

State's FY2011-13 budget changes access to dental services for some clients

Effective July 1, 2011, comprehensive dental services were restored for the following three groups of Medicaid adults:

- Women who are pregnant or are in their 60-day postpartum period
- Clients living in nursing homes, including the State Veteran's home
- Clients enrolled in 1915 (c) Home and Community Based waiver programs

Effective October 1, 2011, the dental benefit for Developmentally Disabled clients changes. To be eligible for services, a developmentally disabled client must:

- Meet the criteria above; or
- Be institutionalized in an Intermediate Care Facility for the Intellectually Disabled (ICF/ID) or in a Residential Habilitation Center (RHC).

The agency developed a decision-making tool for providers to use in determining if an adult client meets this criteria and is eligible to receive the restored set of dental services. To support billing, we created eligibility authorization numbers to certify which criteria the client meets.

A formal provider memo, the decision-making tool, the authorization numbers, and a set of Frequently Asked Questions (FAQ) are available on the dental home page at:

<http://hrsa.dshs.wa.gov/DentalProviders/DentalIndex.html>.

Clients eligible for these services may have received services since July 1 or be scheduled to receive services in the future. Medicaid will reimburse providers for this care. The decision-making tool and the memo include authorization numbers for each of the eligible groups listed above. Once you establish eligibility, you can bill for these clients' services using those authorization numbers.

The change in dental coverage for adults with developmental disabilities was intended to become effective July 1, but that date did not allow time to rearrange Medicaid coverage and provide the required notice to clients.

There is no change in covered dental services for children (clients 20 years of age or younger).

There may be changes in covered benefits and prior authorization requirements beginning October 1. Please refer to our billing instructions, fee schedules, and Washington Administrative Code for these changes.

Any adult client not included in one of the specific eligible groups listed above is not eligible for comprehensive dental services. They are restricted to the Emergency Oral Healthcare Benefit implemented on January 1, 2011.