

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF MEDICAID AND MEDICAL ASSISTANCE
Statutory Authority: 31 Delaware Code, Section 512 (31 Del.C. §512)

PROPOSED

PUBLIC NOTICE

Adult Dental

In compliance with the State's Administrative Procedures Act (APA - Title 29, Chapter 101 of the Delaware Code), 42 CFR §447.205, and under the authority of Title 31 of the Delaware Code, Chapter 5, Section 512, Delaware Health and Social Services (DHSS) / Division of Medicaid and Medical Assistance (DMMA) is proposing to amend Title XIX Medicaid State Plan regarding Dental Services, specifically, to add dental services for adults.

Any person who wishes to make written suggestions, compilations of data, testimony, briefs or other written materials concerning the proposed new regulations must submit same to, Planning, Policy and Quality Unit, Division of Medicaid and Medical Assistance, 1901 North DuPont Highway, P.O. Box 906, New Castle, Delaware 19720-0906, by email to Nicole.M.Cunningham@delaware.gov, or by fax to 302-255-4413 by 4:30 p.m. on January 31, 2020. Please identify in the subject line: Adult Dental.

The action concerning the determination of whether to adopt the proposed regulation will be based upon the results of Department and Division staff analysis and the consideration of the comments and written materials filed by other interested persons.

SUMMARY OF PROPOSAL

The purpose of this notice is to advise the public that Delaware Health and Social Services (DHSS)/Division of Medicaid and Medical Assistance (DMMA) is proposing to amend Title XIX Medicaid State Plan and the Alternative Benefit Plan regarding Dental Services, specifically, to add adult dental services and to maintain the State's assurance that the ABP matches regular Medicaid.

Statutory Authority

- 42 CFR 440.100, Dental Services
- Section 1902 of the Social Security Act

Background

Senate Substitute No. 1 for Senate Bill No. 92 was signed by the Governor of Delaware on August 6, 2019 and provides dental services for adult Medicaid Recipients. The effective date of this Act will be April 1, 2020. The adult dental benefit will offer basic dental services to eligible adults 21 and over. While state Medicaid programs are required by federal rules to cover comprehensive dental services for children, coverage for adult dental services is optional. Delaware will join many of the other states that currently offer this benefit.

Providing dental care is health care, as improving oral health can impact overall physical health. According to the American Dental Association "Evidence clearly shows that providing adult dental benefits through Medicaid has a significant impact on access to and utilization of dental care among low-income adults. Expanding dental benefits to adults also significantly reduces costly emergency department visits for dental conditions."

Summary of Proposal

Purpose

The purpose of this proposed regulation is to add adult dental services and to maintain the State's assurance that the ABP matches regular Medicaid.

Summary of Proposed Changes

Effective for services provided on and after April 1, 2020 Delaware Health and Social Services/Division of Medicaid and Medical Assistance (DHSS/DMMA) proposes to amend Title XIX Medicaid State Plan and the Alternative Benefit Plan regarding Dental Services, specifically, to add adult dental services and to maintain the State's assurance that the ABP matches regular Medicaid.

Public Notice

In accordance with the *federal* public notice requirements established at Section 1902(a)(13)(A) of the Social Security Act and 42 CFR 447.205 and the state public notice requirements of Title 29, Chapter 101 of the Delaware Code, Delaware

Health and Social Services (DHSS)/Division of Medicaid and Medical Assistance (DMMA) gives public notice and provides an open comment period for thirty (30) days to allow all stakeholders an opportunity to provide input on the proposed regulation. Comments must be received by 4:30 p.m. on January 31, 2020.

Centers for Medicare and Medicaid Services Review and Approval

The provisions of this state plan amendment (SPA) are subject to approval by the Centers for Medicare and Medicaid Services (CMS). The draft SPA page(s) may undergo further revisions before and after submittal to CMS based upon public comment and/or CMS feedback. The final version may be subject to significant change.

Provider Manuals and Communications Update

Also, there may be additional provider manuals that may require updates as a result of these changes. The applicable Delaware Medical Assistance Program (DMAP) Provider Policy Specific Manuals and/or Delaware Medical Assistance Portal will be updated. Manual updates, revised pages or additions to the provider manual are issued, as required, for new policy, policy clarification, and/or revisions to the DMAP program. Provider billing guidelines or instructions to incorporate any new requirement may also be issued. A newsletter system is utilized to distribute new or revised manual material and to provide any other pertinent information regarding DMAP updates. DMAP updates are available on the Delaware Medical Assistance Portal website: <https://medicaid.dhss.delaware.gov/provider>

Fiscal Impact

The anticipated fiscal impact is below:

	Federal Fiscal Year 2020	Federal Fiscal Year 2021
Federal funds	\$1,823,500	\$7,559,702
General (State) funds	\$1,277,000	\$5,140,798

***Please Note: Due to the formatting requirements of Attachment 3.1-A, Page 4 of the regulation, it is being attached here as a PDF document:**

<http://regulations.delaware.gov/register/january2020/proposed/3.1-A Page 4 Adult Dental.pdf>

Attachment 3.1-A
Page 4b Addendum

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: DELAWARE

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

Health care professionals that provide the above services at the SBWCs include: physicians, nurse practitioners, licensed clinical social workers, certified and licensed drug and alcohol counselors, certified sexual assault counselors and registered dietitians. Licensure requirements for each practitioner type are specified in the Title 24 of the Delaware Code, Professions and Occupations and in the Delaware Administrative Code.

10. Dental Clinic Services for individuals younger than age 21 are only available as ESPDT services, ~~to children under age 24.~~

Dental services for individuals 21 and older are limited to:

- Diagnostics
- Preventive
- Restorative (Basic)
- Periodontics
- Prosthodontics Repairs
- Oral and maxillofacial Surgery

Limitations on dental services for individuals 21 and older:

- Payments for dental care treatments are subject to a \$3 recipient copay
- Annual maximum Adult Dental benefit may not exceed \$1,000 per year; except that an additional \$1,500 may be authorized on an emergency basis

TN No. SPA #14-001	Approval Date June 06, 2014
Supersedes	
TN No. SPA N/A	Effective Date January 01, 2014

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE

~~Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Dental~~ Services

~~Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Dental~~ Services are reimbursed as follows. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both government and private providers.

Dental Services -Effective for dates of service on or after July 1, 2017, Delaware pays for dental services at the lower of:

- the provider's billed amount that represents their usual and customary charge; or
- the Delaware Medicaid maximum allowed amount per unit per covered dental procedure code according to a published fee schedule.

The Delaware Medicaid dental fee schedule will be developed based on the National Dental Advisory Service (NDAS) annual Comprehensive Fee Report. For each covered dental procedure code, Delaware's maximum allowable amount will be computed as a percentage of the NDAS published national fee. Delaware will rebase its dental fee schedule rates each time the NDAS publishes a new survey.

Preventive General Dental Services shall be paid at ~~50.00%~~ 61.00% of the NDAS 70th percentile amounts
 Restorative General Dental Services shall be paid at ~~97.00%~~ 84.60% of the NDAS 70th percentile amounts
 Adjunctive General Dental Services shall be paid at 72.24% of the NDAS 70th percentile amounts
 Specialty Dental Services shall be paid at 68.80% of the NDAS 80th percentile amounts

Access-Based Fees for certain specialty procedure codes may be established to account for deficiencies in rates that are based on the NDAS fee schedule percentages above relating to the adequacy of access to health care services for Medicaid clients.

The maximum allowed amounts for procedure codes not included in the NDAS fee schedule or for new procedure codes established after the annual NDAS fee schedule is published will be based on the existing rates for similar existing services. If there are no similar services the maximum allowed amount is set at 80% of the estimated average charge until a rate can be established based on the NDAS fee schedule.

The dental fee schedule is available on the Delaware Medical Assistance Portal <https://medicaid.dhss.delaware.gov>

TN No. SPA #	Approval Date _____
Supersedes	
TN No. SPA #17-009	Effective Date October 1, 2019

***Please Note: Due to the size and formatting of the Alternative Benefit Plan, it is being attached here as a PDF document:**

<http://regulations.delaware.gov/register/january2020/proposed/Alternative Benefit Plan.pdf>