

RCOC funding of Dental Treatment for Adult Consumers: Approval Guidelines

Beginning July 1, 2009, Denti-Cal will fund dental care for consumers 21 years of age and older only if they reside in Skilled Nursing Facilities (SNFs) or Intermediate Care Facilities (ICFs) and if they have full scope MediCal. Consumers in other living arrangements including those who reside in Community Care Facilities and the family home will no longer qualify for DentiCal services. It should be noted that Denti-Cal will continue to fund dental services for children and young adults younger than 21 years of age. The following document describes the parameters RCOC will use when presented with a request to fund for Dental services for adults 21 years of age and older.

Title 17, California Code of Regulations, establishes regulatory requirements for service delivery by regional center vendors. This would include payment for dental services

The following are applicable:

1. All vendors shall...agree to accept the rate established, revised or adjusted by the Department as payment in full for all authorized services provided to consumers and not bill the consumer nor the consumer's family, conservator, guardian or authorized consumer representative for a supplemental amount regardless of the cost of providing the authorized service. This shall not preclude the vendor from billing the consumer or consumer's family for services provided which were authorized by the consumer or family and which were not authorized by the regional center. {Section 54326(a)(12)}.
2. The maximum rate of reimbursement for the following medical services shall be in accordance with the Schedule of Maximum Allowances (SMA): Dentistry. {Section 57332(b)(6)}. Accordingly, RCOC will reimburse dental services as the same rates as Denti-Cal.

RCOC will not fund for dental procedures retroactively; i.e., prior authorization is required. Routine dental care must be documented in the Individualized Program Plan (IPP)

RCOC will review all funding requests on an individual basis but will fund dental services for adults over the age of 21 for health and safety reasons. RCOC will specifically follow the Funding guidelines of Denti-cal, as described in the 2009 Denti-Cal Manual, Section 5 – "Manual of Criteria and Schedule of Maximum Allowances." RCOC will fund for a maximum of \$1800, inclusive of dental anesthesia, if required, for any single RCOC fiscal year (7/1-6/30). Exceptions will be considered on a case by case basis. The requesting dentists will sign a statement stating that the proposed work meets the DentiCal funding guidelines.

RCOC will fund for dental services that:

1. Alleviate and/or prevent consumer pain and/or;
2. Prevent further disease and infection.

RCOC will not fund dental services where the primary purpose is to:

1. Improve the individual's physical appearance (esthetic considerations).
2. Provide complete restoration of normal dental function.
3. Restore the ability to eat hard foods.

In addition, the proposed dental procedures are evaluated in the context of the consumer's current oral health and prognosis for future oral health. As part of IPP planning, the Lanterman Act requires this type of consideration be taken to ensure effective and cost effective service delivery {4512(b); 4646(a)}.

Regarding anesthesia for dental procedures and evaluations, when needed: it should be noted that anesthesia for dental procedures can be provided by dentists with the appropriate advanced training or medical anesthesiologists (i.e., MDs). Since CalOptima and/or private medical insurance fund for anesthesia provided by medical anesthesiologists, if a consumer has a health insurance plan, it shall be considered the generic resource. RCOC will fund for anesthesia provided by a dental anesthesiologist, only if there is written documentation that funding of a medical anesthesiologist through the consumer's

and/or their family's health plan is unavailable or in rare cases, not clinically appropriate. As noted above, RCOC will fund for a maximum of \$1800 dental services in any given RCOC fiscal year (7/1-6/30), including all costs associated with dental anesthesia, if required.

The following factors will be taken into consideration when considering funding a dental service:

1. The general prognosis for the consumer's dentition including;
 - i. Existing dental conditions and the level of preventive procedures currently performed by the consumer or caregiver.
 - ii. Extent of caregiver participation in the maintenance of a consumer's oral health.
2. Prognosis for the specific procedure requested including long term durability and possible need for repeated procedures.
3. Medical risk versus benefit for each procedure and anesthesia, if required.
4. Cost effectiveness of the procedure versus other treatment options. RCOC will fund the most cost effective treatment or procedure that addresses the primary objective, i.e., improving or maintaining a consumer's health and safety.
5. The lack of availability of a generic resource: There must be written documentation that there are no generic resources or natural supports available to provide the requested dental care. Generic resources include
 - i. The consumer and/or their family's dental/medical insurance plan, if available. Many companies allow adult children over the age of 21 who have a disability to be enrolled in the family's dental insurance plan. RCOC strongly encourages families to pursue this option when possible. Consumers with sufficient financial resources are expected to purchase a dental insurance plan. Sources of funding for dental plans include but are not limited to Personal and Incidental funds, income derived from work as well as contributions from parents and other family members. A written denial by the family dental plan is required prior to RCOC funding dental care.
 - ii. Medicare Advantage plans (HMOs) for consumers who are eligible for both Medicare and Medi-Cal if dental benefits are offered. All consumers who are potentially eligible for Medicare must apply for Medicare services and are encouraged to enroll in plans that offer dental benefits. If the consumer is enrolled in a Medicare HMO plan that has dental benefits, a written denial by the Plan is required.
 - iii. DentiCal will provide limited dental services for the relief of pain and infection as tooth removal or quadrant root planning for localized periodontal inflammation.
6. Consumer's place of residence
 - i. Intermediate Care facilities (ICFs), ICFDDNs, ICFDDHs and California Developmental Centers: RCOC defers to the generic resource (Denti-CAL) as dental services for consumers residing in these facilities will continue to be funded by DentiCal.
 - ii. Community Care Facilities (CCFs), Biologic Family Home, Adult Foster Homes, Independent or Supported Living and Room and Boards. RCOC will fund for dental services providing they meet the other criteria listed above.