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State/Territory Name: Washington

State Plan Amendment (SPA) #: 15-0022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 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



Division of Medicaid & Children's Health Operations

October 2, 2015

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 15-0022

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number WA 15-0022. This SPA updated the effective date of the fee schedule and reflects current policy and practice for dental services provided to clients of the Developmental Disabilities Administration (DDA).

This SPA is approved with an effective date of July 1, 2015.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact James Moreth at (360) 943-0469 or James.Moreth@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature of David L. Meacham.

David L. Meacham
Associate Regional Administrator

cc:

Ann Myers, SPA Coordinator, Washington Health Care Authority

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

1. TRANSMITTAL NUMBER:
15-0022

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, 2014~~ July 1, 2015 P & I

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 1902(a) of the Social Security Act P & I

7. FEDERAL BUDGET IMPACT:

a. FFY 2015 \$0

b. FFY 2016 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A pg 27, ~~28c (new), 28(d) new~~ P & I

Att. 3.1-B pg 28, ~~14d (new), 14e (new)~~ P & I

Att. 4.19-B pg 14

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Att. 3.1-A pg 27

Att. 3.1-B pg 28

Att. 4.19-B pg. 14

10. SUBJECT OF AMENDMENT

Dental Rates and Services for DDA Clients

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:

7-28-15

16. RETURN TO:

Ann Myers

Office of Rules and Publications

Legal and Administrative Services

Health Care Authority

626 8th Ave SE MS: 42716

Olympia, WA 98504-2716

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

7/28/15

18. DATE APPROVED:

10/02/2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

07/01/2015

21. TYPED NAME:

David L. Meacham

22. TITLE:

Associate Regional Administrator

23. REMARKS:

9/1/15 - State authorizes P&I change to box 4

9/1/15 - State authorizes P&I change to box 6

9/1/15 - State authorizes P&I change to box 8

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 described 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, are clients of the Developmental Disabilities Administration (DDA), or qualify for services in the DDA may exceed the service limitations listed in sections I and II.

I. For clients age 21 and over

A. Preventive care

1. Behavior management
2. Examinations
 - a. Periodic oral evaluations once every 6 months
 - b. Comprehensive evaluations once every 5 years
3. Fluoride, once in a 12-month period, per client, per provider/clinic
4. Prophylaxis
 - a. Once every 12 months
 - b. Not covered in conjunction with periodontal maintenance or root planing/scaling
 - c. Must be at least 12 months after periodontal maintenance or root planing/scaling
5. X-rays (radiographs)
 - a. Intraoral complete series once every 3 years
 - b. Maximum of 4-bitewing x-rays every 12 months
 - c. Panoramic x-rays in conjunction with 4-bitewings once every 3 years, only if the agency has not paid for an intraoral complete series in the same 3-year period

B. Treatment

1. Biopsy
 - a. Soft oral tissue
 - b. Brush
2. Endodontic treatment for permanent anterior teeth
3. Extractions
 - a. Prior authorization required for extractions of 4 or more teeth in a 6 month period resulting in edentulism
 - b. Prior authorization required for unusual and complicated surgical extractions
4. Periodontic services
 - a. Scaling and root planing performed at least 12 months after periodontal maintenance
 - b. Maintenance performed at least 12 months after scaling and root planing
5. Resin-based composite restorations 1 time in a 2-year period unless the restoration has an additional adjoining carious surface.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUPS: ALL

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 described 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, are clients of the Developmental Disabilities Administration (DDA), or qualify for services in the DDA may exceed the service limitations listed in sections I and II.

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 - a. Scaling and root planning performed at least 12 months after periodontal maintenance
 - b. Maintenance performed at least 12 months after scaling and root planing
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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 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, fee schedule rates are the same for both governmental and private providers of dental services and dental hygiene. The fee schedule is published on the agency's website at <http://www.hca.wa.gov/medicaid/rbrvs/Pages/index.aspx>. The agency's fee schedule rate was set as of July 1, 2015, 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, fee schedule rates are the same for both governmental and private providers of dentures. The fee schedule is published on the agency's website at <http://www.hca.wa.gov/medicaid/rbrvs/Pages/index.aspx>. The agency's fee schedule rate was set as of July 1, 2015, and is effective for services provided on or after that date.