



Senior Dental Advisory Committee Meeting Minutes

Via [Zoom](#)
July 15, 2025
2:00 - 4:00 p.m.

1. Call to Order - 2:04 p.m.

Leighanna Konetski called the meeting to order at 2:04 p.m.

2. Roll Call

There were sufficient members for a quorum.

A. Members Present

Dr. Matt Carlston, Sarah Summers, Dr. Karl Kohlgraf, Leighanna Konetski, Ivy Beville, Dana Turner, Andrea Nelson

B. Members Excused

Melissa Emery, Dr. Micaela Gibbs, Katie Stuvel

C. Staff Present

Shannon Huska, Taryn Graf

3. Approval of Minutes

- Sarah Summers motioned to approve the minutes from the DAC meeting held on April 15, 2025. Dana Turner seconded. The motion passed.

4. Discussion on Funding Issues - 2:06 to 2:13 p.m.

- Taryn Graf
 - There was a change to many Medicare Advantage Plans that reduced or eliminated coverage for dental services. This has led to an increase in procedures being billed in full to the Senior Dental Program. Multiple grantees ran out of funds early and were limited or unable to provide services in June. Very little funds were returned from other grantees to redistribute to grantees that ran out of funds. Grantees are not allowed to





go past their allotted grant amount without checking with the Department first to see if there is additional funding available. Any procedures provided to patients under the Senior Dental Program are not allowed to be charged to the patients above the set copayment amount, even if the procedure is not paid due to lack of remaining grant funds. There will be grantees with unpaid procedures due to exceeding their allocated funding amount. With this change to the Medicare Advantage Plans, the number of aging adults 60 and older continuing to increase and no increase in the appropriated funding for the program, HCPF expects that waiting lists may begin or grow for grantees in the coming years. The budget for Senior Dental Program is appropriated by the legislature, and our team cannot request additional funding for it.

- **Committee Discussion**

- Leighanna Konetski asked if the waitlist was part of the application process?
- Taryn Graf said that the waitlist is one of the questions asked in the Annual Report every year; if the grantee had one and how many were on it.
- Sarah Summers asked what role Medicare Advantage Plans have with the grant.
- Taryn Graf said patients are allowed to have Medicare Advantage Plans (MAP), but the MAPs have stopped paying for a lot of procedures since this change in January, so the Senior Dental Program has been paying the difference.

5. Discussion on Procedure Code D9410 - 2:13 to 2:49 p.m.

- **Taryn Graf**

- Codes D2940, D2991, D5410, D5411, D5421, D5422 were included in the May rule update and have been added to the fee schedule for Fiscal Year 2025-26. D9410, which is for a house or extended care facility call, was pulled from the update list for the rule and is not included in the fee schedule as of now. While the DAC voted to add this code, there was no discussion during the April meeting about what the description would be for the code in the fee schedule. There was an objection to the draft guidelines for this code when a draft was sent out to the DAC members. It was requested to bring this code up for further discussion during this meeting today.
- Taryn read the Dental Procedure Guidelines for code D9410: Includes visits to senior living communities, hospice sites, residential homes, etc. as long as patient is not Medicaid eligible and the patient is unable to go to the dental facility/office for evaluation and/or treatment. Can't be billed if services performed in a dental facility. Must be billed with actual services





performed and if payable service is denied then D9410 will be denied as well. May only bill once per facility visit and not per patient. Must report name of facility, facility address, and facility phone number to receive payment.

- **Committee Discussion**

- Sarah Summers said the Medicaid frequency is once per day per patient. It isn't fair to be only able to bill one time for one location with multiple patients at that location.
- Shannon Huska said that you bill for each procedure for each patient, but we are talking about the trip to the facility or location.
- Sarah Summers asked how others bill procedures, by each name or by number of procedures? Sarah uses code D9410 for each patient under Medicaid and other insurances.
- Dr. Carlston said he hasn't used this code, but it seems like you would bill code D9410 once for each facility or home you went to and not for each patient at one location.
- Dr. Karl Kohlgraf said the Medicaid Office Reference Manual indicates you can bill once per patient per visit for code D9410; however, many private insurances only allow this code to be billed once per facility visit. The fee for this code is around \$100 and overutilization of this code could prevent other seniors from receiving needed dental care.
- Ivy Beville stated that limiting code D9410 to each visit and not for each patient is due to the extremely limited funding for the Senior Dental Program.
- Shannon Huska there is a limited amount of funding and wants to utilize funds for patient care. HCPF can look at how D9410 is billed for each location and adjust accordingly.
- Taryn Graf said when the code was initially set up there was a co-pay attached and that it would have to be looked at again to ensure fairness to each patient.
- Sarah Summers asked if there was a cap for each patient.
- Taryn Graf said that HCPF doesn't put any stipulations on how each grantee budgets their allotment of funds. Some grantees may limit the amount per patient to maximize the number of patients receiving care, but HCPF does not stipulate a dollar amount per patient per fiscal year.
- Sarah Summers asked how exactly would D9410 be billed and invoiced?





- Taryn Graf said the invoice will need to be adjusted to accept the additional information needed for this billing code. There is an invoice template that is sent out to each grantee and will be adjusted if this code is approved.
- Leighanna Konetski asked if there would need to be another rule to go before the Medical Services Board if this code were approved by the Dental Advisory Committee.
- Taryn Graf said that since no grantee currently makes house or facility visits, this code would be added for Fiscal Year 2026-27 if approved.
- Leighanna Konetski wanted clarification on what Dr. Kohlgraf stated about some insurance companies requiring specific criteria to be met to utilize code D9410.
- Dr. Kohlgraf said there were a couple insurance companies that didn't allow code D9410 to be used if you were on your way to a scheduled visit or routine procedure. You had to be called to the facility and had to go out of your way for the procedure or visit.
- Leighanna asked if the fee schedule is going to allow for any type of procedure for code D9410 to be used.
- Taryn Graf stated the wording for code D9410 currently doesn't stipulate a certain type of procedure but is up for discussion.
- Ivy Beville said Health First Colorado (Colorado's Medicaid Program) doesn't have any stipulation for procedures used to bill D9410.
- Sarah Summers said that there should be no limitations for procedures for code D9410. She appreciates Health First Colorado having code D9410 to provide dental services for patients that need it.
- Leighanna Konetski stated that code D9410 has nothing to do with access to care for delivery of services but is only for travel. Seniors can still go to facilities and receive services; this code is only for travel.
- Taryn Graf said that it is only for travel. The amount of the code under HealthFirst Colorado is \$106.73. There was a copay amount, but after discussion today, it doesn't make sense to have a copay for this code.
- Sarah Summers said mobile dentistry is hard work and restricting D9410 would impact mobile providers significantly.
- Verbiage of the guidelines were discussed. Changes were made to the following: "Includes visits to senior living communities, hospice sites, residential homes, etc. as long as patient is not Medicaid eligible and the





patient is unable to go to the dental facility/office for evaluation and/or treatment. Can't be billed if services are performed in a dental facility. Must be billed with actual services performed and if all payable services are denied then D9410 will be denied as well. May only bill once per facility visit and not per patient. Must report name of facility, facility address, and facility phone number to receive payment.”

- **Public Comment - 2:49 to 2:52 p.m.**
 - There was no public comment for this section.
- Matt Carlston made a motion to vote on the verbiage for code D9410. Andrea Nelson seconded. The motion passed.

6. Discussion on Application Process - 2:52 to 3:05 p.m.

- **Taryn Graf**
 - Grantees are required to fill out an application every four years. Fiscal year 2026-27 will require all grantees to fill out the application and go through the panel review process as required by the program statute.
 - Taryn shared the draft for the Senior Dental Grant Application. There were mainly wording and grammar changes.
 - The following bullet point was added under 6.1 Invoicing: “Grantees shall bill HCPF the lesser of the Program Payment for Covered Procedures and the grantee’s normal charge for the same procedure code.”
 - Also under 6.1 Invoicing, the following sentence was added to the bullet referring to the Medicare Advantage Plans (MAPs): “The Senior Dental Program can be billed for no more than the Max Allowable Fee minus any payment collected from the MAP.”
 - The last bullet under 6.1 Invoicing was changed to: “Qualified Grantees may bill for no more than seven percent (7%) of the Program Payment for administrative costs and can choose not to bill any administrative costs in favor of using their full grant amount for procedures for Eligible Seniors.”
 - Application Process timelines were updated.
 - More details were added to Key Personnel and Qualified Providers.
 - Qualified Providers will need to be in good standing with the State of Colorado. These providers will be checked during the audit.
 - Dr. Matt Carlston asked what “good standing” is.





- Taryn Graf is currently researching what the specific criteria are for a provider to be in “good standing” and will communicate that with the grantees. The Senior Dental Program wants to align with Health First Colorado in their definition of “good standing.”
- Seniors who are self-declaring their income must sign a letter attesting that the income is correct.
- Grantees will need to describe how they will be tracking grant funding throughout the year to ensure they do not exceed or underutilize awarded funding.
- **Committee Discussion**
 - Leighanna Konetski asked when the applications will be sent out.
 - Taryn Graf said they will be reminding grantees that this is an application year and will have the new applications by then.

7. Department Updates - Audit Process Updates/Code D2940, D2991 - 3:05 to 3:18 p.m.

- **Taryn Graf - Audit Process**
 - The Audit process is being worked on and updated for Grant Year 2024-25 which will be conducted during the current Grant Year 2025-26. Grantees will be audited once every three years instead of every year. This will allow time for grantees to ensure any findings are addressed and any systems and processes updated before having another audit. The last audits completed were for Grant Year 2022-23. Grant Year 2023-24 will not have audits conducted. The next audits will be for Grant Year 2024-25. The sample size for the audits will be based on the number of patients the grantee served during the year that is being audited. The sample sizes will range from 5 to 40 depending on patients served. Grantees will have 30 days to submit all documentation for the selected patients and will be notified within 3 business days of documentation submission if HCPF believes any documentation to be missing. Additional information must be submitted by the Grantee within 3 business days of the notification. Grantees will have 30 days from the date of the final audit report to submit their corrective action plan if the audit finds that one is necessary. It is intended that all audits are completed within 4 months of notification of an audit.
 - Ivy Beville asked if there would be time for Grantees to review the audit process before receiving notification of an audit?
 - Taryn Graf said most of the changes are on HCPF’s end as far as the timing. The only new part for Grantees would be looking at the qualified providers that are being used during the year.





- **Taryn Graf D2940**

- Taryn Graf said there was a question about how the Registered Dental Hygienist (RDH) telehealth part of that code would work. This code is for placement of interim direct restoration. The Senior Dental Program will be using the same procedure as Health First Colorado, which requires the RDH to submit information on the treating dentist that is supervising the procedure. The telehealth part doesn't need to happen during the actual appointment with the RDH. They can connect with the dentist during but can also connect afterwards. The dentist would then review all the information and ensure that their conclusions match the RDH.
- Ivy Beville clarified that Health First Colorado's procedure is to require a copy of the RDH's Interim Therapeutic Restorations (ITR) permit along with the form notification of the supervising dentist. That form must be signed by both RDH and dentist.
- Dr. Kohlgraf asked what would happen if there was a disagreement between the dentist and the RDH.
- Ivy Beville said that the RDH would do fact-finding including x-rays, photos and charting beforehand. That information would be sent to the dentist and will concur with the findings of the RDH before the ITR is placed. The diagnosis would need to happen before the placement of the restoration.

- **Taryn Graf D2991**

- The Senior Dental Program will follow Health First Colorado's policy with this code as well, which currently does not allow RDHs to perform this procedure due to it being categorized as a restoration procedure. There may be discussions with the Department of Regulatory Agencies to allow RDHs to provide this procedure in the future and the Senior Dental Program will update its policy if there is a change in that guidance.

8. Public Comment

- There was no public comment.

9. Board Action 3:18 to 3:20 p.m.

- Dr. Carlston motioned to adjourn. Dana Turner seconded. The motion passed.

10. Meeting Adjourned at 3:20 p.m.

The next scheduled meeting is at 2:00 p.m. on Tuesday, October 21, 2025, via Zoom.





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