

Frequently Asked Questions (FAQ):

General Information:

- Q. What verification will I need to keep proving the client was eligible for adult dental services?
- A. You will need screen shots from the ProviderOne Benefit screens to show client eligibility as of the date of service. You will also need to take a copy of any forms or documents provided by the client to support their eligibility as indicated below.
- Q. What is the difference between Comprehensive Dental coverage and Emergency Oral Health Coverage?
- A. Comprehensive is the full dental benefit, available prior to 2011, with HCA current coverage policies only available to children and specifically eligible adults.

The Emergency Oral Healthcare benefit does not include any restorative or preventive services and is only a list of 17 procedure codes done for emergency conditions and is available to all Medicaid eligible clients. For additional information regarding the Oral Healthcare Benefit go to this link: [Emergency Oral Healthcare Benefit](#) (see page B.29 for all clients Age 21 and Older)

PLEASE SEE the Frequently Asked Questions (FAQ's) for changes that were effective 7/1/2011 – the following FAQ's are for DDD Clients Only as of 10/1/2011

***NEW* Clients of the Division of Developmental Disabilities (DDD)**

- Q. If the client shows a DDD indicator when I check the client eligibility, the client is eligible for adult dental services, correct?
- A. No – on 10/1/11 not all DDD clients will have comprehensive dental coverage. To be eligible for comprehensive dental services after this date, the DDD client must meet any one of the coverage groups addressed below (pregnancy, residence qualification or waiver).
- Q. Which DDD clients are eligible for the adult dental benefit after 10/1/11?
- A. DDD clients who are eligible for one of the DDD waiver programs or who reside in one of the DDD residential habilitation centers (RHC), private IMR's or a nursing home. DDD clients who do not meet these criteria are no longer eligible for comprehensive adult dental services but will qualify for those services allowed under the Emergency Oral Health program. **NOTE:** Please refer to the EOH information: [Emergency Oral Healthcare Benefit](#) (see page B.29 for all clients Age 21 and Older)

DDD Pregnant clients:

- Q. Can I accept the client's word that she is pregnant and provide dental treatment?
- A. No, you must obtain documentation from her physician/medical provider verifying her pregnancy and documenting the expected date of delivery.
- Q. A client may be eligible for medical coverage during the post-partum period after the birth of her child. Can I provide dental treatment during this period?
- A. Yes, the client is eligible during the post partum period. **
- Q. How do I bill for a pregnant DDD waiver client?
- A. Follow regular billing procedures using EPA # 870000033 at the claim header

** Post partum period = comprehensive dental coverage for women who qualify because they are pregnant, allows continued dental coverage through the end of the month in which the 60th day following the end of the pregnancy falls (e.g., pregnancy ends June 10, medical benefits continue through August 31). This is applicable regardless of how the pregnancy ends.

Clients of Aging & Disability Services Administration who reside in a nursing home, state veteran's home, Residential Habilitation Center or private ICF/ID (institutions)

- Q. Are there specific types of institutions for DDD clients?
- A. DDD currently has five Residential Habilitation Centers (RHC) providing care for their clients. The RHCs are state run institutions but there are also several smaller private institutions for DDD clients. A complete list of the state and private institutions is provided at the end of this FAQ. In addition, it is possible DDD clients may reside in a nursing home or other institutional setting. Any DDD client who resides in an institution is eligible for comprehensive adult dental services.
- Q. How will I know a client is eligible for dental services because they are living in an institution?
- A. In addition to checking to see if the client is eligible for one of the coverage groups listed above, you will need to get a copy of the "Institutional Residence Verification for Dental Services" form completed by a staff person at the facility confirming the client is a resident in their facility.
- Q. How do I know whether to bill as an HCS client or as a DDD client?
- A. If the DDD indicator is present, bill as a DDD client regardless of the type of institution in which the client is living.
- Q. How do I bill for a DDD institutional client?**
- A. Follow regular billing procedures using EPA # 870000022 at the claim header.

DDD Waiver clients

Q. What are DDD waiver services?

A. Waiver services are long-term care services authorized by the Division of Developmental Disabilities to their clients to help the client continue to live in a community setting and avoid institutional care. Waiver services may be authorized for clients who live in their own home or who live in boarding homes, DDD group homes or adult family homes. All DDD clients who are eligible for comprehensive adult dental services due to waiver status will receive a “Waiver/RCL Verification Form” from their DDD case manager to bring to their appointments.

Q. What are the DDD waiver programs?

A. The four DDD adult waivers are called: Basic, Basic Plus, Core and Community Protection. More information on DDD waivers is available at: <http://www.dshs.wa.gov/ddd/waivers.shtml>. In addition clients who are on the Roads to Community Living (RCL) program through DDD are eligible.

Q. Can a DDD client be eligible for one of the Home & Community Services (HCS) waivers?

A. Yes, it is possible that a DDD client may also be receiving services under the COPES, New Freedom or HCS Roads to Community Living waiver programs. To determine whether to bill as a DDD client or an HCS client, you will need to check for a DDD indicator on the client eligibility screen in ProviderOne.

Q. Are there specific ACES coverage groups which indicate a client is eligible for adult dental services because they are approved under a DDD waiver program?

A. Most medical only clients who are approved for DDD waiver services are eligible under the ACES coverage groups L21 or L22. If the client is eligible for L21 or L22 on the date of service and there is no hospice information coded on the client eligibility screen, the client is eligible for adult dental services. However, to determine the correct EPA # to bill, you will also need to check for the DDD indicator on the client eligibility screen.

If *hospice* is coded on an L21 or L22 client, you will need to also get a copy of the “Waiver/RCL Verification Form” verifying the client is approved for one of the waivers listed above.

Q. What about the other ACES coverage groups listed for this group?

A. Waiver services may be provided to DDD waiver clients under several other ACES coverage groups. In addition to confirming the client is eligible on one of these coverage groups on the date of service, you *must* obtain a “Waiver/RCL Verification Form” to confirm the client was approved for a DDD waiver program.

- S08 – Healthcare for Workers with Disabilities
- F01 – TANF cash assistance
- R01 - Refugee cash assistance
- G02 – ABD cash assistance (formerly GA-X)

DDD Waiver clients (continued)

Q. How do I bill for a DDD waiver client or an HCS waiver client with a DDD indicator?

A. Follow regular billing procedures using EPA # 870000021 at the claim header.

List of DDD Institutions

Residential Habilitation Centers

Rainier School	2120 Ryan Rd, Buckley WA 98321
Fircrest School	15230 15 th Ave NE, Shoreline, WA 98155
Yakima Valley School	609 Speyers Road, Selah, WA 98942
Lakeland Village	2320 S Salnave Rd, Medical Lake, WA 99022
Frances Haddon Morgan Center	3423 6 th St, Bremerton, WA 98312

Private Institutions

Barclay Group Home	5027 NE 188 th St, Lake Forest Park, WA 98155
Bedford Group Home	12461 NE 173 rd Place, Woodinville, WA 98072
Brookhaven Group Home	17235 126 th Place NE, Woodinville, WA 98072
Camelot Group Home	9201 2 nd Ave NW, Seattle, WA 98117
Carlton Group Home	26509 NE Virginia St, Duvall, WA 98019
Chelsea Group Home	26511 NE Virginia St, Duvall, WA 98019
Lincoln Park Group Home	6935 Fauntleroy Way SW, Seattle, WA 98136
Rocky Bay Group Home	17526 SR 302, Gig Harbor, WA 98329

GLOSSARY AND FREQUENTLY ASKED QUESTIONS – effective 10/1/11

Glossary:

AAA	Area Agency on Aging
ADSA	Aging & Disability Services Administration (part of DSHS)
ALF	Alternate living facility (adult family home, group home or boarding home)
COPEs	Community Options Program Entry System (an HCS waiver program)
DDD	Division of Developmental Disabilities (a Division within ADSA)
DSHS	Department of Social & Health Services
EDD	Estimated Due Date
EOHB	Emergency Oral Health Benefit
HCA	Health Care Authority (Medicaid Agency)
HCS	Home & Community Services (a Division within ADSA)
MNIW	Medically-Needy In-home waiver (an HCS waiver program)
MNRW	Medically-Needy Residential waiver (an HCS waiver program)
OB/GYN	Obstetrics/Gynecology
PAN	Planned Action Notice
PCP	Primary Care Provider
RHC	Residential Habilitation Center
TANF	Temporary Assistance for Needy Families (a DSHS cash program)