**Acquired Brain Disorder Waiver Amendment**

**Amendment**

Effective Date: 4/1/2023

**Purpose:**

The purpose of this waiver amendment is to add Removable Prosthodontic Services and associated provider qualifications.

Removable Prosthodontic Services under this waiver are limited to the provision of dentures, routine post-delivery care and other associated procedures connected to the prosthodontic service that are not included in the New Hampshire Medicaid State Plan *Adult* *Dental Services*, to individuals who are participants of Acquired Brain Disorder Waiver services and as outlined in the Removable Prosthodontic Services definition in Appendix C.

**Component of the Approved Waiver:**

Appendix C: Participant Services Subsection: Waiver Services

Appendix I: Financial Accountability

Appendix J: Cost-Neutrality Demonstration

**Nature of Amendment:**

Add/Delete services

Revise Cost Neutrality demonstration

**Appendix C**

**Service Type:**

Other

**Service Title:**

Removable Prosthodontic Services

**HCBS Taxonomy:**

 Category 1: Sub-Category 1:

 11 Other Health and Therapeutic Services 11070 Dental Services

**Service Definition:**

Removable Prosthodontic Services under this waiver are limited to the provision of dentures, routine post-delivery care and other associated procedures connected to the prosthodontic service that are not included in the New Hampshire Medicaid State Plan *Adult* *Dental Services*.

Removable Prosthodontic Services are intended to assist individuals as a means to prevent functional limitations in order to support community integration and avoid isolation or institutionalization and when, if not otherwise provided:

* The individual’s health would be compromised through reduced food options and result in restrictive nutritional intake, impacting overall health; and/or
* When considerations interfere with supported employment or social development. For example, an individual who has a severe dental deformity may receive treatment if during person-centered-planning, it is determined that provision of dentures would enhance the individual’s opportunities for community integration.

Covered services include:

* Complete Dentures, including immediate prosthetic appliances and routine post-delivery care
* Partial Dentures, including immediate prosthetic appliances and routine post-delivery care
* Adjustments to dentures
* Repairs to complete and partial dentures
* Denture rebase procedures
* Denture reline procedures

Removable Prosthodontic Services must be rendered by a qualified provider through the approved Pre-Paid Ambulatory Health Plan (PAHP), as outlined in the associated *Provider Qualifications* section for this service.

Services provided through this waiver are intended to support those services that exceed the New Hampshire Medicaid State Plan coverage for fitting, maintenance and other services associated with the removable prosthodontic item.

A goal is not required in the individual’s service agreement, however, the need for this service shall be reflected. If this service was selected to support community integration and prevent isolation, the decision to select this service shall be made by the individual and guardian, as applicable, during the person-centered planning process. All treatment notes, radiographic images, laboratory prescriptions and laboratory invoices should be made part of the individual's treatment record with the PAHP and be made available upon request to support any treatment provided.

Out-of-state Removable Prosthodontic Services provision is limited to individuals who are participating in Bureau of Developmental Services-approved out-of-state residential services, as outlined in the Residential Services definition in Appendix C, or if the individual resides in a New Hampshire town that is close to another state (border adjacent or not more than a 30 minute drive), and the out-of-state provider is identified to be within the individual’s community during person-centered planning.

Removable Prosthodontic Services may be provided in an acute care hospital if the service is alternatively not available and with prior approval from the PAHP if the service is:

* Identified in the individual’s person-centered service plan;
* Provided to meet needs of the individual that are not met through the provision of acute care hospital services;
* Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement; and
* Designed to ensure smooth transitions between acute care hospitals and home and community-based settings, and to preserve the individual’s functional abilities.

The provision of Removable Prosthodontic Services in acute care hospitals will be reviewed and approved by the person-centered planning team on a quarterly basis. Please refer to additional assurance language found in, “Brief Waiver Description” under section, "Main, B. Optional.”

**Limits:**

Removable Prosthodontic Services are limited to additional services for individuals over the age of 21 that are not otherwise covered under the New Hampshire Medicaid State Plan. All medically necessary Removable Prosthodontic Services and Dental Services for individuals under the age of 21 are covered under New Hampshire State Plan *Dental Services* as a Children’s Medicaid benefit. This waiver service is only provided to individuals age 21 and over.

There is a $1500 annual service limit for the New Hampshire Medicaid State Plan Adult Dental Benefit, including Removable Prosthodontic Services. Removable Prosthodontic Services are overseen by an approved Pre-Paid Ambulatory Health Plan (PAHP) and payment for this service is included in the PAHP agreement. Medicaid payment is considered payment in-full. Except for members with a "spend down," members cannot be charged beyond the Medicaid fee. Deposits, down-payments or advance payments are prohibited.

Dentures may be provided no more than once in a five-year period. This service limit may be exceeded with prior approval from DHHS.

**Provider Qualifications:**

Removable Prosthodontic Services must be rendered by a qualified provider and coordinated through the NH Medicaid approved Pre-Paid Ambulatory Health Plan.

A rendering service provider shall be a licensed dentist in the state where they practice and have the necessary professional licenses and credentials required by federal, state and local statutes and regulations, as applicable.

Unlicensed dental interns and dental students of university-based dental programs may provide services under the general supervision of a licensed, New Hampshire Medicaid enrolled and participating dentist but cannot act as a treating provider or bill Medicaid for covered services.

**Appendix I**

**I-2-a Rate Determination Method**

The actuarially determined rates for Dentures, per the *Milliman Report, State of New Hampshire, Department of Health and Human Services, April 1, 2023 to June 30, 2024 Capitation Rate Development for Adult Dental Services for the Medicaid Care Management Program*, herein after referred to as the “Milliman Report”, have an average charge of $414.74 at a utilization of 8 per 1,000 as outlined in Exhibit C, Class III, Dentures multiplied by 1.20 Pent up Demand Adjustment and 1.013 Milliman Health Cost Guidelines – Dental™ Adjustment for a total of 9.725 per 1,000 projected utilization.

**I-2-b Flow of Billings**

Rendering service billing will be submitted to the NH Medicaid approved Pre-Paid Ambulatory Health Plan (PAHP) for payment. Payment for this service is included in the PAHP agreement based on a rate of $1.40 at a utilization of 8 per 1,000, as outlined in Exhibit C, Class III, Dentures, of the Milliman Report.

**I-3-g-iii Payments**

The Acquired Brain Disorder Waiver utilizes a Pre-Paid Ambulatory Health Plan (PAHP) for the delivery of Removable Prosthodontic Services only. No other services in this waiver, as outlined in Appendix C, are delivered by the PAHP. The PAHP operates statewide for Removable Prosthodontic Service delivery and payment for this service is included in the PAHP agreement. The PAHP does not perform any waiver operational functions nor administrative functions on behalf of the State Medicaid Agency for this waiver.

**Appendix J**

**J-2-c-i Factor D Derivation**

The addition of Removable Prosthodontic Services will increase Factor D based on the calculations in the attached workbook titled “DRAFT of Projected DD, ABD & CFI Waiver Amendment for Denture Service 10-27-22.xlsx”.

**J-2-c-ii Factor D’ Derivation**

The addition of Dental services to Medicaid State Plan services will be increased by the attached workbook titled “DRAFT of Projected DD, ABD & CFI Waiver Amendment for Denture Service 10-27-22.xlsx”.

**J-2-c-iii Factor G Derivation**

Factor G is not projected to increase with the addition of Removable Prosthodontic Services.

**J-2-c-iv Factor G’ Derivation**

Factor G’ is not projected to increase with the addition of Removable Prosthodontic Services.

**J-2-d-i Non-Concurrent Waiver Years 1-5**

The addition of Removable Prosthodontic Services projections by waiver year and the impact on Factor D are based on the calculations in the attached workbook titled “DRAFT of Projected DD, ABD & CFI Waiver Amendment for Denture Service 10-27-22.xlsx”.