## PROPOSED RULE MAKING

**CR-102 (December 2017)**
(Implements RCW 34.05.320)

Do NOT use for expedited rule making

### Agency:
Health Care Authority

- [ ] Original Notice
- [ ] Supplemental Notice to WSR _____
- [ ] Continuance of WSR _____

- [ ] Preproposal Statement of Inquiry was filed as WSR 21-13-050; or
- [ ] Expedited Rule Making--Proposed notice was filed as WSR _____; or
- [ ] Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or
- [ ] Proposal is exempt under RCW _____.

**Title of rule and other identifying information:** (describe subject) WAC 182-535-1245 Access to baby and child dentistry (ABCD) program

### Hearing location(s):

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location (be specific)</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 26, 2021</td>
<td>10:00 AM</td>
<td>The Health Care Authority (HCA) remains closed in response to the coronavirus disease 2019 (COVID-19) public health emergency. Until further notice, HCA continues to hold public hearings virtually without a physical meeting place. This promotes social distancing and the safety of the residents of Washington State.</td>
<td>To attend the virtual public hearing, you must register in advance for this public hearing: <a href="https://zoom.us/webinar/register/WN_Ig_1_lBzQ00a2h_OY6Ak0w">https://zoom.us/webinar/register/WN_Ig_1_lBzQ00a2h_OY6Ak0w</a> After registering, you will receive a confirmation email containing information about joining the public hearing.</td>
</tr>
</tbody>
</table>

**Date of intended adoption:** Not sooner than October 27, 2021 (Note: This is NOT the effective date)

### Submit written comments to:

- **Name:** HCA Rules Coordinator
- **Address:** PO Box 42716, Olympia WA 98504-2716
- **Email:** arc@hca.wa.gov
- **Fax:** (360) 586-9727
- **Other:**

    - **By (date):** October 26, 2021

### Assistance for persons with disabilities:

- **Contact:** Amber Lougheed
- **Phone:** (360) 725-1349
- **Fax:** (360) 586-9727
- **TTY:** Telecommunication Relay Services (TRS): 711
- **Email:** amber.lougheed@hca.wa.gov
- **Other:**

    - **By (date):** October 8, 2021
Purpose of the proposal and its anticipated effects, including any changes in existing rules: The agency is amending these rules align with SSB 5976. Specifically, the agency removed the age limitation of five and younger and added coverage for clients under the age of 13 who have one or more disabilities as defined by RCW 74.09.390. The agency is also clarifying that if the client is enrolled in an agency-contracted managed care organization (MCO), dental providers must bill the agency's directly under the fee-for-service payment system for ABCD services. Medical providers must bill the MCO directly for ABCD program services. If the client is not enrolled in an MCO, dental providers and medical providers must bill the agency directly under the fee-for-service payment system for ABCD program services. Only ABCD-certified dental providers and primary care providers certified in ABCD are paid an enhanced fee.

Reasons supporting proposal: See Purpose

Statutory authority for adoption: RCW 41.05.021, 41.05.160, Substitute Senate Bill 5976, Chapter 242, Laws of 2020 Access to Baby and Child Dentistry Program – Eligibility

Statute being implemented: RCW 41.05.021, 41.05.160, Substitute Senate Bill 5976, Chapter 242, Laws of 2020 Access to Baby and Child Dentistry Program – Eligibility

Is rule necessary because of a:
- Federal Law? ☐ Yes ☒ No
- Federal Court Decision? ☐ Yes ☒ No
- State Court Decision? ☐ Yes ☒ No
If yes, CITATION:

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: N/A

Name of proponent: (person or organization) Health Care Authority ☒ Governmental

Name of agency personnel responsible for:

<table>
<thead>
<tr>
<th>Drafting:</th>
<th>Valerie Freudenstein</th>
<th>PO Box 42716, Olympia WA 98504-2716</th>
<th>360-725-1344</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation:</td>
<td>Janice Tadeo</td>
<td>PO Box 45506, Olympia, WA 98504-5506</td>
<td>360-725-1583</td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Janice Tadeo</td>
<td>PO Box 45506, Olympia, WA 98504-5506</td>
<td>360-725-1583</td>
</tr>
</tbody>
</table>

Is a school district fiscal impact statement required under RCW 28A.305.135? ☐ Yes ☒ No
If yes, insert statement here:

The public may obtain a copy of the school district fiscal impact statement by contacting:

Name:
Address:
Phone:
Fax:
TTY:
Email:
Other:

Is a cost-benefit analysis required under RCW 34.05.328? ☐ Yes ☐ No
If yes, a preliminary cost-benefit analysis may be obtained by contacting:

Name:
Regulatory Fairness Act Cost Considerations for a Small Business Economic Impact Statement:

This rule proposal, or portions of the proposal, may be exempt from requirements of the Regulatory Fairness Act (see chapter 19.85 RCW). Please check the box for any applicable exemption(s):

☐ This rule proposal, or portions of the proposal, is exempt under RCW 19.85.061 because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted.

Citation and description:
☐ This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by RCW 34.05.313 before filing the notice of this proposed rule.

☐ This rule proposal, or portions of the proposal, is exempt under the provisions of RCW 15.65.570(2) because it was adopted by a referendum.

☐ This rule proposal, or portions of the proposal, is exempt under RCW 19.85.025(3). Check all that apply:

☐ RCW 34.05.310 (4)(b)
  (Internal government operations)

☐ RCW 34.05.310 (4)(c)
  (Incorporation by reference)

☐ RCW 34.05.310 (4)(d)
  (Correct or clarify language)

☐ RCW 34.05.310 (4)(e)
  (Dictated by statute)

☐ RCW 34.05.310 (4)(f)
  (Set or adjust fees)

☐ RCW 34.05.310 (4)(g)
  ((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit)

☐ This rule proposal, or portions of the proposal, is exempt under RCW _____.

Explanation of exemptions, if necessary:

COMPLETE THIS SECTION ONLY IF NO EXEMPTION APPLIES

If the proposed rule is not exempt, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

☒ No  Briefly summarize the agency’s analysis showing how costs were calculated. The proposed rule does not impose any costs on businesses.

☐ Yes  Calculations show the rule proposal likely imposes more-than-minor cost to businesses, and a small business economic impact statement is required. Insert statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

Name:
Address:
Phone:
Fax:
TTY:
Email:
Other:
<table>
<thead>
<tr>
<th>Date:</th>
<th>September 20, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Wendy Barcus</td>
</tr>
<tr>
<td>Title:</td>
<td>HCA Rules Coordinator</td>
</tr>
</tbody>
</table>

Signature: [Signature]
WAC 182-535-1245  Access to baby and child dentistry (ABCD) program. The access to baby and child dentistry (ABCD) program is a program established to increase access to dental services for certain medicaid-eligible clients (ages five and younger).

(1) Client eligibility

A client is eligible for the ABCD program if the client is:
(a) Clients must be age five and younger. Once enrolled in the ABCD program, eligible clients are covered until their sixth birthday.
(b) Eligible for one of the following medical assistance programs: (are eligible for the ABCD program):
(i) Categorically needy program (CNP);
(ii) Limited casualty program-medically needy program (LCP-MNP);
(iii) Children's health program; or
(iv) State children's health insurance program (SCHIP); and
(b) Follow the age requirements:
(i) Under age six; or
(ii) Under age 13 and has one or more disabilities as defined by RCW 74.09.390.

(2) If the eligible client is enrolled in an agency-contracted managed care organization (MCO):
(a) Dental providers must bill the agency's fee-for-service payment system for ABCD program services.
(b) Medical providers must bill the MCO for ABCD program services.

(3) If the eligible client is not enrolled in an agency-contracted managed care organization (MCO):
(a) Dental providers must bill the agency's fee-for-service payment system for ABCD program services.
(b) Medical providers must bill the agency's fee-for-service payment system for ABCD program services.
(c) ABCD program services provided by a dental provider for eligible clients who are enrolled in an agency-contracted managed care organization (MCO) are paid through the fee-for-service payment system.
(d) ABCD program services provided by a medical provider for eligible clients who are enrolled in an agency-contracted managed care organization (MCO) must be billed directly through the client's MCO.

(4) Health care providers and community service programs identify and refer eligible clients to the ABCD program. If the eligible client is treated by an ABCD-certified provider, the client and an adult family member may receive:
(a) Oral health education;
(b) "Anticipatory guidance" (expectations of the client and the client's family members, including the importance of keeping appointments); and
(c) Assistance with transportation, interpreter services, and other issues related to dental services.

(5) Only ABCD-certified (dentists and other agency-approved certified) dental providers and primary care providers certified in ABCD are paid an enhanced fee for furnishing ABCD program services. ABCD program services include, when appropriate:
(a) Family oral health education. An oral health education visit:
(i) Is limited to one visit per day per family, up to two visits per child client in a 12-month period, per provider or clinic; and

(ii) Must include all of the following services, provision of which must be documented in the client's record:

(A) "Lift the lip" training;
(B) Oral hygiene training;
(C) Risk assessment for early childhood caries;
(D) Dietary counseling; and
(E) Benefits of fluoride supplements; and
(F) Documentation in the client's record to record the activities provided at the oral education visit).

(b) Comprehensive oral evaluations as defined in WAC 182-535-1050, once per client, per provider or clinic, as an initial examination. The agency covers an additional comprehensive oral evaluation if the client has not been treated by the same provider or clinic within the past five years;

(c) Periodic oral evaluations as defined in WAC 182-535-1050, once every six months. Six months must elapse between the comprehensive oral evaluation and the first periodic oral evaluation;

(d) Topical application of fluoride varnish;
(e) Amalgam, resin, and glass ionomer restorations on primary teeth, as specified in the agency's current published documents;
(f) Interim therapeutic restorations (ITRs) for primary teeth (only for clients age five and younger). The agency pays an enhanced rate for these restorations to ABCD-certified, ITR-trained dentists as follows:

(i) A one-surface, resin-based composite, or glass ionomer restoration with a maximum of five teeth per visit; and
(ii) Restorations on a tooth can be done every 12 months (through age five) or until the client can be definitively treated for a restoration.

(g) Therapeutic pulpotomy;
(h) Prefabricated stainless steel crowns on primary teeth, as specified in the agency's current published documents;
(i) Resin-based composite crowns on anterior primary teeth; and
(j) Other dental-related services, as specified in the agency's current published documents.

(4) The client's record must show documentation of the ABCD program services provided.)