DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

MAY 0 4 2011

Susan Dreyfus, Secretary
Department of Social and Health Services
Post Office Box 45010
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 10-034

Dear Ms. Dreyfus:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-034. This amendment eliminates non-emergency dental services and dentures for Medicaid recipients age 21and over except for recipients with a developmental disability as defined by the State.

This SPA is approved effective January 1, 2011.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Janice Adams at (206) 615-2541 or Janice.Adams@cms.hhs.gov.

Sincerely,

Carol J.C. Peverly
Acting Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc: Douglas Porter, Administrator, State Medicaid Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **10-034**

2. STATE: Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2011

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 ~~($8,432,000)~~ ($13,054,000) P&I
b. FFY 2012 ~~($18,999,000)~~ ($9,593,000) P&I

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A pages 19, 27, 28
Attachment 3.1-B pages 19, 28
Attachment 4.19-B, page 14 (P&I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 3.1-A pages 19, 27, 28
Attachment 3.1-B pages 19, 28
Attachment 4.19-B, page 14 (P&I)

10. SUBJECT OF AMENDMENT:
Dental Services

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL: Susan N. Dreyfus

13. TYPED NAME: Susan N. Dreyfus

14. TITLE: Secretary

15. DATE SUBMITTED: 12/6/10

16. RETURN TO:
Ann Myers
Department of Social and Health Services
Medicaid Purchasing Administration
626 8th Ave SE MS: 45504
POB 5504
Olympia, WA 98504-5504

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: DEC 06 2010

18. DATE APPROVED: MAY 04 2011

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 01 2011

20. SIGNATURE OF REGIONAL OFFICIAL: Carol Reverly

21. TYPED NAME: Carol J.C. Reverly

22. TITLE:

23. REMARKS:

1/3/11 - Pen & Ink changes authorized by the State.
1/31/11 - Pen & Ink changes authorized by the State.

FORM HCFA-179 (07-92)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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5. b. Medical and surgical services furnished by a dentist.

Services may be provided by a physician, doctor of dentistry, or doctor of dental surgery.

Short stay procedures may also take place in ambulatory surgery settings.

The Medicaid agency:

- Covers only emergency oral healthcare services to diagnose and treat pain, infection, or trauma of the teeth, gums, jaw or mouth. These services can be provided in an office as well as an emergency room and include oral surgical procedures and other medical/surgical services that can be performed by a dentist as well as a physician. Some services may require prior authorization.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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10. Dental services and dentures

1. The Medicaid agency covers the dental services and dentures listed below for clients age 21 and older who are Developmentally Disabled (DD) as defined by the agency. These services are limited to selected medically necessary services for the identification and treatment of dental problems or the prevention of dental diseases. Some of these services may require prior authorization. Limits may be exceeded based on medical necessity.

   a. Preventive care, including fluoride and sealants.

   b. Treatment, including crowns, restorations, endodonics, and perodontics.

   c. Anesthesia.

   d. Behavior management.

   e. Dentures

      Allowed per client:

      - Immediate dentures – one maxillary and one mandibular denture in a lifetime; requires prior authorization.
      - Complete, immediate, and overdenture dentures - one maxillary and one mandibular denture in a five year period; requires prior authorization.
      - Partial dentures - once every five years if cast metal; once every three years if resin; requires prior authorization.
      - Complete or partial rebase or relines - once every three years when performed at least 6 months after the seating date.

2. For all clients, the Medicaid agency covers oral maxillary facial surgeries performed by a dentist to treat conditions of the teeth, gums, mouth, or jaw as required in a medical treatment plan (e.g., to treat infection that may compromise a transplanted organ, heart valve replacement, or open heart surgery; or as part of a treatment plan for cancer when the client has received radiation to the head or neck and suffered damage to the teeth and jaw).

   The Medicaid agency does not cover non-emergency oral surgeries performed in an inpatient hospital setting. The exceptions to this are DD clients and children under 21 years of age whose surgery cannot be performed in an office setting (e.g., orthognathic cleft palate bone grafting). Prior written authorization is required. Documentation must be maintained in the client's record.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WASHINGTON

VI. Dental Services and Dentures

A. The Medicaid agency pays directly to the specific provider the lesser of the usual and customary charge or a fee based on an agency fee schedule, for dental services provided within their specific scope of practice by dentists, dental hygienists, and denturists throughout the state. There are no geographical or other variations in the fee schedule.

B. The usual and customary charge is defined as that fee usually charged for a given service by an individual dentist, dental hygienist, or denturist to private patients (e.g., that provider's usual fee) and which fee is within the range of usual fees charged by dentists, dental hygienists, or denturists of similar training and experience.

C. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of dental services and dental hygiene. The fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency's website at http://hrsa.dshs.wa.gov/download/ . The agency's fee schedule rate was set as of July 1, 2010, and is effective for services provided on or after that date.

VI.(a) Dentures

A. The Medicaid agency pays directly to the specific provider the lesser of the usual and customary charge or a fee based on an agency fee schedule for dentures. There are no geographical or other variations in the fee schedule.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of dentures. The fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency's website at http://hrsa.dshs.wa.gov/download/ . The agency's fee schedule rate was set as of July 1, 2010, and is effective for services provided on or after that date