



# COMMONWEALTH of VIRGINIA

## Office of the Governor

Daniel Carey, MD  
Secretary of Health and Human Resources

March 25, 2021

Francis McCullough, Associate Regional Administrator  
Centers for Medicare & Medicaid Services  
801 Market Street, Suite 9400  
Philadelphia, PA 19107-3134

Dear Mr. McCullough:

Attached for your review and approval is amendment 21-006, entitled "Adult Dental" to the Plan for Medical Assistance for the Commonwealth. I request that your office approve this change as quickly as possible.

Sincerely,

A handwritten signature in black ink that reads "Daniel Carey".

Daniel Carey, MD, MHCM

Attachment

cc: Karen Kimsey, Director, Department of Medical Assistance Services

## Transmittal Summary

SPA 21-006

### I. IDENTIFICATION INFORMATION

Title of Amendment: Adult Dental

### II. SYNOPSIS

Basis and Authority: The Code of Virginia (1950) as amended, § 32.1-325, grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance. The Code of Virginia (1950) as amended, § 32.1-324, authorizes the Director of the Department of Medical Assistance Services (DMAS) to administer and amend the Plan for Medical Assistance according to the Board's requirements.

Item 313.III in the 2020 Virginia Appropriations Act requires DMAS to provide a comprehensive dental benefit to adults, effective July 1, 2021.

Purpose: This SPA will implement a comprehensive dental benefit for adults.

Substance and Analysis: The section of the State Plan that is affected by this amendment is “Amount, Duration, and Scope of Medical and Remedial Care and Services provided to the Categorically Needy and Medically Needy.”

The chart below provides more detail about the coverage and limitations that will be included in the state plan.

<b>Adult Dental Benefit</b>	
<b>Covered Services</b>	<b>Limitations</b>
Exams, Routine cleanings, X-rays	Non-routine X-rays such as imaging and cone beam technology require prior authorization.
Fillings and crowns	Crowns are only covered when a root canal is done while the member is under the adult dental program. Bridges are not covered.
Root canals Pulpal Debridement	Endodontic retreatment and surgical procedures that have a questionable success rate are not covered.
Scaling and Root Planing Gingivectomies Periodontal maintenance procedure	Periodontal flap procedures, crown lengthening procedures, and bone replacement grafts are not covered.
Dentures, Partials, and Repair procedures	Partials are covered only as a part of a definitive treatment plan.
Extractions Alveoplasty	Non-tooth extraction procedures are not covered. Surgery necessitated by trauma is not covered. Implants are not covered.
Anesthesia Services	Non-anesthesia services may require prior authorization.

Impact: The expected increase in annual aggregate expenditures is \$15,871,404 in federal funds in federal fiscal year 2021.

Prior Public Notice: Not applicable.

Public Comments and Agency Analysis: Not applicable.

Tribal Notice: See Attachments A1 and A2 for Tribal Notice letter and email.

**ATTACHMENT A-1**

McClellan, Emily &lt;emily.mcclellan@dmas.virginia.gov&gt;

**Tribal Notice re: Adult Dental and Behavioral Health Enhancement**

McClellan, Emily &lt;emily.mcclellan@dmas.virginia.gov&gt;

Mon, Feb 22, 2021 at 9:30 AM

To: Dean Branham <TribalOffice@monacannation.com>, "G. Anne Richardson" <chiefannerich@aol.com>, Gerald Stewart <wasandson@cox.net>, Pam Thompson <Pamelathompson4@yahoo.com>, Rappahannock Tribe <rappahannocktrib@aol.com>, Reginald Stewart <regstew007@gmail.com>, Robert Gray <robert.gray@pamunkey.org>, Rufus Elliott <tribaladmin@monacannation.com>, Samuel Bass <samflyingeagle48@yahoo.com>, Stephen Adkins <chiefstephenadkins@gmail.com>, "W. Frank Adams" <WFrankAdams@verizon.net>, bradbybrown@gmail.com, heather.hendrix@ihs.gov, "Garrett, Tabitha (IHS/NAS/RIC)" <tabitha.garrett@ihs.gov>

Dear Tribal Leaders and Indian Health Programs:

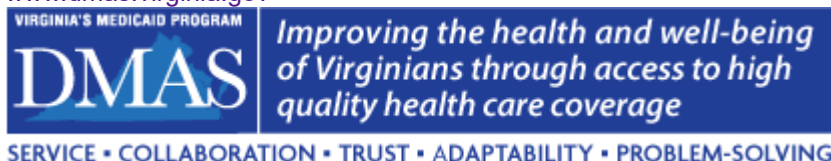
Attached are two Tribal Notice letters from Virginia Medicaid Director Karen Kimsey indicating that the Dept. of Medical Assistance Services (DMAS) plans to submit State Plan Amendments (SPAs) to the federal Centers for Medicare and Medicaid Services. The first SPA will allow Virginia Medicaid to provide dental services to its adult members. The second SPA contains the first set of changes related to the Behavioral Health Enhancement effort.

If you would like a copy of the SPA documents or proposed text changes for either SPA, or if you have any questions, please let us know.

Thank you! -- Emily McClellan

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Emily McClellan  
Regulatory Supervisor  
Policy Planning and Innovation Division  
Virginia Department of Medical Assistance Services  
600 East Broad Street  
Richmond, VA 23219  
(804) 371-4300  
[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

**2 attachments**

**Tribal Notice letter 2-22-2021.pdf**  
441K

**Tribal Notice letter 2-22-2021.pdf**  
386K



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

KAREN KIMSEY  
DIRECTOR

SUITE 1300  
600 EAST BROAD STREET  
RICHMOND, VA 23219  
804/786-7933  
800/343-0634 (TDD)  
www.dmas.virginia.gov

February 22, 2021

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to coverage for dental services for adults

Dear Tribal Leader and Indian Health Programs:

This letter is to notify you that the Department of Medical Assistance Services (DMAS) is planning to amend the Virginia State Plan for Medical Assistance with the Centers for Medicare and Medicaid Services (CMS). Specifically, DMAS is providing you notice about a State Plan Amendment (SPA) that the Agency will file with CMS in order to implement coverage for comprehensive dental services for adults. The chart below provides more detail about the coverage and limitations that will be included in the state plan.

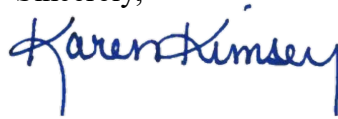
Adult Dental Benefit	
Covered Services	Limitations
Exams, Routine cleanings, X-rays	Non-routine X-rays such as imaging and cone beam technology require prior authorization.
Fillings and crowns	Crowns are only covered when a root canal is done while the member is under the adult dental program. Bridges are not covered.
Root canals Pulpal Debridement	Endodontic retreatment and surgical procedures that have a questionable success rate are not covered.
Scaling and Root Planing Gingivectomies Periodontal maintenance procedure	Periodontal flap procedures, crown lengthening procedures, and bone replacement grafts are not covered.
Dentures, Partials, and Repair procedures	Partials are covered only as a part of a definitive treatment plan.
Extractions Alveoplasty	Non-tooth extraction procedures are not covered. Surgery necessitated by trauma is not covered. Implants are not covered.
Anesthesia Services	Non-anesthesia services may require prior authorization.

The tribal comment period for this SPA is open through March 24, 2021. You may submit your comments directly to Emily McClellan, DMAS Policy Division, by phone (804) 371-4300, or via email: [Emily.McClellan@dmas.virginia.gov](mailto:Emily.McClellan@dmas.virginia.gov) Finally, if you prefer regular mail you may send your comments or questions to:

Virginia Department of Medical Assistance  
Services Medicaid Disaster SPA, Tribal Comment  
Attn: Emily McClellan  
600 East Broad Street  
Richmond, VA 23219

Please forward this information to any interested party.

Sincerely,

A handwritten signature in blue ink that reads "Karen Kimsey". The signature is written in a cursive style with a large initial 'K' and a long, sweeping underline.

Karen Kimsey

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

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

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C. For the dental services covered for Medicaid-enrolled pregnant women, the state agency may place appropriate limits on a service based on medical necessity, for utilization control or both. Examples of service limitations are: examinations, prophylaxis, fluoride treatment (once/six months); space maintenance appliances; bitewing x-ray - two films (once/12 months); routine amalgam and composite restorations (once/three years); dentures (once/five years); extractions, orthodontics, tooth guidance appliances, permanent crowns and bridges, endodontics, patient education and sealants (once).

D. Dental services shall be provided to Medicaid individuals aged 21 and over.

1. The following services shall be covered: 1) dental exams, routine cleanings, x-rays; 2) fillings and crowns; 3) root canals and pulpal debridement; 4) scaling and root planning, gingivectomies, and periodontal maintenance procedures; 5) dentures, partials, and repair procedures; 6) extractions and alveoplasty; and 7) anesthesia services.

2. The following limits shall apply: 1) Prophylaxis shall be covered up to three times per year; 2) Non-routine x-rays such as imaging and cone beam technology require service authorization; 3) crowns are only covered when a root canal is done while member is covered under the adult dental program; 4) bridges are not covered; 5) endodontic retreatment and surgical procedures that have a questionable success rate are not covered; 6) periodontal flap procedures, crown lengthening procedures, and bone replacement grafts are not covered; 7) partial dentures are covered only as a part of a definitive treatment plan and after a course of preventive and periodontal maintenance treatment; 8) non-tooth extraction procedures are not covered; 9) surgery necessitated by trauma is not covered; 10) implants are not covered; 11) non-anesthesia services may require service authorization.

~~E.~~ E. Limited oral surgery procedures, as defined and covered under Title XVIII (Medicare), and described in Agency guidance documents, are covered for all recipients, and require preauthorization or prepayment review by the state agency or its designee as described in Agency guidance documents.

~~F.~~ F. Residents of nursing facilities shall be permitted to deduct the costs of limited specific dental procedures from their payments towards the costs of their nursing facility care. Nursing facility residents shall be limited to deducting the following dental procedures: (i) routine exams and x-rays, and dental cleaning twice yearly; (ii) full mouth x-rays once every three years ; and (iii) deductions for extractions and fillings shall be permitted only if medically necessary as determined by the department.

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 0 0 6

2. STATE

Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

7/1/2021

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

42 CFR 440

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 15,871,404  
b. FFY 2022 \$ 74,690,803

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1A&B, Supplement 1, revised page 16.1.1

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

Same as box #8.

10. SUBJECT OF AMENDMENT

Adult Dental

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

Secretary of Health and Human Resources

12. SIGNATURE OF STATE AGENCY OFFICIAL



13. TYPED NAME

Karen Kimsey

14. TITLE

Director

15. DATE SUBMITTED

3/25/2021

16. RETURN TO

Dept. of Medical Assistance Services  
600 East Broad Street, #1300  
Richmond VA 23219

Attn: Regulatory Coordinator

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

18. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS



**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

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