

Medicaid Adult Dental Program

FACTSHEET

Status:

- Medicaid is the primary vehicle for dental coverage among adults with low incomes.
- Arkansas is one of six states that currently does not offer state Medicaid Coverage for Adult Dental Benefits.
- 62% of Arkansan's are DENTALLY uninsured.
- Several services are available for individuals age 21 and older only when provided as medically necessary dental treatment. In general, these services are not available for individuals age 21 and older unless a life-threatening medical necessity exists.

Program:

Funds would create a prevention and treatment program to offer dental coverage to adult Medicaid recipients.

Impact:

- Approximately 145,000 adults are eligible for Arkansas Medicaid. This includes those who are elderly, blind and disabled, and pregnant and post-partum women, as well as individuals receiving Medicaid services through the Breast and Cervical Cancer Program.

How it Works:

Medicaid reimburses health care providers for covered medical services provided to eligible individuals. Eligibility is determined based on income, resources, Arkansas residency and other requirements.

Through this program, Medicaid eligible individuals will have access to:

- annual cleanings, x-rays and fluoride applications;
- dentures and partials (once per lifetime); and
- an annual benefit limit of \$500 not including extractions.

Administration/Oversight: Arkansas Department of Human Services will allocate funds to create the Medicaid Adult Dental Program. Funds to support these services will be appropriated by the Arkansas General Assembly to Arkansas Medicaid. Arkansas Medicaid is conducted as a partnership between the state and federal government. The program is overseen by the Arkansas Department of Human Services and the US Centers for Medicare and Medicaid Services.

