs of dental problems in individuals with disabilities, enabling timely care and preventing complications.

MPH Competencies

#4 Interpret results of data analysis for public health research, policy, or practice.

I created dashboards using Medicaid dental data to reveal disparities by age, waiver status, geography, and provider access. I presented findings in meetings, highlighting low adult utilization and rural provider shortages tied to policy gaps, demonstrating my ability to turn complex analysis into actionable insights for research, policy, and practice.

#8 Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.

I created an educational flyer with inclusive visuals and plain language to help caregivers of individuals with disabilities. Using simple, diverse images made the content engaging and culturally relevant, while feedback from advocacy groups ensured it respected family traditions, caregiving styles, and oral health beliefs. OHK will use this flyer to support their community outreach efforts and provide accessible oral health education to families and caregivers across Kansas.

#13 Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes

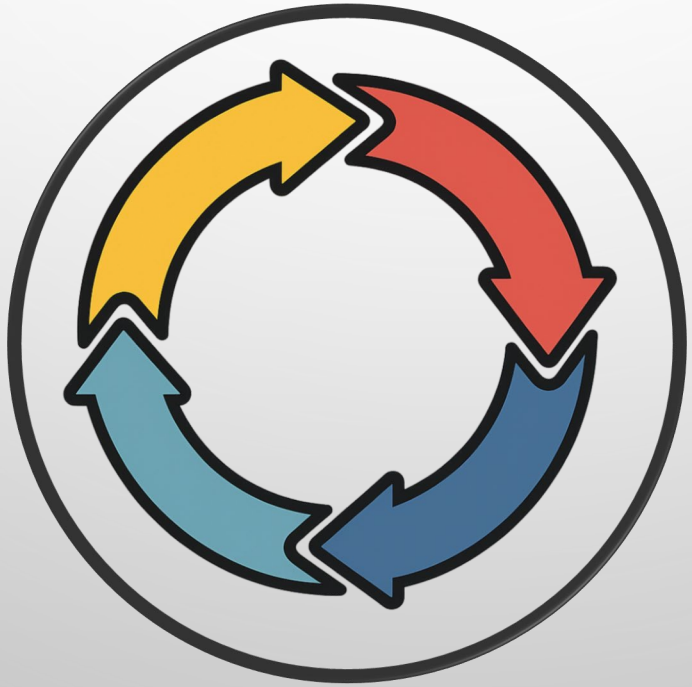
In my project, I identified key stakeholders—legislators, providers, and the public—and tailored my communication for each group through executive summaries and briefs. By focusing on shared goals like improving rural access and promoting preventive dental care, I proposed strategies to bring these groups together, creating coalitions that could advocate for stronger Medicaid dental access for individuals with IDD and autism.

#19 Communicate audience-appropriate public health content, both in writing and through oral presentation

In writing, I prepared executive summaries for legislators, providers, and the public, tailoring the content to match each group's language and priorities. In presentations, I used dashboards with maps and charts to explain disparities and answer questions for oral health in Kansas, policymakers, and advocacy groups. Together, these efforts show how I adapted my communication style to effectively reach diverse audiences.

#22 Apply systems thinking tools to a public health issue

I used a *causal loop diagram* alongside the dashboard to apply systems thinking, showing how geography, waiver status, procedure use, and provider availability shape Medicaid dental access. It revealed patterns like rural shortages leading to low utilization and highlighted how multiple factors create disparities, helping identify root causes and guide interventions to improve equity for individuals with IDD and autism.



Number	Emphasis Area Competencies: Infectious diseases and zoonosis	Description
1	Pathogenic mechanism	I learned how infectious agents replicate and spread through DMP 710 and ASI 540. I was able to synthesize this knowledge by recognizing that individuals with IDD and autism face higher oral infection risks due to hygiene challenges and limited preventive care, underscoring the importance of Medicaid access.
2	Host response to immunology	Through AAI 852, I studied immune responses and integrated this knowledge by noting how chronic conditions like diabetes or epilepsy and medications such as anticonvulsants or antipsychotics increase oral infection risks in individuals with IDD and autism. This showed the need for preventive dental services to support immune resilience and better oral health outcomes.

3	Environmental influences	I integrated knowledge from MPH 802 and DMP 710 by linking environmental factors—like rural location, transportation barriers, and provider shortages—to disparities in dental service use among Medicaid-enrolled individuals with IDD and autism.
4	Disease surveillance	I was able to synthesize skills from MPH 754 by analyzing Medicaid dental utilization data across waiver groups and geography, mirroring disease surveillance to track trends, identify disparities, and guide evidence-based recommendations for improving access.
5	Disease vector	Through DMP 710 and MPH 802, I studied disease vectors and integrated this learning by *drawing parallels* between vector-borne risks and barriers like geography, transportation, and inequities, which act as “vectors” influencing oral health access for individuals with IDD and autism.

Key Takeaways and Future Directions

- Few providers and low Medicaid acceptance create major barriers
- Data gaps limit effective planning and resource allocation
- Leads to higher rates of untreated cavities and infections
- Caregivers report a lack of culturally tailored information and support

Future directions

- Build stakeholder partnerships
- Expand provider training in special needs dentistry
- Advocate for stronger Medicaid support and rural participation incentives
- Increase reimbursement rates for providers to encourage Medicaid acceptance

Conclusion

- Access to dental care for individuals with IDD & autism is more than a health issue — it's an **equity issue**.
- With policy reform, provider training, and stronger Medicaid support, we can close the gap.
- Together, we can create a future where oral health is accessible for everyone.

Acknowledgment

Supervisory committee

- Dr. Ellyn R. Mulcahy, Ph.D., M.P.H
- Dr. Margaret Kincaid, Ph.D.
- Dr. Paige Adams, D.V.M., Ph.D.

APE Preceptors

- Tanya Dorf Brunner (Executive Director of Oral Health Kansas)
- Maryanne Lynch Small (BDS, MPH) (Medicaid projects manager)
- Augustina Mensah (Intern)

MPH Program Team

- Dr. Ellyn Mulcahy (Program Director)
- Plern Kongsamut (Program coordinator)

Scholarship Acknowledgement

Ready to serve: building a ‘day-1-ready’ public health workforce for Kansas and beyond”, T52HP46763-01-00, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,486,217.00. With 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government.

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Questions ?….