

10. Dental Services.

All dental services must be provided by licensed practitioners acting within the scope of practice authorized pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1202 *et seq.*) or consistent with the applicable professional practices within the jurisdiction where services are provided.

Dental services requiring inpatient hospitalization, including elective procedures that require general anesthesia, must be prior authorized by DHCF. Subject to the service descriptions and reimbursement rates as set forth in the DHCF fee schedule, dental services are covered as follows:

A. Individuals under the age of 21

Dental services are comprehensive and covered under EPSDT. Service limitations established under EPSDT may be exceeded based on medical necessity. To be eligible for orthodontia services, the individual's dental or orthodontia provider must demonstrate that the child meets one of the following criteria:

1. Has an adjusted score  $\geq 15$  on the Handicapping Labio-Lingual Deviations Index (HLD); or
2. Exhibits one or more of the following Automatic Qualifying Condition(s) that cause dysfunction due to a handicapping malocclusion listed below:
  - i. Cleft palate deformity;
  - ii. Cranio-facial anomaly;
  - iii. Deep impinging overbite;
  - iv. Crossbite of individual anterior teeth;
  - v. Severe traumatic Deviation; or
  - vi. Overjet  $> 9\text{mm}$  or mandibular protrusion  $> 3.5\text{mm}$ ; or
3. Has otherwise established a medical need for orthodontic treatment by meeting two or more "Other Factors for Consideration" as indicated on the Orthodontia Prior Authorization Form and justified the need in an accompanying narrative prepared by the recommending dentist or orthodontist.

B. Individuals residing in intermediate care facilities for persons with mental retardation (ICF/MR).C. Adults, age 21 and over, who are not enrolled in the 1915(c) Home and Community Based Services (HCBS) Waiver for the ID/DD population and do not reside in an ICF/MR.

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- i. The initial treatment for medical emergencies including indications of severe chest pains, dyspnea, gastrointestinal hemorrhage, spontaneous abortion, loss of consciousness, status epilepticus, or other conditions considered to be life threatening.
- ii. The initial treatment following a recent injury resulting in a need for emergency hospital services as defined in "a" above.
- iii. Treatment related to an injury sustained more than 72 hours prior to the visit in which the patient's condition has deteriorated to the point of requiring medical treatment for stabilization.
- iv. A visit in which the patient's condition requires immediate hospitalization or the transfer to another facility for further treatment or a visit in which the patient dies.
- v. Acute vital sign changes indicating a deterioration of the patient's health requiring emergency hospital care.
- vi. Severe pain would support an emergency need when combined with one or more of the other guidelines.

21. Fee-for-Service Providers

- i. The DHCF fee schedule is effective for services provided on or after the date of publication, occurring annually in January. All rates are published on the state agency's website at [www.dc-medicaid.com](http://www.dc-medicaid.com).
- ii. Except as otherwise noted in the Plan, DHCF-developed fee schedule rates are the same for both governmental and private individual practitioners.
- iii. Payment for the following services shall be at lesser of the state agency fee schedule; actual charges to the general public; or, the Medicare (Title XVIII) allowance for the following services:
  - a. Physician's services
  - b. Dentist and Orthodontist's services
  - c. Podiatry
  - d. Mental health services, including community mental health services, services of licensed clinical psychologists, and mental health services provided by a physician.

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
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**Region III/Division of Medicaid and Children's Health Operations**

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SWIFT # 121420114035

**DEC 21 2011**

Linda Elam, PhD., MPH  
Deputy Director/Medicaid and CHIP  
Department of Health Care Finance  
899 North Capitol Street, N.E. - Suite 6037  
Washington, DC 20002

Re: Companion Letter – District of Columbia (DC) State Plan Amendment 11-07 Dental Program

Dear Dr. Elam:

This letter is being sent as a companion to our approval of DC's State Plan Amendment (SPA) 11-07 which allows the District to make the following changes to the Dental Program: 1) eliminate state plan limitations on dental services in favor of general, more flexible language, 2) establish the current Department of Health Care Finance (DHCF) fee schedule as the standard for dental services reimbursement, and 3) implement a prior authorization policy for children's orthodontia services.

Section 1902(a) of the Social Security Act (the Act) requires that States have a State Plan for medical assistance that meets certain federal requirements that set out a framework for the State program. Implementing regulations at 42 CFR 430.10 require that the State Plan be a comprehensive written statement describing the nature and scope of the State's Medicaid Program and that it contain all information necessary for the Centers for Medicare & Medicaid Services (CMS) to determine whether the plan can be approved to serve as the basis for Federal financial participation (FFP) in the State program. During our review of this SPA, CMS performed an analysis of the coverage pages related to this SPA, and found that additional clarification is necessary.

The CMS reviewed the submitted coverage pages and the current State plan pages for this service. In reviewing the state plan pages, CMS found a companion page issue at Supplement to Attachment 3.1A & 3.1B page 21 & page 20; 13.d (Rehabilitative Services). The plan pages describing rehabilitative services/intensive mental health services do not include all of the required information for this service. Please revise the state plan pages to include the required detailed information which is listed below.

*Do you know someone who has been denied medical insurance because of a pre-existing condition? If so, they may be eligible for the new Pre-Existing Condition Insurance Plan. Call toll free 1-866-717-5826 (TTY 1-866-561-1604) or visit [www.peip.gov](http://www.peip.gov) and click on "Find Your State" to learn more*

**Supplement to Attachment 3.1A & 3.1B page 21 & page 20; 13.d Rehabilitative Services**

- 1) Per 42 CFR 440.130(d) please include language in the state plan that rehabilitative services are recommend by a physician or other licensed practitioner of the healing arts, within the scope of his practice under state law for maximum reduction of physical or mental disability and restoration of an individual to his/her best possible functional level.
- 2) Describe all the provided rehabilitative services, and their components.
- 3) Describe and further define 'intensive mental health services'.
- 4) What are the Mobile Community Outreach Treatment Teams used to determine medical necessity for intensive mental health services?
- 5) Section 1902(a)(23) of the act requires that providers and their qualifications are defined for services provided. Describe the practitioner evaluating participants at regular intervals. In addition, describe the practitioners providing any/all rehab services (including intensive mental health) and define their qualifications.
- 6) Section 1902(a)(10)(b) of the Social Security Act (the Act) permits states to specify the amount, duration, and scope of services in the State Plan. Please include in the State Plan language any limitations on amount, duration, and scope of the rehabilitation services provided.
- 7) Please include written assurance that the eligible individuals' free choice of provider is protected consistent with 1902(a)(23) of the Social Security Act. In addition, include assurance that any willing and qualified Medicaid provider may tender services to participants.

Please respond within 90 days of the date of this letter with a SPA that addresses all of the issues referred to above. State Plan non-compliance with requirements at 42 CFR 430.10 and 42 CFR 440.167 is grounds for initiating a formal compliance process. During the 90 day period, we are happy to provide any technical assistance that you need.

If you have any questions regarding this letter, please contact Barbara Williamson at (215) 861-4721, or at e-mail address: [Barbara.Williamson@cms.hhs.gov](mailto:Barbara.Williamson@cms.hhs.gov). Also, contact Ms. Williamson with any technical assistance requests. We look forward to working with you on resolving these issues.

Sincerely,



for

Francis McCullough, Acting  
Associate Regional Administrator

cc: J. Fransdon, CMCS  
D. Fields, DHCF