Virginia Department of Health
Dental Transition Plan

A Report to the General Assembly

October 2013

Planning for Transitioning VDH Dental Clinical Programs to a Targeted Statewide Hygienist-based Prevention Model

Report to the General Assembly 2013.

Background

In 2011, VDH proposed a restructuring of dental clinical services as a cost reduction strategy and for the purpose of internal alignment with an evolving mission emphasizing more preventive and population based programs. In response to the final budget, as adopted by the General Assembly (GA) in 2012 and amended by Item 296, VDH created a dental stakeholder advisory committee from community individuals and organizations with an interest in oral health and access to dental care. VDH convened meetings with stakeholders on several occasions to discuss the issues of transitioning to a restructured dental program. A final report was submitted to the General Assembly titled "VDH Oral Health Plan October 2012" (RD 257).
http://leg2.state.va.us/DLS/h&sdocs.nsf/5c7ff392dd0ce64d85256ec400674ecb/e48f6f48d8ed436785257a1c005911f2?OpenDocument&Highlight=0,dental

The proposed restructuring required significant budget and staffing reductions for Community Health Services District dentists, who had been supported in part with State general funds. From the resulting savings, an expanded dental hygienist workforce would be established within the Office of Family Health Services (OFHS), managed by the Dental Health Program (DHP), and supported with general funds allocated to OFHS. These hygienists would be deployed throughout the State in areas of greatest need, working under the newly created "remote supervision" model of preventive services. Recognizing the complexity of this transition, the "VDH Oral Health Plan October 2012" report proposed the transition to a preventive focused model be granted an additional year for planning and initiation. This proposed extension of general fund support for dental clinics through FY 14 was passed in 2013 as budget amendment Item 296 #2.

VDH, the Virginia Dental Association leadership, the Virginia Oral Health Coalition and other stakeholders mutually agreed to request an additional year of funding, with the intent of exploring the level of potential local government support to maintain dental programs and for developing transition plans. Additionally, the additional year of funding would create a more realistic time frame in which an effective continuity of care methodology could be developed for each District to transition existing patient populations. The stakeholder group has reconvened on multiple occasions in 2013 as directed in the Item 296 #2 language, to continue the work of strategically transitioning VDH dental programs to preventive focused programs, while considering the impact on localities and assuring the recommendations of the 2012 GA report are implemented.

District Clinical Dental Program Transition

In 2012, the Stakeholders' Advisory Committee recommended that strategic decisions be made to determine which VDH dentist staffed programs should be considered for extended retention during a transition period, based on community need and dental resource status, and dependent upon available funds. A stakeholder consensus was reached at the November 26, 2012 meeting after considering target populations and existing local dental care resources including, Community Health Centers, private dentist manpower, Medicaid providers, Free Clinics and other community focused providers, and the impact, historically, of specific District dental programs. At the April 2013 meeting, the recommendations were revisited with current information and the VDH District programs identified as being "critical" were finalized (Table 1.) These areas were considered to present the greatest challenge for the community and VDH in the assurance of dental care access. VDH recognizes the cooperative budget structure of the local clinics may also impact the reality of which programs could potentially remain in place going forward. Additionally, it is acknowledged that clinics retained beyond FY 14 will soon need to be phased out of service unless significant financial investments are made to keep staffing and infrastructure compatible with current standards of care and contemporary practice.

Preventive Program Plan

The currently proposed locations for "remote supervision" hygienists were strategically determined. Recognizing the current need to establish patient eligibility in school programs based on free lunch participation in the National School Lunch Program (NSLP), an analysis of all Virginia school divisions and their NSLP participation rates was completed and combined with elementary school counts. Nationally, schools with >50% NSLP participation are generally targeted for population based preventive dental services. A summary of Districts with significant NSLP participating school divisions is provided in Appendix 1**.** Additional consideration was given to a review of Medicaid enrollment as a percentage of school population yielding a relative comparator of Medicaid enrollment in a given jurisdiction (Appendix 2), the VDH dental manpower assessment for the State (Appendix 3), as well as related dental Health Provider Shortage Area and results of the VDH Dental Health Program's Basic Screening Survey (BSS) of 3rd grade oral health status statewide. With the resulting composite data and knowledge of the individual communities, areas of the State were identified for priority establishment of preventive programs. The existence of other reliable safety net entities providing similar population- based preventive services will also continue to direct the distribution of VDH hygienists. Appendix 4 maps current and proposed preventive program areas for FY 15 and "eligible" future expansion Districts based on the applied metrics for need.

"Remote supervision" permits VDH hygienists to provide assessment and preventive services without prior diagnosis and treatment planning by a dentist, according to a current protocol approved by the Commissioner of Health. This model emphasizes school-based prevention

programs (sealants and fluoride) and Special Supplemental Nutrition Program for Women, Infants and Children (WIC) clinic education and fluoride varnish application. Additional population-based preventive and education initiatives can be included as well, according to the needs of the locality. The local schools' willingness to participate in preventive programs and the ratio of hygienist capacity to local population need will inform fulltime hygienist placement in a Health District. Hygienists may be appropriately deployed to service areas that include multiple Health Districts. The distribution of preventive programs will always be dependent on multiple factors beyond the control of VDH. Requesting the support of the State Department of Education for the school-based programs may be a valuable approach to program acceptance and expansion in the future. Additionally, proposed modification of eligibility requirements for population based preventive programs would provide administrative simplification and encourage child participation, which may influence manpower distribution. Therefore, the plan proposed in this document must be a dynamic model that can be flexible with changing work environments.

"Remote supervision" hygienist preventive programs, based on our experience with the Health resources Services Administration (HRSA) Workforce Grant pilot project model, should include dental hygienists and dental assistants working as a team. All operational components of this model have been designed and implemented. The Dental Health Program (DHP) now has several years of experience managing "remote supervision" programs. Recruiting processes are in place, training programs have been developed, data management and billing practices have been created and implemented, and quality assurance metrics are in place, as well as dentist oversight protocols. Workload guidance has been developed from historical data for management purposes and to project population needs and staff capacity. The preventive program implementation will operationally be an expansion of the current OFHS network of hygienists.

"Remote supervision" hygienists require a licensed VDH dentist to provide professional oversight including consultation, training, and periodic review of clinical services. Consequently, dentist oversight services are provided on a part time basis through a memorandum of agreement with a District-based public health dentist serving in the role of Dental Clinical Programs Manager for the Dental Health Program. A licensed dentist employed by VDH is also required to enable Medicaid reimbursement to VDH for preventive services delivered by hygienists. The services of a dentist will be needed by OFHS for the "remote supervision" program. To be cost effective, the role of the supervising dentist should continue to be limited to professional support and clinical oversight with other DHP staff fulfilling the daily role of program management and administrative supervision.

A limited amount of District infrastructure support will be required as well, to provide a worksite base, storage, and information technology support for hygienists deployed in the field. Partnering with local Districts to "host" a hygienist, without any financial obligation on the

locality, has worked well in the past and has been valued as a benefit for communities in the Districts.

Budget Projections for Sustainable Preventive Program

Budget allocations, as informed by the Deputy Director of the VDH Office of Financial Management, will direct the scope and implementation of this plan. General Fund allocations historically designated for District clinical program cooperative budgets will be designated, in the future, to support the OFHS preventive services program and to sustain critical District programs, to the extent possible, during the transition period.

Individual hygienist-based preventive program expenses are estimated to be approximately $109,000 per hygienist program. Costs are based on: a fulltime dental hygienist salary and benefits ($66K), part time wage assistant ($26K), travel ($3K), supplies ($5K), information technology services ($1K) and purchase of portable dental equipment ($8K). This does not include cost of management of the hygiene staff in OFHS or dentist oversight. Costs of retaining "critical" District programs have been estimated based on the historical State share of the cooperative budgets.

The estimated total budget for implementation in FY 15 of the initial preventive service program and retention of public health dental clinics in select critical areas is approximately $1.7 million. This includes a General Fund contribution of $554,489 to the cooperatively funded District budgets in Mount Rogers,Norfolk, and Western Tidewater, where VDH is seeking authorization to retain dentists for an extended (18 month) transition period. General fund dollars in the amount of $984,107 will be allocated to support the nine designated dental hygiene/assistant teams in FY 15 and $181,135 will support a supervisory dentist. It is anticipated any small budget variance can be addressed with funds available due to hiring lag and varying wage rates and expenses.

Potential annual earned program revenue projections will be developed as more experience with the program is achieved. Provider production reporting systems are in place, as well as calculators to project and analyze the cost of delivering dental sealants and the value of services so cost effectiveness can be monitored. Through the State-based Oral Disease Prevention Program Grant from Centers for Disease Control, VDH has both accessed and contributed to, shared "best practices" for school based sealant programs and funded staff to monitor outcomes of statewide dental sealant program initiatives.

Plan Implementation in Identified Areas of Need

The Stakeholders' Advisory Committee reconvened on June 5th, June 24th and July 15th to further develop plans for coordinating the VDH transition with the provider community around the State and to determine how to best focus the activities of the hygienist workforce.

VDH proposed, based on the financial support available, that nine preventive program areas (Table 2) be funded for implementation by July 1st, 2014. Three critical District dental clinical programs that are currently staffed in Norfolk, Mount Rogers, and Western Tidewater, were requested by the stakeholders to be retained through an extended transition period, beyond the scheduled closure of most cooperatively funded dental clinics in FY 14. VDH agreed with this recommendation of the group and will request the approval for extended funding of these clinics during the 2014 General Assembly session.

The Deputy Commissioner for Community Health Services (CHS) has identified critical steps in the closure or modification of local District dental clinics. Plan templates have been distributed to District Health Directors to assist in management of this transition. Complex funding streams will impact the ultimate outcome of local programs and the ability to continue without State general funds. Each District with a dental clinic may develop a process with unique outcomes for their area to complete the needed transition Statewide. Community partnerships in Districts are being encouraged to assure access to care continuity. Creative mutually beneficial use of State equipment, resources, and existing clinics is supported by stakeholders and VDH. A Communication Plan has been created and distributed to stakeholders to identify the significant issues and target audiences that will need to be addressed throughout this process (Appendix 5). VDH recognizes the success of this transition will be dependent on clear understanding, by local governments, safety net partners, healthcare providers, and the public we serve, of the process and the desired outcomes. District Directors have received a message map (Appendix 6) on the impending changes, to standardize the statewide comprehension of how VDH dental activities are changing and ideally becoming more effective for more citizens through prevention.

As clinics are closed and funding is transferred within VDH for preventive programs, the Dental Health Program in the Office of Family Health Services will proceed with expansion of the dental hygienist workforce and implementation of additional community programs.

Beyond completion of the structural changes to Health Department dental services in the State, VDH will continue to work closely with our partners in an ongoing role of assurance of care in all communities. Community Health Centers (CHCs) with dental programs in place have been identified and distributed to Health Directors as a primary contact for alternative providers in their area. Potentially, experienced VDH dental staff may be able to fill long standing CHC vacancies. Free clinics and other nonprofit providers have also acknowledged their future roles in addressing the access issue. In support of their planning, VDH is providing additional clinic encounter data to quantify the potential patient demand in individual Districts experiencing clinic closure (Table 3). VDH and District offices, in partnership with Virginia Department of Medical Assistance Services (DMAS), will continue an ongoing responsibility to assure citizens are aware of the Medicaid and Virginia's Family Access to Medical Insurance Security Plan (FAMIS) services available to them. District offices will be encouraged, in their outreach efforts, to expand Medicaid enrollment in communities, making the Smiles for Children dental program

accessible to all qualified residents. Virginia Commonwealth University's School of Dentistry has also committed to exploring expanded clinical rotations for their students as a possible manpower resource enhancement.

Policy Consideration Issues as Proposed by Stakeholders

The VDH preventive program will focus on school-based programs, infants, and young children. Hygienists will also be tasked with a community role in screening, education, and training that will include adults and older populations. As community oral health program coordinators and clinical hygienists working under remote supervision, hygienists will assume increasingly more complex responsibilities. An education subcommittee was created from the stakeholder group to begin identifying the future education needs of hygienists preparing for these responsibilities. The subcommittee will continue to meet to develop a vision for hygiene education that supports the expanded roles anticipated as the VDH preventive program and other similar initiatives evolve in the State. Significant curricula changes or new education tracks in existing programs may be appropriate in the future.

The transition to a preventive focused VDH program is facilitated by SB 146 passed during the 2012 General Assembly permitting statewide remote supervision for hygienists working for VDH. The Virginia Dental Association and the Virginia Oral Health Coalition and others supported this initiative to expand access to care. To date, the model has worked well, and as the prevention program expands in FY 15, data and outcomes should further validate the benefit of this arrangement. During the 2013 stakeholder meetings, multiple participants expressed both their desire for and the value of extending remote supervision capability to other institutions serving challenged populations. This may include Community Health Centers, charitable safety net facilities, hospitals and nursing homes. Legislative action would again be required to grant wider authority for implementation of remote supervision practice models.

Teledentistry was similarly proposed by stakeholders as a potential technology that may expand access to care in certain settings. Teledentistry has been effectively employed in other states such as New York and Nebraska and telemedicine is widely used at this time in Virginia. It is anticipated that there will be further innovative applications developed for teledentistry with a potential for contributing to expansion of available services. Generally some modifications to dental practice regulations are required to support effective use of this technology but it is now a part of most access to care discussions within the profession and should be explored going forward.

Medicaid insurance in Virginia has contributed greatly to access to care for children, particularly in recent years, and the adult benefit, though limited, is increasingly a more significant support mechanism for adults with emergencies (Appendix 7). Expansion of Medicaid coverage to select adult populations would provide at least emergency care for a population with significant

financial barriers to services. Ultimately, the availability of comprehensive dental services to low income adults was identified by stakeholders as a desired goal.

All of these efforts, partnerships, and policy initiatives going forward will be critical for Virginians and a successful transition of the VDH dental program from a clinical provider model to a more prevention focused initiative integrated with all components of the safety net.

Table 1. VDH District Dental Clinical Program Stakeholder Committee Decision Elements and Recommendation Summary 4/2013

Health District	VDH Dentist FTE Status 2013	CHC/Other with Dental Services CY 2012	Free Clinic with some Dental Component in the District 1/2012	Manpower needed for DDS/Pop. State Avg. Ratio = 1/2311	# Significant Medicaid Providers per1500 Medicaid Enrollees Ages 0-20 (calculated) (State Avg. 1.85/1500 Enrolled)	VDH District Clinic Status per Stakeholder Consensus Based on Target Population Characteristics, Known Resources and Stability of Existing Resources in Community 11/26/2012 Edited 4/26/2013	Notes
Cumberland Plateau	Vacant	YES	NO	28.1	1.99	**Critical**	**Not Viable Due to Recruitment Challenges**
Lenowisco	Vacant	NO	YES	20.9	0.88	**Critical**	**Not Viable Due to Recruitment Challenges**
Carroll	Vacant						
Smyth	1 FTE						
Washington	1 FTE						
Mt Rogers	2 FTE	YES	YES	23.3	1.87	**Critical**	**Recommended to Retain**
Norfolk	1 FTE	NO	YES	32.5	2.40	**Critical**	**Recommended to Retain**
Southampton	.8 FTE						
Isle of Wight	.2 FTE						
Suffolk							
Western Tidewater	1 FTE	YES	YES	34.2	1.68	**Critical**	**Recommended to Retain**

Table 2.VDH Working Table of Proposed Dental Preventive Program Priority Areas by Associated District as Determined by dHPSA Status, NSLP Participation, Medicaid Enrollment 07/03/2013

	Priority District Areas for Preventive Programs	Funding Source in FY 14 (of indeterminate sustainability)	New FTEs Required (Does not include wage assistant positions)
1.	Crater	Title V MCH	0
2.	Cumberland Plateau	HRSA Grant	0
3.	Central Va.	HRSA Grant	1
4.	Hampton	Program Proposed	1
5.	Lord Fairfax	HRSA Grant	1
6.	Piedmont	Title V MCH	0
7.	Roanoke	Program Proposed	1
8.	Southside	HRSA Grant	0
9.	Lenowisco	Program Proposed	1

Table 3. **Dental Service Area Data FY 12**

District	Individuals	Total Visits	% Age 0-18	DDS FTE Status FY 13
Central Shenandoah	**2295**	**4081**	**100%**	2
Rapahannock Rapidan	***1168***	***1836***	**98%**	1
Alexandria	***254***	**753**	**93%**	1
Arlington	***714***	**1821**	**48%**	1
Fairfax	**970**	**3336**	**91%**	3
Loudoun	***672***	1604	**93%**	1
Pr. Wm.	**743**	***1952***	**67%**	2
Central Va.	**1026**	**1376**	**99%**	Vacant
Cumberland Plateau	Vacant	Vacant	Vacant	Vacant
Pittsylvania Danville	**883**	1275	**80%**	1
Lenowisco	***909***	**1233**	**80%**	Vacant
Chesterfield	***397***	***739***	**71%**	1
Richmond	***891***	***1725***	**34%**	1
Norfolk	***576***	***932***	**90%**	1
Three Rivers	***295***	***369***	**100%**	Vacant
Henrico	**976**	***1688***	**94%**	1
Peninsula	**1587**	**1691**	**6%**	1
Western Tidewater	**356**	**622**	**45%**	1
Va. Beach	***304***	**1145**	**99%**	Vacant
Mt Rogers	**1789**	***2495***	**96%**	2
Rappahannock	**1335**	**2446**	**96%**	2
W Piedmont	Vacant	Vacant	Vacant	Vacant
Total	***18,140***	***33,119***		

Appendix 1

Free / Reduced Lunch Number of Elementary Schools Sorted >50% Divisions then by District NSLP Data 10/2012

School Divisions	SNP	FREE	FREE	REDUCED	REDUCED	TOTAL	TOTAL	NSLP Reported 10/2012	VDH
	Membership	Eligibility	%	Eligibility	%	F/R Elig	F/R %	# Elementary Schools >50% F/R	District
101-Alexandria City Public Schools	12,227	5,274	43.13%	1,232	10.08%	6,506	53.21%	**8**	Alexandria
019-Charles City County Public Schools	843	462	54.80%	72	8.54%	534	63.35%	**1**	Chickahominy
027-Dinwiddie County Public Schools	4,660	2,125	45.60%	361	7.75%	2,486	53.35%	4	Crater
040-Greensville County Public Schools	2,678	1,637	61.13%	198	7.39%	1,835	68.52%	2	Crater
090-Surry County Public Schools	981	471	48.01%	89	9.07%	560	57.08%	1	Crater
091-Sussex County Public Schools	1,191	825	69.27%	129	10.83%	954	80.10%	2	Crater
114-Hopewell City Public Schools	4,229	2,712	64.13%	320	7.57%	3,032	71.70%	3	Crater
120-Petersburg City Public Schools	4,420	3,112	70.41%	241	5.45%	3,353	75.86%	4	Crater
Total								**16**	
014-Buchanan County Public Schools	3,371	1,794	53.22%	365	10.83%	2,159	64.05%	7	Cumberland
026-Dickenson County Public Schools	2,535	1,134	44.73%	216	8.52%	1,350	53.25%	4	Cumberland
083-Russell County Public Schools	4,346	1,921	44.20%	350	8.05%	2,271	52.25%	8	Cumberland
Total								**19**	
115-Lynchburg City Public Schools	8,672	4,609	53.15%	491	5.66%	5,100	58.81%	**10**	C. Virginia
Total									
001-Accomack County Public Schools	5,068	2,962	58.45%	342	6.75%	3,304	65.19%	5	E. Shore
065-Northampton County Public Schools	1,785	1,212	67.90%	138	7.73%	1,350	75.63%	2	E. Shore
066-Northumberland County Public	1,454	646	44.43%	103	7.08%	749	51.51%	1	E. Shore
Total								**8**	
112-Hampton City Public Schools	21,364	9,142	42.79%	1,621	7.59%	10,763	50.38%	**18**	Hampton
052-Lee County Public Schools	3,364	1,784	53.03%	281	8.35%	2,065	61.39%	6	Lenowisco
084-Scott County Public Schools	3,840	1,742	45.36%	345	8.98%	2,087	54.35%	6	Lenowisco
096-Wise County Public Schools	6,664	3,208	48.14%	387	5.81%	3,595	53.95%	6	Lenowisco
119-Norton City Public Schools	870	395	45.40%	70	8.05%	465	53.45%	1	Lenowisco
Total								**19**	
069-Page County Public Schools	3,685	1,594	43.26%	276	7.49%	1,870	50.75%	4	Lord Fairfax
132-Winchester City Public Schools	3,914	1,806	46.14%	290	7.41%	2,096	53.55%	2	Lord Fairfax
Total								**6**	
018-Carroll County Public Schools	4,056	1,866	46.01%	388	9.57%	2,254	55.57%	7	Mt Rogers
038-Grayson County Public Schools	1,972	965	48.94%	208	10.55%	1,173	59.48%	6	Mt Rogers
086-Smyth County Public Schools	4,860	2,320	47.74%	379	7.80%	2,699	55.53%	6	Mt Rogers
102-Bristol City Public Schools	2,408	1,361	56.52%	134	5.56%	1,495	62.08%	4	Mt Rogers
111-Galax City Public Schools	1,319	709	53.75%	69	5.23%	778	58.98%	1	Mt Rogers
								24	
077-Pulaski County Public Schools	4,570	2,044	44.73%	278	6.08%	2,322	50.81%	**3**	New River
Total									
118-Norfolk City Public Schools	34,799	19,602	56.33%	2,819	8.10%	22,421	64.43%	**29**	Norfolk
Total									
117-Newport News City Public Schools	30,326	14,103	46.50%	2,273	7.50%	16,376	54.00%	**24**	Peninsula
015-Buckingham County Public Schools	2,042	1,064	52.11%	171	8.37%	1,235	60.48%	3	Piedmont
020-Charlotte County Public Schools	2,101	934	44.46%	205	9.76%	1,139	54.21%	4	Piedmont
025-Cumberland County Public Schools	1,499	834	55.64%	118	7.87%	952	63.51%	2	Piedmont
055-Lunenburg County Public Schools	1,644	926	56.33%	154	9.37%	1,080	65.69%	2	Piedmont
067-Nottoway County Public Schools	2,298	1,240	53.96%	150	6.53%	1,390	60.49%	4	Piedmont
073-Prince Edward County Public Schools	2,545	1,411	55.44%	202	7.94%	1,613	63.38%	1	Piedmont
Total								**16**	
071-Pittsylvania County Public Schools	9,382	4,214	44.92%	743	7.92%	4,957	52.84%	9	Pitt Danville
108-Danville City Public Schools	6,362	4,255	66.88%	407	6.40%	4,662	73.28%	9	Pitt Danville
Total								**18**	

Appendix 1

Free / Reduced Lunch Number of Elementary Schools Sorted >50% Divisions then by District NSLP Data 10/2012

School Divisions	**SNP**	**FREE**	**FREE**	**REDUCED**	**REDUCED**	**TOTAL**	**TOTAL**	**NSLP Reported 10/2012**	**VDH**
	Membership	**Eligibility**	**%**	**Eligibility**	**%**	**F/R Elig**	**F/R %**	**# Elementary Schools >50% F/R**	**District**
121-Portsmouth City Public Schools	14,894	8,043	54.00%	965	6.48%	9,008	60.48%	**12**	Portsmouth
Total									
144-Manassas Park City Public Schools	2,973	1,331	44.77%	240	8.07%	1,571	52.84%	**2**	Pr. William
Total									
110-Fredericksburg City Public Schools	3,243	1,537	47.39%	160	4.93%	1,697	52.33%	**3**	Rappahannock
123-Richmond City Public Schools	23,183	15,756	67.96%	925	3.99%	16,681	71.95%	**24**	Richmond
Total									
107-Covington City Public Schools	949	441	46.47%	89	9.38%	530	55.85%	2	Roanoke
124-Roanoke City Public Schools	13,095	7,998	61.08%	796	6.08%	8,794	67.16%	15	Roanoke
Total								**17**	
045-Highland County Public Schools	241	122	50.62%	35	14.52%	157	65.15%	1	Shenandoah
113-Harrisonburg City Public Schools	4,772	2,757	57.77%	365	7.65%	3,122	65.42%	5	Shenandoah
126-Staunton City Public Schools	2,692	1,237	45.95%	190	7.06%	1,427	53.01%	4	Shenandoah
130-Waynesboro City Public Schools	3,301	1,649	49.95%	239	7.24%	1,888	57.19%	0	Shenandoah
Total								**10**	
013-Brunswick County Public Schools	2,091	1,478	70.68%	216	10.33%	1,694	81.01%	3	Southside
041-Halifax County Public Schools	5,914	3,035	51.32%	528	8.93%	3,563	60.25%	9	Southside
058-Mecklenburg County Public Schools	4,838	2,428	50.19%	365	7.54%	2,793	57.73%	4	Southside
Total								**16**	
104-Charlottesville City Public Schools	3,998	1,904	47.62%	248	6.20%	2,152	53.83%	**4**	T. Jefferson
Total									
028-Essex County Public Schools	1,606	950	59.15%	132	8.22%	1,082	67.37%	1	Three Rivers
049-King and Queen County Public Schools	741	484	65.32%	78	10.53%	562	75.84%	2	Three Rivers
051-Lancaster County Public Schools	1,369	844	61.65%	78	5.70%	922	67.35%	1	Three Rivers
079-Richmond County Public Schools	1,216	537	44.16%	72	5.92%	609	50.08%	1	Three Rivers
095-Westmoreland County Public Schools	1,761	1,004	57.01%	158	8.97%	1,162	65.99%	2	Three Rivers
202-Colonial Beach Public Schools	563	291	51.69%	17	3.02%	308	54.71%	0	Three Rivers
Total								**7**	
044-Henry County Public Schools	7,483	3,987	53.28%	538	7.19%	4,525	60.47%	10	W Piedmont
070-Patrick County Public Schools	2,570	1,207	46.96%	197	7.67%	1,404	54.63%	6	W Piedmont
116-Martinsville City Public Schools	2,381	1,502	63.08%	138	5.80%	1,640	68.88%	3	W Piedmont
								19	
135-Franklin City Public Schools	1,294	905	69.94%	79	6.11%	984	76.04%	**1**	W Tidewater

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	Membership	Eligibility	%	Eligibility	%	F/R Elig	F/R %	# Elementary Schools >50% F/R	District
143-Manassas City Public Schools	6,929	2,879	41.55%	531	7.66%	3,410	49.21%		
033-Franklin County Public Schools	7,428	3,015	40.59%	612	8.24%	3,627	48.83%		
092-Tazewell County Public Schools	6,587	2,670	40.53%	546	8.29%	3,216	48.82%		
005-Amherst County Public Schools	4,523	1,788	39.53%	365	8.07%	2,153	47.60%		
004-Amelia County Public Schools	1,833	712	38.84%	159	8.67%	871	47.52%		
059-Middlesex County Public Schools	1,198	493	41.15%	73	6.09%	566	47.25%		
017-Caroline County Public Schools	4,309	1,751	40.64%	283	6.57%	2,034	47.20%		
062-Nelson County Public Schools	1,963	775	39.48%	151	7.69%	926	47.17%		
097-Wythe County Public Schools	4,329	1,706	39.41%	335	7.74%	2,041	47.15%		
006-Appomattox County Public Schools	2,274	897	39.45%	161	7.08%	1,058	46.53%		
003-Alleghany County Public Schools	2,743	1,026	37.40%	213	7.77%	1,239	45.17%		
087-Southampton County Public Schools	2,849	1,072	37.63%	206	7.23%	1,278	44.86%		
094-Washington County Public Schools	7,167	2,616	36.50%	560	7.81%	3,176	44.31%		
054-Louisa County Public Schools	4,727	1,711	36.20%	383	8.10%	2,094	44.30%		
031-Floyd County Public Schools	2,117	751	35.47%	184	8.69%	935	44.17%		
035-Giles County Public Schools	2,507	877	34.98%	181	7.22%	1,058	42.20%		
127-Suffolk City Public Schools	14,507	5,185	35.74%	909	6.27%	6,094	42.01%		
103-Buena Vista City Public Schools	1,120	354	31.61%	112	10.00%	466	41.61%		
011-Bland County Public Schools	906	272	30.02%	104	11.48%	376	41.50%		
068-Orange County Public Schools	5,237	1,760	33.61%	406	7.75%	2,166	41.36%		
009-Bath County Public Schools	668	195	29.19%	78	11.68%	273	40.87%		
081-Rockbridge County Public Schools	2,742	878	32.02%	232	8.46%	1,110	40.48%		
122-Radford City Public Schools	1,565	587	37.51%	33	2.11%	620	39.62%		
016-Campbell County Public Schools	8,746	2,918	33.36%	520	5.95%	3,438	39.31%		
023-Craig County Public Schools	714	232	32.49%	47	6.58%	279	39.08%		
085-Shenandoah County Public Schools	6,291	2,043	32.47%	400	6.36%	2,443	38.83%		
024-Culpeper County Public Schools	7,668	2,481	32.36%	458	5.97%	2,939	38.33%		
082-Rockingham County Public Schools	11,775	3,530	29.98%	949	8.06%	4,479	38.04%		
074-Prince George County Public Schools	6,360	1,716	26.98%	662	10.41%	2,378	37.39%		
010-Bedford County Public Schools	10,584	3,216	30.39%	723	6.83%	3,939	37.22%		
043-Henrico County Public Schools	49,662	15,230	30.67%	2,944	5.93%	18,174	36.60%		
060-Montgomery County Public Schools	9,741	2,922	30.00%	604	6.20%	3,526	36.20%		
050-King William County Public Schools	2,245	673	29.98%	135	6.01%	808	35.99%		
075-Prince William County Public Schools	79,582	22,919	28.80%	5,637	7.08%	28,556	35.88%		
008-Augusta County Public Schools	10,754	3,036	28.23%	815	7.58%	3,851	35.81%		
093-Warren County Public Schools	5,423	1,637	30.19%	269	4.96%	1,906	35.15%		
056-Madison County Public Schools	1,809	518	28.63%	114	6.30%	632	34.94%		
106-Colonial Heights City Public Schools	2,924	837	28.63%	168	5.75%	1,005	34.37%		
078-Rappahannock County Public Schools	922	258	27.98%	58	6.29%	316	34.27%		
057-Mathews County Public Schools	1,210	347	28.68%	67	5.54%	414	34.21%		
039-Greene County Public Schools	2,905	824	28.36%	163	5.61%	987	33.98%		
046-Isle of Wight County Public Schools	5,506	1,551	28.17%	286	5.19%	1,837	33.36%		
036-Gloucester County Public Schools	5,918	1,620	27.37%	346	5.85%	1,966	33.22%		
136-Chesapeake City Public Schools	37,730	10,295	27.2927.0	2,083	5.52%	12,378	32.81%		
007-Arlington County Public Schools	21,443	5,593	26.08%	1,283	5.98%	6,876	32.07%		
034-Frederick County Public Schools	13,072	3,253	24.89%	783	5.99%	4,036	30.88%		
128-Virginia Beach City Public Schools	71,034	16,704	23.52%	4,932	6.94%	21,636	30.46%		
139-Salem City Public Schools	3,907	906	23.19%	266	6.81%	1,172	30.00%		
021-Chesterfield County Public Schools	40,943	10,186	24.88%	1,829	4.47%	12,015	29.35%		
088-Spotsylvania County Public Schools	24,064	5,762	23.94%	1,251	5.20%	7,013	29.14%		

Appendix 1

Free / Reduced Lunch Number of Elementary Schools Sorted >50% Divisions then by District NSLP Data 10/2012

School Divisions	SNP	FREE	FREE	REDUCED	REDUCED	TOTAL	TOTAL	NSLP Reported 10/2012	VDH
	Membership	Eligibility	%	Eligibility	%	F/R Elig	F/R %	# Elementary Schools >50% F/R	District
131-Williamsburg-James City County	10,883	2,527	23.22%	513	4.71%	3,040	27.93%		
207-West Point Public Schools	761	155	20.37%	47	6.18%	202	26.54%		
048-King George County Public Schools	4,222	895	21.20%	198	4.69%	1,093	25.89%		
002-Albemarle County Public Schools	13,247	2,884	21.77%	531	4.01%	3,415	25.78%		
029-Fairfax County Public Schools	172,893	35,159	20.34%	8,859	5.12%	44,018	25.46%		
032-Fluvanna County Public Schools	3,802	784	20.62%	154	4.05%	938	24.67%		
080-Roanoke County Public Schools	14,721	2,710	18.41%	769	5.22%	3,479	23.63%		
037-Goochland County Public Schools	2,489	510	20.49%	71	2.85%	581	23.34%		
089-Stafford County Public Schools	27,193	5,066	18.63%	1,105	4.06%	6,171	22.69%		
063-New Kent County Public Schools	2,789	517	18.54%	111	3.98%	628	22.52%		
030-Fauquier County Public Schools	11,405	2,038	17.87%	496	4.35%	2,534	22.22%		
012-Botetourt County Public Schools	5,021	806	16.05%	221	4.40%	1,027	20.45%		
022-Clarke County Public Schools	2,082	329	15.80%	72	3.46%	401	19.26%		
137-Lexington City Public Schools	489	84	17.18%	10	2.04%	94	19.22%		
098-York County Public Schools	12,595	1,610	12.78%	716	5.68%	2,326	18.47%		
072-Powhatan County Public Schools	4,509	632	14.02%	165	3.66%	797	17.68%		
042-Hanover County Public Schools	12,634	1,764	13.96%	405	3.21%	2,169	17.17%		
053-Loudoun County Public Schools	64,403	7,996	12.42%	2,300	3.57%	10,296	15.99%		
142-Poquoson City Public Schools	2,326	232	9.97%	61	2.62%	293	12.60%		
109-Falls Church City Public Schools	2,061	123	5.97%	38	1.84%	161	7.81%		

Appendix 1

Free / Reduced Lunch Number of Elementary Schools Sorted >50% Divisions then by District NSLP Data 10/2012

School Divisions	SNP	FREE	FREE	REDUCED	REDUCED	TOTAL	TOTAL	NSLP Reported 10/2012	VDH
	Membership	Eligibility	%	Eligibility	%	F/R Elig	F/R %	# Elementary Schools >50% F/R	District
(RCCI)									
October / 2010									
959-Commonwealth Center for Children &	45	45	100.00%	0	0.00%	45	100.00%		
905-Department of Juvenile Justice	1,947	1,947	100.00%	0	0.00%	1,947	100.00%		
Children	22	22	100.00%	0	0.00%	22	100.00%		
950-Southeastern Virginia Training Center	1	1	100.00%	0	0.00%	1	100.00%		
944-Va Dept Of Military Affairs	147	147	100.00%	0	0.00%	147	100.00%		
Staunton	114	94	82.46%	4	3.51%	98	85.96%		
Center	197	196	99.49%	0	0.00%	196	99.49%		

Appendix 2
Virginia Medicaid Enrolled and School Population

HEALTH DISTRICT	MEDICAID ENROLLED	TOTAL SCHOOL	Medicaid Enrolled as % of school population
	FY 12 0-20 YRS	2012-2013 School Enrollment	
Central Shennadoah	**22,016**	**38,951**	57%
Augusta	4,753	10,755	
Bath	329	647	
Highland	120	205	
Rockbridge	1,538	2,815	
Rockingham	5,021	11,787	
Staunton City	2,340	2,694	
Waynesboro City	2,678	3,248	
Harrisonburg City	4,318	5,211	
Lexington City	215	532	
Buena Vista City	704	1,057	
Lord Fairfax	**18,187**	**34,742**	52%
Frederick	5,520	13,163	
Clarke	518	2,062	
Page	2,281	3,624	
Shenandoah	3,595	6,170	
Warren	3,054	5,493	
Winchester City	3,219	4,230	
Rappahannock	**23,217**	**63,188**	37%
Caroline	2,777	4,340	
King George	1,776	4,258	
Spottsylvania	8,520	23,768	
Stafford	7,557	27,463	
Frederickburg City	2,587	3,359	
Rappahannock-Rapidan	**11,604**	**26,914**	43%
Culpepper	4,180	7,854	
Fauquier	3,440	11,065	
Madison	1,010	1,893	
Orange	2,569	5,186	
Rappahannock	405	916	
Thomas Jefferson	**15,030**	**31,105**	48%
Albemarle	4,914	13,263	
Nelson	1,309	1,992	
Fluvanna	1,403	3,775	
Lousia	2,691	4,732	
Greene	1,467	3,003	
Charlottesville City	3,246	4,340	
Alexandria City	**8,555**	**13,105**	65%
Arlington County	**7,799**	**22,543**	35%
Fairfax	**55,869**	**182,890**	31%
Fairfax City/County	55,765	180,616	
Falls Church	104	2,274	
Loudoun County	**11,604**	**68,205**	17%
Prince William	**38,651**	**94,264**	41%
Prince William	32,417	83,865	
Manassas City	4,741	7,276	
Manassas Park City	1,493	3,123	
Alleghany	**10,007**	**27,488**	36%
Roanoke	6,032	14,369	
Alleghany & Clifton Forge	1,457	2,634	
Botetourt	1,200	4,962	
Craig	397	694	
Covington City	722	979	
Salem City	199	3,850	
Central Virginia	**21,568**	**34,216**	63%
Amherst	2,569	4,442	
Appomatox	1,514	2,294	

Appendix 2
Virginia Medicaid Enrolled and School Population

HEALTH DISTRICT	MEDICAID ENROLLED	TOTAL SCHOOL	Medicaid Enrolled as % of school population
	FY 12 0-20 YRS	2012-2013 School Enrollment	
Bedford & Bedford City	4,592	10,513	
Campbell	4,842	8,391	
Lynchburg City	8,051	8,576	
Cumberland Plateau	**12,261**	**16,549**	74%
Buchanan	2,530	3,281	
Dickenson	1,902	2,394	
Russell	3,242	4,410	
Tazewell	4,587	6,464	
Danville	**12,953**	**15,673**	83%
Danville City	7,040	6,362	
Pittsylvania	5,913	9,311	
West Piedmont	**15,851**	**13,647**	116%
Franklin	4,974	1,266	
Henry	6,747	7,465	
Patrick	1,903	2,645	
Martinsville City	2,227	2,271	
Lenowisco	**10,651**	**14,336**	74%
Lee	3,097	3,418	
Scott	2,168	3,917	
Wise	4,837	6,110	
Norton City	549	891	
Subtotal	*295,823*	*697,816*	
Mount Rogers	**19,088**	**27,385**	70%
Bland	423	891	
Carroll	3,017	4,355	
Grayson	1,602	1,853	
Smyth	3,527	4,845	
Washington	4,372	7,383	
Wythe	2,788	4,376	
Bristol City	2,278	2,360	
Galax City	1,081	1,322	
New River	**11,823**	**20,314**	58%
Floyd	1,320	2,034	
Giles	1,469	2,448	
Montgomery	5,098	9,742	
Radford City	952	1,570	
Pulaski	2,984	4,520	
Roanoke City	**13,967**	**13,322**	105%
Chesterfield	**25,517**	**66,011**	39%
Chesterfield	22,929	58,859	
Powhatan	1,126	4,321	
Colonial Heights City	1,462	2,831	
Crater	**17,361**	**24,106**	72%
Dinwiddie	2,569	4,447	
Prince George	1,713	6,425	
Surry	576	902	
Sussex	1,054	1,139	
Emporia-Greensville	2,178	2,551	
Hopewell City	3,842	4,208	
Petersburg City	5,429	4,434	
Hanover	**6,196**	**25,258**	25%
Charles City County	526	768	
Goochland	814	2,351	
Hanover	3,977	18,370	
New Kent & West Point	879	3,769	
Henrico County	***23,561***	**50,083**	47%
Piedmont	**10,711**	**13,519**	79%

Appendix 2

Virginia Medicaid Enrolled and School Population

HEALTH DISTRICT	MEDICAID ENROLLED	TOTAL SCHOOL	Medicaid Enrolled as % of school population
	FY 12 0-20 YRS	2012-2013 School Enrollment	
Amelia	1,181	1,786	
Buckingham	1,600	2,013	
Charlotte	1,379	2,050	
Cumberland	1,145	1,419	
Lunenburg	1,313	1,580	
Nottoway	1,924	2,351	
Prince Edward	2,169	2,320	
Richmond City	**27,528**	**23,649**	116%
Southside	**9,379**	**12,363**	76%
Brunswick	1,915	1,976	
Halifax & South Boston	4,157	5,709	
Mecklenburg	3,307	4,678	
Chesapeake	**15,572**	**39,630**	39%
Eastern Shore	**5,986**	**6,852**	87%
Accomack	4,434	5,131	
Northampton	1,552	1,721	
Hampton City	**13,633**	**21,350**	64%
ThreeRivers/Mid	**11,885**	**18,386**	65%
Essex	1,438	1,598	
Gloucester	2,549	5,632	
King & Queen	710	908	
King William	1,202	2,217	
Mathews	535	1,183	
Middlesex	877	1,182	
Lancaster	1,003	1,332	
Northumberland	1,003	1,473	
Richmond	807	1,171	
Westmoreland & Colonial	1,761	1,690	
Norfolk City	**26,845**	**32,862**	82%
Peninsula	**28,256**	**55,406**	51%
James City-Williamsburg	4,155	11,024	
Poquoson City	356	2,175	
Newport News City	21,635	29,786	
York	2,110	12,421	
Western Tidewater	**12,603**	**24,143**	52%
Isle of Wight	2,281	5,566	
Southampton	1,652	2,890	
Franklin City	1,449	1,266	
Suffolk City	7,221	14,421	
Virginia Beach City	**25,165**	**70,259**	36%
Portsmouth City	**13,262**	**15,256**	87%
Subtotal	*318,338*	*560,154*	
TOTAL	**614,161**	**1,257,970**	49%

Appendix 3

General Dentist Manpower Based on 2009 Population

COUNTY	FINAL_TAXO	Total FTE	Total Low_inc FTE	2009 Est Pop	Pop to Dentist Ratio (F/D)	DDS needed for State ratio 1/2311	Additional DDS Needed
ACCOMACK COUNTY	General Dentist	10.32	1.84	38,795	3,759	16.8	6.5
ALBEMARLE COUNTY	General Dentist	58.68	2.94	95,142	1,621	41.2	-17.5
ALEXANDRIA CITY	General Dentist	73.12	1.76	140,195	1,917	60.7	-12.5
ALLEGHANY COUNTY	General Dentist	1.77	0.00	16,741	9,458	7.2	5.5
AMELIA COUNTY	General Dentist	0.90	0.00	13,020	14,467	5.6	4.7
AMHERST COUNTY	General Dentist	3.85	0.50	32,788	8,522	14.2	10.3
APPOMATTOX COUNTY	General Dentist	2.33	0.00	14,551	6,238	6.3	4.0
ARLINGTON COUNTY	General Dentist	100.12	1.64	205,703	2,055	89.0	-11.1
AUGUSTA COUNTY	General Dentist	20.76	1.71	71,955	3,466	31.1	10.4
BATH COUNTY	General Dentist	1.08	0.00	4,755	4,403	2.1	1.0
BEDFORD CITY	General Dentist	9.67	0.58	6,204	641	2.7	-7.0
BEDFORD COUNTY	General Dentist	8.13	0.10	67,948	8,355	29.4	21.3
BLAND COUNTY	General Dentist	4.37	0.16	7,072	1,618	3.1	-1.3
BOTETOURT COUNTY	General Dentist	5.95	0.73	32,963	5,538	14.3	8.3
BRISTOL CITY	General Dentist	3.32	0.48	17,563	5,298	7.6	4.3
BRUNSWICK COUNTY	General Dentist	4.57	0.00	18,145	3,975	7.9	3.3
BUCHANAN COUNTY	General Dentist	3.23	0.17	23,387	7,241	10.1	6.9
BUCKINGHAM COUNTY	General Dentist	5.28	0.47	16,253	3,081	7.0	1.8
BUENA VISTA CITY	General Dentist	4.02	0.00	6,551	1,630	2.8	-1.2
CAMPBELL COUNTY	General Dentist	13.71	0.70	52,891	3,858	22.9	9.2
CAROLINE COUNTY	General Dentist	1.32	0.32	27,967	21,187	12.1	10.8
CARROLL COUNTY	General Dentist	6.44	0.39	29,794	4,626	12.9	6.5
CHARLES CITY COUNTY	General Dentist	2.37	0.12	7,167	3,024	3.1	0.7
CHARLOTTE COUNTY	General Dentist	3.60	0.01	12,545	3,485	5.4	1.8
CHARLOTTESVILLE CITY	General Dentist	21.84	0.45	41,508	1,901	18.0	-3.9
CHESAPEAKE CITY	General Dentist	60.84	2.10	221,056	3,633	95.7	34.8
CHESTERFIELD COUNTY	General Dentist	159.28	4.26	306,963	1,927	132.8	-26.5
CLARKE COUNTY	General Dentist	3.77	0.42	14,561	3,862	6.3	2.5
COLONIAL HEIGHTS CITY	General Dentist	20.99	2.80	17,781	847	7.7	-13.3
COVINGTON CITY	General Dentist	2.40	0.00	5,981	2,492	2.6	0.2
CRAIG COUNTY	General Dentist	0.60	0.00	5,245	8,742	2.3	1.7
CULPEPER COUNTY	General Dentist	11.13	0.26	47,797	4,294	20.7	9.6
CUMBERLAND COUNTY	General Dentist	0.72	0.00	9,890	13,736	4.3	3.6
DANVILLE CITY	General Dentist	22.52	1.16	44,717	1,986	19.3	-3.2

Appendix 3

General Dentist Manpower Based on 2009 Population

COUNTY	FINAL_TAXO	Total FTE	Total Low_inc FTE	2009 Est Pop	Pop to Dentist Ratio (F/D)	DDS needed for State ratio 1/2311	Additional DDS Needed
DICKENSON COUNTY	General Dentist	2.73	0.10	15,968	5,849	6.9	4.2
DINWIDDIE COUNTY	General Dentist	3.54	0.11	26,269	7,421	11.4	7.8
EMPORIA CITY	General Dentist	3.28	0.20	5,612	1,711	2.4	-0.9
ESSEX COUNTY	General Dentist	5.87	0.43	11,013	1,878	4.8	-1.1
FAIRFAX CITY	General Dentist	48.48	0.96	23,752	490	10.3	-38.2
FAIRFAX COUNTY	General Dentist	720.47	12.32	1,019,355	1,415	441.1	-279.4
FALLS CHURCH CITY	General Dentist	30.67	0.07	11,265	367	4.9	-25.8
FAUQUIER COUNTY	General Dentist	23.42	0.26	67,618	2,887	29.3	5.8
FLOYD COUNTY	General Dentist	1.68	0.23	15,052	8,960	6.5	4.8
FLUVANNA COUNTY	General Dentist	2.76	0.00	26,607	9,640	11.5	8.8
FRANKLIN CITY	General Dentist	1.01	0.08	8,846	8,758	3.8	2.8
FRANKLIN COUNTY	General Dentist	8.85	0.19	52,564	5,941	22.7	13.9
FREDERICK COUNTY	General Dentist	7.59	0.06	75,517	9,950	32.7	25.1
FREDERICKSBURG CITY	General Dentist	29.86	0.10	22,887	767	9.9	-20.0
GALAX CITY	General Dentist	4.39	0.01	6,838	1,558	3.0	-1.4
GILES COUNTY	General Dentist	3.72	0.05	17,005	4,577	7.4	3.6
GLOUCESTER COUNTY	General Dentist	10.05	0.23	37,988	3,780	16.4	6.4
GOOCHLAND COUNTY	General Dentist	5.65	0.00	21,272	3,765	9.2	3.6
GRAYSON COUNTY	General Dentist	3.11	0.27	16,046	5,168	6.9	3.8
GREENE COUNTY	General Dentist	1.43	0.00	18,234	12,729	7.9	6.5
HALIFAX COUNTY	General Dentist	7.05	0.73	36,006	5,105	15.6	8.5
HAMPTON CITY	General Dentist	51.18	5.65	146,458	2,862	63.4	12.2
HANOVER COUNTY	General Dentist	41.42	0.71	100,232	2,420	43.4	2.0
HARRISONBURG CITY	General Dentist	24.20	1.22	45,128	1,865	19.5	-4.7
HENRICO COUNTY	General Dentist	168.01	7.14	295,334	1,758	127.8	-40.2
HENRY COUNTY	General Dentist	5.63	0.11	55,147	9,804	23.9	18.2
HIGHLAND COUNTY	General Dentist	0.72	0.07	2,404	3,339	1.0	0.3
HOPEWELL CITY	General Dentist	6.03	0.43	23,068	3,824	10.0	3.9
ISLE OF WIGHT COUNTY	General Dentist	7.69	0.55	35,310	4,593	15.3	7.6
JAMES CITY COUNTY	General Dentist	40.71	0.31	63,937	1,571	27.7	-13.0
KING GEORGE COUNTY	General Dentist	7.51	0.00	23,559	3,137	10.2	2.7
KING WILLIAM COUNTY	General Dentist	6.77	0.38	16,015	2,367	6.9	0.2
LANCASTER COUNTY	General Dentist	4.58	0.00	11,711	2,558	5.1	0.5
LEE COUNTY	General Dentist	3.61	0.71	23,749	6,579	10.3	6.7

Appendix 3

General Dentist Manpower Based on 2009 Population

COUNTY	FINAL_TAXO	Total FTE	Total Low_inc FTE	2009 Est Pop	Pop to Dentist Ratio (F/D)	DDS needed for State ratio 1/2311	Additional DDS Needed
LEXINGTON CITY	General Dentist	5.02	0.01	7,215	1,439	3.1	-1.9
LOUDOUN COUNTY	General Dentist	167.57	2.63	295,611	1,764	127.9	-39.7
LOUISA COUNTY	General Dentist	7.24	0.97	32,741	4,522	14.2	6.9
LUNENBURG COUNTY	General Dentist	3.87	0.15	13,171	3,403	5.7	1.8
LYNCHBURG CITY	General Dentist	38.89	1.23	71,881	1,848	31.1	-7.8
MADISON COUNTY	General Dentist	4.30	0.33	14,025	3,260	6.1	1.8
MANASSAS CITY	General Dentist	30.97	1.64	35,883	1,159	15.5	-15.4
MANASSAS PARK CITY	General Dentist	2.16	0.06	13,028	6,032	5.6	3.5
MARTINSVILLE CITY	General Dentist	15.87	1.59	14,485	913	6.3	-9.6
MATHEWS COUNTY	General Dentist	0.09	0.00	9,314	103,489	4.0	3.9
MECKLENBURG COUNTY	General Dentist	5.76	0.58	32,608	5,659	14.1	8.3
MIDDLESEX COUNTY	General Dentist	4.38	0.05	10,574	2,414	4.6	0.2
MONTGOMERY COUNTY	General Dentist	27.01	1.95	90,226	3,341	39.0	12.0
NELSON COUNTY	General Dentist	3.37	0.50	15,387	4,566	6.7	3.3
NEW KENT COUNTY	General Dentist	4.89	0.10	17,816	3,643	7.7	2.8
NEWPORT NEWS CITY	General Dentist	74.78	2.32	180,832	2,418	78.2	3.5
NORFOLK CITY	General Dentist	69.45	6.17	235,638	3,393	102.0	32.5
NORTHAMPTON COUNTY	General Dentist	5.99	1.49	13,381	2,233	5.8	-0.2
NORTHUMBERLAND COUNTY	General Dentist	4.41	0.04	13,189	2,991	5.7	1.3
NORTON CITY	General Dentist	3.54	0.15	3,740	1,057	1.6	-1.9
NOTTOWAY COUNTY	General Dentist	9.20	0.34	15,728	1,710	6.8	-2.4
ORANGE COUNTY	General Dentist	4.89	0.24	33,729	6,898	14.6	9.7
PAGE COUNTY	General Dentist	3.37	0.61	24,529	7,279	10.6	7.2
PATRICK COUNTY	General Dentist	2.28	0.00	19,171	8,408	8.3	6.0
PETERSBURG CITY	General Dentist	8.82	0.36	32,161	3,646	13.9	5.1
PITTSYLVANIA COUNTY	General Dentist	5.07	0.20	61,309	12,093	26.5	21.5
POQUOSON CITY	General Dentist	9.00	0.03	11,995	1,333	5.2	-3.8
PORTSMOUTH CITY	General Dentist	33.94	2.76	100,513	2,962	43.5	9.6
POWHATAN COUNTY	General Dentist	7.02	0.25	28,570	4,070	12.4	5.3
PRINCE EDWARD COUNTY	General Dentist	6.47	0.28	21,673	3,350	9.4	2.9

Appendix 3

General Dentist Manpower Based on 2009 Population

COUNTY	FINAL_TAXO	Total FTE	Total Low_inc FTE	2009 Est Pop	Pop to Dentist Ratio (F/D)	DDS needed for State ratio 1/2311	Additional DDS Needed
PRINCE GEORGE COUNTY	General Dentist	2.88	0.05	36,623	12,738	15.8	13.0
PRINCE WILLIAM COUNTY	General Dentist	136.53	5.08	380,277	2,785	164.6	28.0
PULASKI COUNTY	General Dentist	6.65	0.43	35,140	5,282	15.2	8.6
RADFORD CITY	General Dentist	2.58	0.04	15,940	6,178	6.9	4.3
RAPPAHANNOCK COUNTY	General Dentist	2.82	0.00	7,285	2,583	3.2	0.3
RICHMOND CITY	General Dentist	111.25	6.62	198,492	1,784	85.9	-25.4
RICHMOND COUNTY	General Dentist	2.13	0.02	9,201	4,320	4.0	1.9
ROANOKE CITY	General Dentist	46.78	4.46	93,074	1,990	40.3	-6.5
ROANOKE COUNTY	General Dentist	37.31	0.49	91,775	2,460	39.7	2.4
ROCKBRIDGE COUNTY	General Dentist	3.57	0.60	22,041	6,174	9.5	6.0
ROCKINGHAM COUNTY	General Dentist	16.30	0.15	75,128	4,610	32.5	16.2
RUSSELL COUNTY	General Dentist	3.51	0.26	28,870	8,225	12.5	9.0
SALEM CITY	General Dentist	6.25	0.14	25,301	4,048	10.9	4.7
SCOTT COUNTY	General Dentist	3.01	0.13	23,379	7,774	10.1	7.1
SHENANDOAH COUNTY	General Dentist	9.54	0.08	41,582	4,359	18.0	8.5
SMYTH COUNTY	General Dentist	8.77	0.92	32,045	3,656	13.9	5.1
SOUTHAMPTON COUNTY	General Dentist	0.96	0.00	18,151	18,907	7.9	6.9
SPOTSYLVANIA COUNTY	General Dentist	37.68	1.75	124,052	3,293	53.7	16.0
STAFFORD COUNTY	General Dentist	38.81	1.49	124,973	3,220	54.1	15.3
STAUNTON CITY	General Dentist	9.81	0.15	23,474	2,394	10.2	0.4
SUFFOLK CITY	General Dentist	19.48	0.42	84,143	4,321	36.4	16.9
SUSSEX COUNTY	General Dentist	1.98	0.00	12,225	6,174	5.3	3.3
TAZEWELL COUNTY	General Dentist	10.75	1.83	43,358	4,032	18.8	8.0
VIRGINIA BEACH CITY	General Dentist	227.28	5.95	434,918	1,914	188.2	-39.1
WARREN COUNTY	General Dentist	6.69	0.00	36,823	5,502	15.9	9.2
WASHINGTON COUNTY	General Dentist	18.91	2.24	53,339	2,821	23.1	4.2
WAYNESBORO CITY	General Dentist	11.84	0.09	21,333	1,802	9.2	-2.6
WESTMORELAND COUNTY	General Dentist	1.09	0.13	17,217	15,795	7.5	6.4
WILLIAMSBURG CITY	General Dentist	7.64	0.00	13,086	1,713	5.7	-2.0
WINCHESTER CITY	General Dentist	24.35	0.22	26,145	1,074	11.3	-13.0
WISE COUNTY	General Dentist	8.79	1.75	41,167	4,683	17.8	9.0
WYTHE COUNTY	General Dentist	9.79	0.41	28,383	2,900	12.3	2.5
YORK COUNTY	General Dentist	25.69	0.13	63,174	2,460	27.3	1.7
State Total		3,377.60		7,805,597	2,311		

Appendix 4.

VDH Preventive Program Areas July 2013

VDH Dentist FTE Positions 2013

Preventive Services Areas

- Potential Expansion Areas
- Proposed and Existing
- Lower Priority Areas

Frederick
Winchester
Clarke
Loudoun
Warren
Shenandoah
Arlington
Fairfax City
Alexandria
Fairfax
Fauquier
Manassas
Prince William
Page
Rappahannock
Rockingham
Culpeper
Harrisonburg
Madison
Stafford
Highland
Greene
Fredericksburg
King George
Orange
Augusta
Staunton
Spotsylvania
Bath
Waynesboro
Charlottesville
Westmoreland
Caroline
Albemarle
Louisa
Richmond
Rockbridge
Northumberland
Alleghany
Essex
Covington
Lexington
Fluvanna
Lancaster
Hanover
Nelson
Buena Vista
Goochland
Accomack
King William
King and Queen
Middlesex
Amherst
Botetourt
Buckingham
Powhatan
Richmond City
Henrico
Mathews
Craig
Cumberland
New Kent
Gloucester
Lynchburg
Northampton
Roanoke
Appomattox
Chesterfield
Charles City
Bedford City
Amelia
Giles
James City
Roanoke City
York
Petersburg
Buchanan
Campbell
Bedford
Prince Edward
Prince George
Poquoson
Montgomery
Tazewell
Nottoway
Surry
Dickenson
Bland
Newport News
Radford
Pulaski
Charlotte
Dinwiddie
Wise
Franklin
Hampton
Norton
Russell
Floyd
Lunenburg
Sussex
Isle of Wight
Norfolk
Wythe
Smyth
Pittsylvania
Portsmouth
Virginia Beach
Halifax
Brunswick
Washington
Carroll
Scott
Mecklenburg
Emporia
Franklin City
Suffolk
Lee
Grayson
Galax
Patrick
Martinsville
Chesapeake
Henry
Greensville
Southampton
Bristol
Danville

N
W
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S

VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Date Created: 7/12/2013

0 30 60 120 Miles

Appendix 5. VDH Dental Transition Initiative Communication Plan

Target Audience	Current Status as Understood by the Target Audience	What is New or Changing	What should they know or do?	Who communicates with Whom?
Local Governments	VDH operates a dental clinic for low income patients in their jurisdiction	VDH will discontinue dental clinic operations. VDH will implement a preventive school based program in select areas.	Consider local funding of VDH program or explore other provider resources or partners for the community	VDH Local District Health Directors should speak directly with local government agreement "contact" in jurisdictions impacted. Talking points and message maps are being created to assist and standardize responses. VDH communication staff to assist in the process.
Referring health providers, agencies and organizations	VDH is a dental care resource for those with limited access to care in the community	VDH will discontinue dental clinic operations but will expand preventive services around the State	How to handle low income clients with dental care needs. VDH can provide local resource alternatives	Specific to locality impacted. Targets include, DMAS /Dept. of Social Services/schools/hospitals/ medical and dental practitioners
Potential funders and safety net stakeholders	VDH is a dental care resource for those with limited access to care in the community and potentially overlaps services in some areas	VDH will discontinue dental clinic operations which may increase Medicaid insured #s in their clinics and minimal revenue patients seeking care. Funding for other provider models should be explored	How can they expand the safety net options for care including partnering with VDH in facilities	Statewide leaders have been consulted with and advised in special session meetings of VDH transition plan and consulted on details
Current and potential patients	VDH is their source for care primarily for children at very low or most often no cost	VDH will discontinue dental clinic operations (effective date?) Provide specific date per locality as soon as determined	They will need alternative providers. VDH will provide copies of records or information on pending treatment plans. VDH will provide referral resources locally	Specific to locality impacted. Local dental and admin staff contact existing patients by phone, mail, direct handout New patient inquiries are resolved with referrals
District directors and dental staff	As of 6/24/2013 Health Directors and dental staff have been advised	Many district dental clinics will cease operations and staff will be impacted	Develop local timeline. HR guidance made available for dental personnel. Develop local transition plans for CHS Deputy	VDH leadership, District directors PH dentists with staff. Direct communication with impacted staff
Media and concerned citizens	VDH dental clinics have been important in their community.	VDH will continue to have a role in access to care in communities and will expand preventive services access	Understand the reasons for the transition and the changing environment for clinical care and advantages of the new VDH initiative. (message maps may be needed to communicate this)	State and local VDH spokespersons as authorized by VDH leadership should manage response to inquiries.

DRAFT

Appendix 6. Message Map Prevention 1

Scenario: VDH Dental Program Transition
Stakeholder: General Public/ Safety Net Providers/Healthcare Providers/Local Governments
Concern: Why is the VDH Dental Program Changing

Key Message 1 →	Key Message 2 →	Key Message 3
VDH desires to have a greater impact on oral health statewide.	The VDH Dental Program is transitioning to a prevention model statewide as the most effective way to improve statewide oral health with limited resources.	VDH is working closely with stakeholders and community partners to help patients impacted by this transition to find continued dental care.

Support Point 1.1	Support Point 2.1	Support Point 3.1
VDH's goal is to reduce tooth decay by emphasizing prevention services.	VDH is increasing the use of dental hygienists in school and community settings into nine health district areas initially with plans to expand across the Commonwealth.	Expanding the preventive program model will increase sealant and fluoride varnish program availability and reduce dental disease.

Support Point 1.2	Support Point 2.2	Support Point 3.2
With the same funding investment, oral health prevention and education programs can benefit more residents than clinical programs.	This model has been piloted in Virginia and other states with success.	Virginia will continue to have the benefits of a public health dental program committed to monitoring oral health needs, and ensuring access to dental care.

Support Point 1.3	Support Point 2.3	Support Point 3.3
The cost of preventive dental care is minimal compared to the consequences of dental disease.	Dental hygienists will refer children needing treatment service to private dentists and other local dental partners.	For more information regarding individual dental clinic closures or resources for care, please contact your local health department.

Support Point 1.4	**Support Point 2.4**	**Support Point 3.4**
Most oral disease is preventable through education and early preventive care strategies including dental sealants and topical fluorides.	The program will focus on infants, very young children, school aged children, and youth in targeted, high-risk communities.	
Support Point 1.5	**Support Point 2.5**	**Support Point 3.5**
	The transition will be ongoing through FY14.	
Support Point 1.6	**Support Point 2.6**	**Support Point 3.6**
	Clinical dental programs in three targeted areas identified with the greatest dental needs and without resources for care will have an extended transition period.	
Support Point 1.7	**Support Point 2.7**	**Support Point 3.7**
	VDH continues to work with stakeholders through this transition to assure care in all communities.	

Appendix 7. Medicaid Adult Services and Reimbursement Trends

SFY	Members Over 21 Receiving Dental Services	Amount Paid For Dental Services
2006	2,989	$658,404.32
2007	4,652	$1,466,494.85
2008	8,030	$3,004,309.50
2009	13,338	$5,123,747.70
2010	21,009	$9,885,194.40
2011	32,921	$10,974,518.30
2012	36,945	$11,333,009.02