ARC

**STATE OF NEW HAMPSHIRE**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

***DIVISION OF MEDICAID SERVICES***

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The Honorable Karen Umberger, Chairman
Fiscal Committee of the General Court
State House
Concord, NH 03301

**INFORMATIONAL ITEM**

On July 1, 2022, Governor Sununu signed into law an Adult Dental benefit. The legislation requires the Department of Health and Human Services (DHHS) to implement a comprehensive adult dental benefit by April 1, 2023. Chapters 285 and 319, Laws of 2022, specify that the Department of Health and Human Services shall seek, with the review of the Fiscal Committee of the General Court, all necessary and appropriate state plan amendments and waivers to implement the provisions of the adult dental benefit for individuals age 21 and older. The purpose of this Item is to provide said documentation.

The Department was charged with the task of planning for an adult dental benefit that includes diagnostic, preventive, limited periodontal, restorative, and oral surgery services for all Medicaid eligible adults age 21 and older. The removable prosthodontics portion of the benefit (i.e. removable dentures) is limited to those eligible adults who participate in the Developmental Disability, Acquired Brain Disorder, and Choices for Independence 1915 (c) Waivers, and nursing facility residents.

Due to this customized configuration of benefits, a variety of Medicaid requests to Centers for Medicare & Medicaid Services (CMS) are required to implement these authorities. The following table summarizes the waiver amendments and state plan amendment pages required to implement the benefit design and cost sharing as described in the legislation.

The deadlines for the Department to submit and achieve the required approvals from CMS fall at the 1st of December 2022 for the 1115 waiver amendment and the end of December for the state plan and 1915(b) and 1915(c) amendments, in order to have everything in place to achieve an April 1, 2023 start date.

Per the legislation, the program shall not commence operation until such state plan amendments or waivers have been approved by CMS. In particular, the legislative intent of this provision was to ensure that the appropriate State Plan Amendments and waivers are faithful to the legislation enacted related to scope of benefit, limitation on who is eligible for dentures and the cost sharing provisions.

Through a competitive procurement process, a Dental Organization (Prepaid Ambulatory Health Plan or PAHP) model was selected rather than a subcontractor of the current Medicaid Managed Care Organizations (MCOs).

**EXHIBIT: Summary Table of Populations, Services, and Funding Vehicles**

| **Population** | **HCBS Waiver Beneficiaries Age 21+** | **Nursing Home Resident Beneficiaries Age 21+** | **All Other Medicaid Beneficiaries Age 21+** |
|---|---|---|---|
| **Vehicle for Diagnostic, Preventive, Restorative, and Oral Surgery Services including Reimbursement and allowed Cost Sharing** | **State Plan Amendment (SPA) plus new 1915(b) waiver** | | |
| ***Rationale for Above*** | • *Requires waiver of freedom of choice [§1902(a)(23) of SSA] to mandate Dental Organization (Prepaid Ambulatory Health Plan or PAHP) enrollment.*<br>• *Requires waiver to mandate enrollment into a single PAHP [§1902(a)(4)].*<br>• *New waiver required to authorize PAHP with different vendor than MCO program.*<br>• *Amendments required to introduce coverage and reimbursement of the adult dental benefit (and the allowed cost sharing for those with incomes above 100% federal poverty level).* | | |
| **Vehicles for Removable Prosthodontic (i.e., Dentures) Services** | **Amendment to 3 existing 1915(c) waivers (DD, ABD, CFI)** | **Amendment to existing 1115 demonstration a/k/a "IMD waiver"** | **Not applicable** |
| ***Rationale for Above*** | *Requires waiver of statewide comparability [§1902(a)(10)(B) of SSA] to target benefits to these population groups.* | *Requires waiver of statewide comparability [§1902(a)(10)(B) of SSA] to target benefits to this population group.* | *As enacted in legislation, these services are limited to the HCBS waiver and Nursing Home resident beneficiaries.* |
| **Total Eligible Beneficiaries** | **10,000** | **3,000** | **88,000** |

**STATE PLAN AND WAIVER MATERIALS WITH EXPLANATION**

***All materials referenced below can be found at the following URL: https://www.dhhs.nh.gov/programs-services/medicaid/medicaid-dental-services-new-hampshire-smiles-program-adults***

1. State Plan (9 Documents): The following items are redlined pages of the state plan and associated documents. All are required to introduce the adult dental services into our state plan, excluding removable prosthodontics which are limited to certain populations.

   a. 3.1-A, 3.1-A Sufficiency Questions, and 3.1-B: Describes the amount, duration, and scope of services for the needy and medically needy populations. Both are redlined to reflect the addition of adult dental services as described in the legislation. The Sufficiency Questions provide DHHS responses to required questions.
   b. 4.19-B: Describes the reimbursement methodology for dental services delivered under the state plan.
   c. Alternative Benefit Plan: This is an excerpt of an online form indicating dental benefits that will be included in the Granite Advantage benefit plan.
   d. Cost Sharing – G1, G2a, G2b, G2c, and G3: These are preprints of the updated cost sharing provisions for our state plan, which now reflect the applicable cost sharing for adult dental services as mandated by the legislation.

2. New 1915(b) Waiver (4 Documents): The legislation requires that the adult dental benefit be delivered in a managed care arrangement with the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, patient education, and savings. This was determined, through an RFI process, to be a single dental managed care organization. To enact mandatory enrollment into the dental organization for receiving dental benefits, DHHS must submit a new 1915(b) waiver.

   a. 1915(b) waiver documents: This new waiver describes the vehicle for delivering the adult dental benefits, aside from removable prosthodontics.
   b. 1915(b) Cost Effectiveness Materials: The remaining materials describe the cost effectiveness of the new waiver.

3. Waiver Amendments (8 Documents): These amendments describe changes to be made to four existing waivers, all to allow DHHS to limit the removable prosthodontic services to the target populations of HCBS Waiver Beneficiaries and Nursing Home Residents.

   a. 1915(c) Waiver Amendments for Developmental Disabilities, Acquired Brain Disorder, and Choices for Independence Waivers: Each of these three waiver amendments reflects comparable changes to describe the newly covered removable prosthodontic services and demonstrate the budget neutrality of each waiver.
   b. Substance Use Disorder Serious Mental Illness Serious Emotional Disturbance Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver Amendment: Based on CMS guidance during Technical Assistance calls that amending the existing waiver is the most expedient path for submission and CMS review and approval, DHHS is adding the denture benefit for nursing facility residents to an existing SUD-SMI-SED-TRA demonstration waiver to meet the April 1, 2023 implementation date.

Respectfully Submitted,

Nathan White For:

Lori Shibinette
Commissioner