



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

DEC 21 2011

Douglas Porter, Director
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 11-028

Dear Mr. Porter:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 11-028. This SPA restores non-emergency dental services and dentures for Medicaid recipients age 21 and over who are pregnant, including post-partum. Effective October 1, 2011, this SPA eliminates non-emergency dental services and dentures for Medicaid recipients age 21 and over who are developmentally disabled as defined by the State.

This SPA is approved effective July 1, 2011.

If you have any questions concerning this SPA, 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
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11-28	2. STATE Washington
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE July 1, 2011	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 (\$3,187,250) \$272,000 (P&I) b. FFY 2012 (\$12,888,500) \$1,086,000 (P&I)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-A, pp. 27, 28 Att. 3.1-B, pp 28, 28a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att. 3.1-A, pp. 27, 28 Att. 3.1-B, pp 28

10. SUBJECT OF AMENDMENT:

Adult Dental Services

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Exempt
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Ann Myers Health Care Authority 626 8 th Ave SE MS: 45504 POB 5504 Olympia, WA 98504-5504
13. TYPED NAME: Doug Porter	
14. TITLE: Director, Health Care Authority	
15. DATE SUBMITTED: 9-26-11	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: September 26, 2011	18. DATE APPROVED: DEC 21 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2011	20. SIGNATURE OF REGIONAL OFFICIAL: 
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21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regional Administrator
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23. REMARKS:

Division of Medicaid &
Children's Health

11/21/11 - Pen & Ink changes authorized by the State.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

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10. Dental services and dentures
- A. Effective July 1, 2011 through September 30, 2011, the Medicaid Agency covers the dental services and dentures listed in section C below for the following clients age 21 and older who are:
- a. Pregnant, including the post partum; or
 - b. Developmentally Disabled (DD) as defined by the Medicaid Agency.
- B. Effective October 1, 2011 and after, the Medicaid Agency covers the dental services and dentures listed in section C below for pregnant women only, including the post partum.
- C. The Medicaid Agency covers the services listed below for the eligible clients described in sections A and B above. 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, endodontics, and perodontics.
 - c. Behavior management (limited to DD clients).
 - e. Dentures
Allowed per client:
 - Complete 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.
- D. 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).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

10. Dental services and dentures (cont)

- E. The Medicaid Agency does not cover non-emergency oral surgeries performed in an inpatient hospital setting. The exceptions to this are DD clients who meet the criteria in section B above 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 WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

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 - b. Treatment, including crowns, restorations, endodontics, and periodontics.
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

- 10. Dental services and dentures (cont)
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