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State/Territory Name: Washington

State Plan Amendment (SPA) #: 19-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Western Division - Regional Operations Group

July 10, 2019

Susan Birch, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
PO Box 45502
Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number WA-19-0010

Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number WA-19-0010. This SPA simplifies and streamlines the dental services section of the Medicaid State plan.

This SPA is approved effective July 1, 2019. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Washington State Plan.

If there are any questions concerning this approval, please contact me or your staff may contact Tom Couch at Thomas.Couch@cms.hhs.gov or 208-861-9838.

Sincerely,

A large black rectangular box redacting the signature of the sender.

Deputy Director

Enclosures

cc: Ann Myers, State Plan Coordinator, HCA
Pixie Needham, Clinical Dental Program Manager, HCA

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
19-0010

2. STATE
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

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
July 1, 2019

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:
Section 1905(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2019 \$ 0
b. FFY 2020 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A pages 27, 28, 28a, 28b (remove)
Attachment 3.1-B pages 28, 28a, 28b, 28c (remove)
Attachment 4.19-B page 14

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 3.1-A pages 27, 28, 28a
Attachment 3.1-B pages 28, 28a, 28b
Attachment 4.19-B page 14

10. SUBJECT OF AMENDMENT

Streamline 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:

13. TYPED NAME:
MARYANNE LINDEBLAD

14. TITLE:
MEDICAID DIRECTOR

15. DATE SUBMITTED:

4-29-19

16. RETURN TO:

Ann Myers
Office of Rules and Publications
Division of Legal Services
Health Care Authority
626 8th Ave SE MS: 42716
Olympia, WA 98504-2716

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 4/29/19

18. DATE APPROVED: 7/10/19

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/19

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: David L. Meacham

22. TITLE: Deputy Director

Digitally signed by David L. Meacham - S
DN: cn=David L. Meacham - S, ou=HHS,

cn=David L. Meacham - S
Date: 2019.07.11 06:49:12 -07'00'

23. REMARKS:

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

The Medicaid Agency covers the services listed below for eligible clients as indicated. Some of these services may require prior authorization. Limitations do not apply for children age 20 and under for EPSDT purposes and may be exceeded based on documented medical necessity with prior authorization. Beneficiaries who have a developmental disability, identified with an indicator provided by the Developmental Disabilities Administration (DDA), or clients who reside in a skilled nursing facility (SNF) or alternative living facility (ALF) qualify for services that may exceed service limitations.

When medically necessary, dental services may be provided in ambulatory surgery centers, inpatient settings, and outpatient settings, including emergency departments.

I. For clients age 21 and over

- A. Diagnostic
 - Biopsy
 - Examinations
 - Pulp vitality test
 - Radiographs (x-rays)
- B. Preventive care
 - Behavior management (only for adults identified by DDA)
 - Fluoride
 - Prophylaxis
 - Sealants (only for adults identified by DDA)
- C. Treatment
 - Aveoloplasty
 - Endodontic treatment for permanent anterior teeth
 - Extractions/oral surgery
 - Periodontic therapy
 - Resin and amalgam restorations
 - Non-emergency oral surgeries performed in an inpatient setting are not covered. The exception is for clients of DDA whose surgery cannot be performed in an office setting. Documentation must be maintained in the client's record.
- D.. Prosthodontics
 - Complete and overdentures
 - Denture repair, rebase, or reline
 - Resin partial dentures
- E. Sedation
 - Nitrous oxide
 - General sedation for adults identified by DDA
 - Conscious sedation for adults identified by DDA
 - Office-based/mobile anesthesia for adults identified by DDA
- F. Teledentistry

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)

II. For clients age 20 and under

A. Diagnostic

- Biopsy
- Examinations
- Pulp vitality test
- Radiographs (x-rays)

B. Preventive care

- Behavior management
- Fluoride
- Oral hygiene instruction
- Prophylaxis
- Sealants
- Space maintenance

C. Treatment

- Amalgam and composite restorations
- Apexification/apicoectomy
- Crowns
- Endodontic treatment for permanent teeth
- Extractions/oral surgery
- Gingivectomy
- Periodontic therapy
- Pulpotomy

D. Orthodontics

- Limited to medically necessary treatment
- Occlusal orthotic devices for clients age 12 through 20 with prior authorization.

E. Prosthodontics

- Complete and overdentures
- Denture repair, rebase or relines
- Resin partial dentures

F. Teledentistry

G. Sedation

- Nitrous oxide
- General sedation
- Conscious sedation
- Office-based/mobile anesthesia; prior authorization required for clients age 9 through 20

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

10. Dental services and dentures (cont)

- III. For clients age 5 and under and all clients age 20 and under based on the determination of medical necessity
- A. In addition to the services described in section II, services include:
 - Preventive care: family oral health education
 - Treatment: interim therapeutic restorations (ITR)
 - B. Services must be furnished by a state licensed dentist or primary care provider who has completed an agency-approved training to provide these services.
 - C. Limitations do not apply for children age 20 and under for EPSDT purposes and may be exceeded based on documented medical necessity, with prior authorization.

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

10. Dental services and dentures

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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)

II. For clients age 20 and under

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- Space maintenance

C. Treatment

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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):

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

POLICY AND METHODS USED IN ESTABLISHING PAYMENT RATES FOR EACH OF THE OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN (cont.)

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 dentures and dental services that are 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, fee schedule rates are the same for both governmental and private providers of dentures, dental services and dental hygiene.

See 4.19-B I, General, #G for the agency's website where the fee schedules are published.

The agency's fee schedule rate was set as of January 1, 2019, and is effective for services provided on or after that date

- D. Under the Oral Health Connections pilot program, eligible dental providers are paid an enhanced rate to provide up to three additional periodontal treatments (for a total of four) per calendar year to adult Medicaid clients who have diabetes or who are pregnant. The Oral Health Connections pilot program is effective for dates of service from January 1, 2019, through December 31, 2021.
- E. Eligible dental providers are paid an enhanced rate to provide additional dental services to eligible clients age 5 and under as described in Attachment 3.1-A and 3.1-B section 10.