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PROPOSED RULE MAKING	PR	OP	OSE	ED	RU	LE	MA	KI	NG
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CR-102 (December 2017) (Implements RCW 34.05.320)

Do NOT use for expedited rule making

OFFICE OF THE CODE REVISER STATE OF WASHINGTON FILED

DATE: October 03, 2018 TIME: 8:02 AM

WSR 18-20-118

Agency: Health Care	Authority			
☑ Original Notice				
Supplemental Noti	ice to WSR			
□ Continuance of W	SR			
☑ Preproposal State	ment of Inq	uiry was filed as WSR <u>18-03-132</u>	; or	
Expedited Rule Ma	akingProp	osed notice was filed as WSR	; or	
Proposal is exemp	ot under RC	W 34.05.310(4) or 34.05.330(1); o	r	
Proposal is exemp				
Title of rule and othe	r identifying	j information: (describe subject) V	VAC 182-535-1270 Oral health connections pilot project.	
Hearing leastion(a);				
Hearing location(s): Date:	Time:	Location: (be specific)	Comment:	
	10:00 AM	Health Care Authority		
November 6, 2018	10.00 AM	Cherry Street Plaza	Metered public parking is available street side around building. A map is available at:	
		Sue Crystal Conf Rm 106A	www.hca.wa.gov/documents/directions_to_csp.pdf	
		626 8 th Ave, Olympia WA 98504	or directions can be obtained by calling:	
			(360) 725-1000	
	-	ooner than November 7, 2018 (No	ote: This is NOT the effective date)	
Submit written comm				
Name: HCA Rules Coo				
Address: PO Box 427		WA 98504-2716		
Email: arc@hca.wa.go	<u>v</u>			
Fax: (360) 586-9727 Other:				
By (date) <u>November 6</u>	2018			
Assistance for perso		abilitios		
Contact Amber Lough		abinnes.		
Phone: 360) 725-1349				
Fax: 360) 586-9727				
TTY: Telecommunicati	ion Relav Se	ervices (TRS): 711		
Email: amber.lougheed	•	. ,		
Other:				
By (date) November 2.	<u>, 2018</u>			
			y changes in existing rules: This rulemaking is	
			agency to develop and implement a three-year pilot	
program to test the effect that enhanced dental benefits for adult Medicaid clients with diabetes and pregnant Medicaid clients have on access to dental care, health outcomes, and medical care costs. The pilot program must include enhanced				
			participating providers and an increase in the allowable	
		o up to four per calendar year.		

Reasons suppor	ting proposal: This rule	making is necessary to implement Substitute Senate Bil	I 5883. See Purpose.
Statutory author	ity for adoption: RCW 4	1.05.021, 41.05.160, Substitute Senate Bill 5883	
Statute being im	plemented: RCW 41.05.	.021, 41.05.160, Substitute Senate Bill 5883	
Is rule necessary			
Federal Lav	N?		🗆 Yes 🛛 No
Federal Co	urt Decision?		🗆 Yes 🛛 No
State Court			🗆 Yes 🛛 No
If yes, CITATION:			
	ts or recommendations	s, if any, as to statutory language, implementation, e	nforcement, and fiscal
matters: N/A			
Name of propone	ent: (person or organizat	ion) Health Care Authority	Private
			Public
			⊠ Governmental
Name of agency	personnel responsible	for:	
	Name	Office Location	Phone
Drafting:	Amy Emerson	PO Box 42716, Olympia WA 98504-2716	360-725-1348
Implementation:	Pixie Needham	PO Box 45502, Olympia WA, 98504-5502	360-725-9967
Enforcement:	Pixie Needham	PO Box 45502, Olympia WA, 98504-5502	360-725-9967
ls a school distri	ct fiscal impact statem	ent required under RCW 28A.305.135?	🗆 Yes 🛛 No
If yes, insert state	•		
, ,			
The public may	v obtain a copy of the scl	nool district fiscal impact statement by contacting:	
Name:			
Address	5:		
Phone:			
Fax:			
TTY:			
Email:			
Other:			
Is a cost-benefit	analysis required unde	r RCW 34.05.328?	
	liminary cost-benefit ana	alysis may be obtained by contacting:	
Name:			
Address	(I		
Phone:			
Fax:			
TTY:			
Email: Other:			
	ee evolain: PCW 31 05 3	28 does not apply to Health Care Authority rules unless	requested by the loint
	Rules Review Committe		

regulatory	y Fairness Act Cost Considerations for	a Small Busin	ess Economic Impact Statement:
	oposal, or portions of the proposal, may b 85 RCW). Please check the box for any a		requirements of the Regulatory Fairness Act (see ption(s):
adopted so regulation t adopted.	lely to conform and/or comply with federal	statute or regu	CW 19.85.061 because this rule making is being lations. Please cite the specific federal statute or describe the consequences to the state if the rule is not
This rule	e proposal, or portions of the proposal, is e		e the agency has completed the pilot rule process
-	RCW 34.05.313 before filing the notice of		
		exempt under t	ne provisions of RCW 15.65.570(2) because it was
	a referendum.		P(W 10.95.025(2)) Check all that apply:
	e proposal, or portions of the proposal, is e		
	RCW 34.05.310 (4)(b)		RCW 34.05.310 (4)(e)
	(Internal government operations)		(Dictated by statute)
	RCW 34.05.310 (4)(c)		RCW 34.05.310 (4)(f)
	(Incorporation by reference)		(Set or adjust fees)
	RCW 34.05.310 (4)(d)		RCW 34.05.310 (4)(g)
	(Correct or clarify language)		 ((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit)
	e proposal, or portions of the proposal, is e	exempt under F	RCW
Explanatior	n of exemptions, if necessary:		
	COMPLETE THIS SEC	TION ONLY IF	NO EXEMPTION APPLIES
If the propo			NO EXEMPTION APPLIES costs (as defined by RCW 19.85.020(2)) on businesses?
⊠ No <u>impose</u> □ Yes	bsed rule is not exempt , does it impose mo Briefly summarize the agency's analysis <u>additional compliance costs or requiremen</u>	ore-than-minor showing how o <u>hts on providers</u> ly imposes mor	costs (as defined by RCW 19.85.020(2)) on businesses?
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WAC 182-535-1270 Oral health connections pilot project. (1) The oral health connections pilot project is effective for dates of service from January 1, 2019, through December 31, 2021.

(2) The purpose of the oral health connections pilot project is to test the effect that enhanced oral health services have on the overall health of diabetic or pregnant medicaid clients receiving services in Cowlitz, Spokane, and Thurston counties.

(3) To be eligible for the oral health connections pilot project, a client must be:

(a) Age twenty-one or older;

(b) Pregnant, diabetic, or both;

(c) Receiving services under this oral health pilot project in Cowlitz, Spokane, or Thurston counties; and

(d) Referred by a nondental primary health care provider or a designated community organization to a qualified oral health connections pilot project dental provider. For the purposes of this section, a designated community organization is defined as an auxiliary group or groups that partner with the agency and Arcora foundation to implement the oral health connections pilot project.

(4) A client who qualifies for the oral health connections pilot project due to pregnancy may continue receiving services through the duration of the maternity cycle as defined in WAC 182-533-0315, but must actually be pregnant at the start of services.

(5) The following are excluded from the oral health connections pilot project:

(a) Family planning only and TAKE CHARGE programs under chapter 182-532 WAC;

(b) Medical care services (MCS) program under WAC 182-508-0005; and

(c) Clients who are enrolled in both medicaid and medicare.

(6) Under the oral health connections pilot project, the medicaid agency pays an enhanced rate for the following services:

(a) One comprehensive oral exam, per client, per provider;

(b) One complete series of intraoral radiographic images per client in a three-year period;

(c) Four bitewing x-rays (radiographs) once per client in a twelve-month period;

(d) Periodontal scaling and root planing - Four or more teeth per quadrant, once per quadrant per client in a two-year period;

(e) Periodontal scaling and root planing - Three or more teeth per quadrant, once per quadrant per client in a two-year period; and

(f) Up to three additional periodontal maintenance visits in a twelve-month period. At least ninety days must elapse following periodontal scaling and root planing or at least ninety days must elapse following initial periodontal maintenance, and then every ninety days afterwards for a total of three additional periodontal maintenance visits per eligible client in a twelve-month period.

(7) The services listed in subsection (6) of this section are the only services the agency pays at the enhanced rate. The agency pays for all other covered dental services at the standard rate.

(8) To receive the enhanced rate, dental providers must:

(a) Be enrolled to participate in the oral health connections pilot project;

(b) Meet the qualifications in WAC 182-535-1070;

(c) Provide the services in Cowlitz, Spokane, or Thurston counties; and

(d) Complete training designed specifically for the oral health connections pilot project.

(9) The agency assigns a special identifier to providers who complete the training in subsection (8)(d) of this section which allows them to receive the enhanced rate.