



STATE OF WASHINGTON  
**HEALTH CARE AUTHORITY**  
626 8th Avenue, SE • Olympia, Washington 98501

September 9, 2021

**NOTICE**

**Title or Subject:** 1115 Waiver Amendment for Reimbursement of Dental Health Aid Therapist (DHAT) Services

**Effective Date:** Date of CMS Approval

**Description:** This amendment request would authorize reimbursement for critically important Dental Health Aide Therapist (DHAT) services at Indian health programs within the state. See attached for the complete description.

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**Web site address:** <https://www.hca.wa.gov/about-hca/medicaid-transformation-project-mtp/one-year-extension-and-amendment>

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

**DATE:** September 09, 2021

**TIME:** 4:20 PM

**WSR 21-19-032**

# Summary of the Dental Health Aide Therapist (DHAT) Amendment Request

## Overview

The Washington State Health Care Authority (HCA) is requesting an amendment to the Medicaid Transformation Project (MTP) Section 1115 Medicaid demonstration waiver, which is scheduled to expire on December 31, 2021. This amendment request would authorize reimbursement for critically important Dental Health Aide Therapist (DHAT) services at Indian health programs within the state.

## Goals of the amendment request

This amendment request would authorize reimbursement for critically important DHAT services at Indian health programs within the state. The dental services provided by DHATs are a type of medical assistance under Section 1905 of the Social Security Act (Act) for which federal financial participation is warranted under Section 1903 of the Act. Several tribes, including the Swinomish Indian Tribal Community, already offer these vital services to individuals who are eligible for services through the Indian Health Service (IHS).

Washington State is asking CMS to waive the “free choice of provider” requirement as outlined below:

Section 1902(a)(23)(A) of the Act and federal regulations at 42 CFR 431.51(b)(1) require the state plan to provide that Medicaid beneficiaries may obtain covered services from any willing and qualified provider. The State requests waiver authority to allow Indian health programs to optionally provide DHAT services to all Medicaid beneficiaries who are eligible for IHS services. CMS has advised the State that the “free choice of provider” provision must be waived because DHAT services will be offered at the discretion of the Indian health program, will not be offered to Medicaid beneficiaries who are ineligible for IHS services, and will not be offered by other non-Indian health programs outside the boundaries of tribal reservations.

## Eligibility

Existing eligibility criteria will continue for each existing MTP initiative without proposed modifications.

During the time frame July 1, 2020, through June 30, 2021, 354 unique clients received DHAT services. We are projected to provide DHAT services to approximately 425 clients in the current state fiscal year (which began July 1, 2021), a 20 percent growth increase.

## Annual costs and budget neutrality

Below is a summary of expenditures for DHAT services.

Time period	Total expenditures
July 1, 2019 – June 30, 2020	\$50,658
July 1, 2020 – June 30, 2021	\$254,544

HCA projects to spend approximately \$453,000 for DHAT services during the current state biennial budget (July 1, 2021, through June 30, 2023). HCA does not expect this request to have an impact to budget neutrality, given we are projected to have demonstration savings to offset these services.

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Below is a summary table of our with-waiver expenditures (including actuals plus projections). The full budget neutrality analysis is included in [Appendix A](#).

Without-Waiver Total Expenditures			DEMONSTRATION YEARS (DY)					Total
			1	2	3	4	5	
<b>Medicaid Per Capita</b>								
Non-Expansion Adults Only	1	Total	\$ 4,528,894,515	\$ 4,605,984,762	\$ 3,003,353,207	\$ 3,206,889,413	\$ 3,489,607,370	
		PMPM	\$1,012.82	\$1,046.24	\$694.38	\$722.16	\$751.05	
		Mem-Mon	4,471,569	4,402,417	4,325,230	4,440,691	4,646,305	
<b>TOTAL</b>			<b>\$ 4,528,894,515</b>	<b>\$ 4,605,984,762</b>	<b>\$ 3,003,353,207</b>	<b>\$ 3,206,889,413</b>	<b>\$ 3,489,607,370</b>	<b>\$ 18,834,729,267</b>
<b>With-Waiver Total Expenditures</b>			<b>DEMONSTRATION YEARS (DY)</b>					<b>TOTAL</b>
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
<b>Medicaid Per Capita</b>								
Non-Expansion Adults Only	1		\$ 4,127,090,476	\$ 4,588,201,329	\$ 2,566,098,224	\$ 2,734,483,906	\$ 2,726,580,452	
<b>Medicaid Aggregate - WW only</b>								
DSHP	1		\$ 192,631,562	\$ 181,288,154	\$ 117,483,551	\$ 76,543,710	\$ 98,879,556	
DSRIP	2		\$ 242,100,000	\$ 232,600,000	\$ 179,180,434	\$ 151,510,022	\$ 71,250,000	
MAC and TSOA Not Eligible	3		\$ -	\$ 1,587	\$ 1,438	\$ 3,168	\$ 573	
<b>TOTAL</b>			<b>\$ 4,561,822,038</b>	<b>\$ 5,002,091,070</b>	<b>\$ 2,862,763,647</b>	<b>\$ 2,962,540,806</b>	<b>\$ 2,896,710,581</b>	<b>\$ 18,285,928,142</b>
<b>BASE VARIANCE</b>			<b>\$ (32,927,524)</b>	<b>\$ (396,106,308)</b>	<b>\$ 140,589,560</b>	<b>\$ 244,348,607</b>	<b>\$ 592,896,789</b>	<b>\$ 548,801,125</b>
<b>Excess Spending from Hypotheticals</b>								\$ -
1115A Dual Demonstration Savings (state preliminary estimate)								\$ -
1115A Dual Demonstration Savings (OACT certified)								\$ -
Carry-Forward Savings From Prior Period								\$ -
<b>NET VARIANCE</b>								<b>\$ 548,801,125</b>

## Evaluation design

Washington State proposes to continue its current evaluation of all five initiatives of the MTP waiver. This amendment will be evaluated under the initiative(s) approved for (Initiatives 1 and 2) but will not require substantive changes to the evaluation design. Regarding evaluation of DHAT services, a note was added to clarify that primary data collection will not include DHAT services. Washington State proposes to evaluate the impacts specific to this amendment under the following hypothesis of the approved evaluation design:

Below are the parameters from the evaluation design that apply to this amendment:

<b>Specific testable hypotheses will include:</b>	Providing oral health screening and assessment, intervention, and referral in the primary care setting, or through the deployment of mobile clinics and/or portable equipment. This is expected to increase access to oral health services for adults, improve prevention and control the progression of oral disease, and reduce reliance on emergency departments for oral pain and related conditions.
<b>Data Sources</b>	<ul style="list-style-type: none"> <li><b>Administrative data.</b> Impact analyses will use MMIS-derived physical, behavioral health, and dental service data. Data are routinely collected through the operation of existing data interfaces and are generally linked into the State’s integrated client data environment on a quarterly basis.</li> <li><b>Primary data collection.</b> Primary data will be collected for research questions (<u>except for any questions related to DHAT services</u>) that cannot be addressed using administrative data. Data collection efforts may include key informant interviews, focus groups, and stakeholder surveys. These data will support the</li> </ul>

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	qualitative analysis and interpretation of quantitative impact findings.
<b>Measures</b>	<ul style="list-style-type: none"><li>• Oral health services utilization among Medicaid beneficiaries</li><li>• Primary Caries Prevention Intervention as Part of Well/III Child Care as Offered by Primary Care Medical Providers</li><li>• Outpatient Emergency Department Visits per 1000 Member Months</li><li>• Ongoing Care in Adults with Chronic Periodontitis Medicaid Transformation Project Demonstration Evaluation Design 39 Component Description</li><li>• Periodontal Evaluation in Adults with Chronic Periodontitis</li><li>• Caries at Recall (Adults and Children)</li><li>• Adult Treatment Plan Completed</li><li>• Sealants - % Dental Sealants for 6-9-Year-Old Children at Elevated Caries Risk</li><li>• Dental Sealants for 10-14-Year-Old Children at Elevated Caries Risk</li></ul>

The full evaluation design is included in [Appendix B](#).

## List of waiver and expenditure authorities that are being requested

f § 1902(a)(23)(A). Authority for Indian health programs to optionally provide, and receive reimbursement for, DHAT services to Medicaid beneficiaries who are eligible for services under Indian Health Service criteria without any cost-sharing requirements.

## Public notice and comment period

### Public notice webinars

HCA will host two public notice webinars via Zoom to provide an overview of the amendment request. Attendees will have an opportunity to ask questions and share feedback. **Registration is not required.**

[Monday, September 13](#), from noon to 1 p.m.

[Wednesday, September 29](#), from noon to 1 p.m.

If people are unable to attend, HCA will post a recording of both webinars on the [one-year extension and amendment webpage](#).

### Public comment

Feedback is a crucial part of the amendment process. People can share public comment or testimony:

1. During one of the public notice webinars.
2. By contacting HCA at [medicaidtransformation@hca.wa.gov](mailto:medicaidtransformation@hca.wa.gov).
3. By mailing HCA at:  
Washington State Health Care Authority, Policy Division  
Regarding: DHAT public comment  
Attention: Tamarra Henshaw  
Mail Stop 45502  
628 8th Avenue SE  
Olympia, WA 98501

# Summary of the Dental Health Aide Therapist (DHAT) Amendment Request

HCA must receive all public comments **by October 15, 2021**.

For more information, read the [draft DHAT amendment request](#).