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State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 16-004

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499

Region III/Division of Medicaid and Children's Health Operations
SWIFT # 080920164093

October 4, 2016

Claudia Schlosberg, J.D.
Senior Deputy Director/Medicaid Director
Department of Health Care Finance
441 4th Street, N.W., 9th floor, South
Washington, D.C. 20001

Dear Ms. Schlosberg:

I am writing to inform you that we have reviewed the District of Columbia's State Plan Amendment (SPA) 16-004 entitled, Dental Services. This amendment will allow for the District's Medicaid State Plan to reflect updated dental service delivery guidelines in line with current practice, including specification of the criteria that must be satisfied in order to obtain prior authorization for the delivery of orthodontia services to beneficiaries under twenty-one (21) years old and correction of the description of service limitations for dentures, clarifying that coverage of dental prostheses is available to adult beneficiaries.

We are pleased to inform you that, after extensive review, this amendment is approved; its effective date is November 1, 2016. A copy of the approved SPA pages and signed CMS-179 form are included under this cover.

On the same day as this letter, the Centers for Medicare & Medicaid Services (CMS) will issue a Companion Letter to you as part of the approval of DC SPA 16-004 requesting that the District identify a specific effective date for the fee schedule.

If you have any further questions regarding this SPA, please contact LCDR Frankeena Wright at 215-861-4754 or by email at Frankeena.Wright@cms.hhs.gov.

Sincerely,

[redacted]

Francis McCullough
Associate Regional Administrator

Enclosures

cc: Alice Weiss, DHCF

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Philadelphia Regional Office
105 S. Independence Mall, West
Suite 216, The Public Ledger Building
Philadelphia, PA 19106-3499

REGION III/DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS
SWIFT: 080920164093

October 4, 2016

Claudia Schlosberg, J.D.
Senior Deputy Director/Medicaid Director
Department of Health Care Finance
441 4th Street, NW, 9th Floor, South
Washington, DC 20001

Re: Companion Letter – District of Columbia (DC) State Plan Amendment (SPA) 16-004 – Dental

Dear Ms. Schlosberg:

This letter is being sent as a companion to our approval of DC's state plan amendment (SPA) 16-004, entitled "Dental". 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 reimbursement related to this SPA and conducted a companion review of Dental, and found that the state is not in compliance with CMS requirements.

See Attachment 4.19B, Part 1, Page 13, Section 21.i: "The DHCF fee schedule for services provided on or after the date of publication, occurring annually in January." CMS requires that DC identify a specific effective date for the fee schedule. Otherwise, the rates can change without CMS' knowledge or approval. The above sentence needs to be changed to read: "The DHCF fee schedule was set as of [INSERT DATE] and is effective for services provided on or after that date."

Please respond within 90 days of the date of this letter with a corrective action plan or a SPA that addresses all of the issues referred to above. State plan non-compliance with requirements at 42 CFR 430.40 and in accordance with section 1915(g)(1) of the Act and 42 CFR 441.18 is grounds for initiating a formal compliance process. During the 90 day period, we are happy to provide any technical assistance that you need.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 16-004	2. STATE District of Columbia
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act	
TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services	4. PROPOSED EFFECTIVE DATE November 1, 2016	

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 Sections 1905(a)(5)(B) and 1905(a)(10) of the Social Security Act (42 U.S.C. §§ 1396d(a)(5)(B) and 1396d(a)(10))	7. FEDERAL BUDGET IMPACT a. FFY 17 $ 0 b. FFY 18 $ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1 to Attachment 3.1A: pages 12A-12C, NEW Supplement 1 to Attachment 3.1B: pages 11A-11C, NEW	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)* Supplement 1 to Attachment 3.1A: pages 12, 20A Supplement 1 to Attachment 3.1B: pages 11, 19A

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: Resolution Number: 21-0817

12. SIGNATURE OF STATE AGENCY OFFICIAL [redacted]	16. RETURN TO Claudia Schlosberg, J.D. Senior Deputy Director/Medi caidDirector Department of Health Care Finance 441 4th Street, NW, 9th Floor, South Washington, DC 20001
13. TYPED NAME Claudia Schlosberg J.D.	
14. TITLE Senior Deputy Director/Medicaid Director	
15. DATE SUBMITTED AUG 0 9 2016	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 08/09/2016	18. DATE APPROVED October 4, 2016

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 11/01/16	20. SIGNATURE OF REGIONAL OFFICIAL [redacted]
21. TYPED NAME Francis T. McCullough	22. TITLE Associate Regional Administrator

10. Dental Services

All dental services must be provided by a licensed dentist or under the supervision of a licensed dentist acting within the scope of practice, in accordance with 42 CFR §440.100 and applicable District statutory and regulatory requirements or consistent with the applicable statutory and regulatory requirements in the jurisdiction where services are provided.

Dental services requiring inpatient hospitalization or general anesthesia must be prior authorized by DHCF or its agent. Subject to the service descriptions and reimbursement rates as set forth in the DHCF fee schedule, dental services are covered for the following populations:

A. Beneficiaries under the age of twenty-one (21)

Dental services are comprehensive and covered under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). Dental services provided under EPSDT are limited to medically necessary services within the scope of the category of services identified at § 1905(a) of the Social Security Act.

B. Beneficiaries age twenty-one (21) and older

Dental services are limited to the following:

1. General dental examinations consisting of preventive services, which include semi-annual routine cleaning and oral hygiene instruction;

2. Emergency, surgical, and restorative services including crowns and root canal treatment;

3. Denture reline and rebase, limited to one (1) over a five (5) year period unless additional services are prior authorized;

4. Complete radiographic survey, including full and panoramic x-rays, limited to one (1) every three (3) years unless additional services are prior authorized;

5. Periodontal scaling and root planing, provided that medical necessity criteria set forth in District regulations are met;

6. Initial placement or replacement of a removable prosthesis, limited to one (1) every five (5) years per beneficiary unless prior authorized; and

7. Dental implants, only if prior authorized and provided that the medical necessity criteria set forth in District regulations are met.

B. Dentures and Other Removable Dental Prostheses

1. Initial placement or replacement of a removable prosthesis (any dental device or appliance replacing one or more missing teeth, including associated structures, if required, that is designed to be removed and reinserted), once every five (5) years per beneficiary, unless the prosthesis:

   a. was misplaced, stolen, or damaged due to circumstances beyond the beneficiary's control; or

   b. cannot be modified or altered to meet the beneficiary's dental needs.

2. Denture reline and rebase, limited to one (1) over a five (5) year period unless additional services are prior authorized.

3. Denture replacements within the five (5) year frequency limitation require prior authorization from DHCF.

10. Dental Services.

All dental services must be provided by a licensed dentist or under the supervision of a licensed dentist acting within the scope of practice, in accordance with 42 C.F.R §440.100 and applicable District statutory and regulatory requirements or consistent with the applicable statutory and regulatory requirements in the jurisdiction where services are provided.

Dental services requiring inpatient hospitalization or 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 for the following populations:

A. Beneficiaries under the age of twenty-one (21)
Dental services are comprehensive and covered under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). Dental services provided under EPSDT are limited to medically necessary services within the scope of the category of services identified at § 1905(a) of the Social Security Act.

B. Beneficiaries age twenty-one (21) and older
Dental services are limited to the following:

1. General dental examinations consisting of preventive services, which include semi-annual routine cleaning and oral hygiene instruction;

2. Emergency, surgical, and restorative services including crowns and root canal treatment;

3. Denture reline and rebase, limited to one (1) over a five (5) year period unless additional services are prior authorized;

4. Complete radiographic survey, including full and panoramic x-rays, limited to one (1) every three (3) years unless additional services are prior authorized;

Please contact LCDR Frankeena Wright at (215) 861-4754, or at the e-mail address: Frankeena.Wright@cms.hhs.gov if you have any questions regarding this letter. Also, contact Ms. De Earhart at 804-771-2905 or debra.earhart@cms.hhs.gov if you have any technical questions. We look forward to working with you on resolving these issues.

Sincerely,

[redacted]

Francis McCullough
Associate Regional Administrator