

Dental Treatment for Adult Consumers: *Service Code 715*

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 Medi-Cal. Consumers in other living arrangements including those who reside in Community Care Facilities and the family home will no longer qualify for Denti-Cal services. Denti-Cal funds dental services for children and young adults younger than 21 years of age. Below are the guidelines Kern Regional Center will follow when evaluating requests to fund for dental care and services for adults 21 years of age and older or person under 21 years of age who do not have dental insurance or Denti-Cal.

The maximum rate of reimbursement for dental services shall be in accordance with the Schedule of Maximum Allowances (SMA): Dentistry. Title 17, California Code of Regulations, {Section 57332(b)(6)}. Accordingly, KRC will reimburse dental services at the same rates as Denti-Cal. KRC will not fund for dental procedures retroactively.

KRC will review all funding requests on an individual basis and will fund dental services when the individuals health and safety is in immediate jeopardy and the service is related to the eligible disability. KRC will specifically follow the Funding guidelines of Denti-Cal, as described in the 2009 Denti-Cal Manual, Section 5, the "Manual of Criteria and Schedule of Maximum Allowances." KRC will fund for a maximum of \$2300, inclusive of dental anesthesia (when required) in any given KRC fiscal year (7/1-6/30). Exceptions will be considered on a case by case basis.

KRC will fund for dental services that alleviate and or eliminate consumer pain and suffering, and/or prevent further progression of significant dental disease and infection.

KRC will not fund for 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 (i.e. firm and chewy) foods
4. Bridge work
5. Gingivectomy unrelated to anti-convulsive medication or less than 9mm of gingival spacing from the gumline.

Higher levels of anesthesia (i.e., beyond things like local injection and the use of simple bodily relaxants, like nitrous oxide) may be necessary in order to allow for dental evaluations and treatment. When necessary, anesthesia for dental procedures may be provided by dentists who have the appropriate degree of advanced training. The highest level of sedation, i.e., general anesthesia, is often time provided by medical anesthesiologists. When a consumer has a health insurance plan, it is the generic resource to provide anesthesia in the hospital or surgicenter setting. KRC will fund for anesthesia provided by a dental anesthesiologist only if there is documentation that funding of a medical anesthesiologist through the consumer's and/or their family's health plan is unavailable. As noted above, KRC will fund for a maximum of \$1500 in dental services during any given KRC fiscal year but will fund a maximum of \$2300 if the highest level of sedation is necessary and not funded elsewhere. This \$2300 maximum includes all costs associated with the required dental anesthesia (for example, use of an operating room).

The following factors will be taken into consideration when considering funding for 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. The prognosis for the specific procedure requested including long term durability and possible need for repeated procedures. Cost effectiveness ratios are a crucial consideration.
3. The medical risk versus the benefit for each procedure and the form of anesthesia that is required.

4. The cost-effectiveness of the procedure versus other treatment options. KRC will fund the least costly treatment or procedure that addresses the primary objective, i.e., improving or maintaining a consumer's immediate health and safety (CA Welfare & Institution Code 4648(a)(6)(d).4
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. (CA Welfare & Institutions Code Section 4659(d)

Generic resources include but are not limited to:

- 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. KRC strongly encourages families to pursue this option whenever 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 or trust funds. A denial by the family dental plan is required prior to KRC 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 before KRC will consider funding a dental service.
 - iii. Denti-Cal will continue to provide limited dental services for the relief of pain and infection, offering tooth removal or quadrant root planning for localized periodontal inflammation.
6. Consumer's place of residence must be documented:
 - i. Intermediate Care Facilities (ICFs), ICFDDNs, ICFDDHs and California Developmental Centers: KRC defers to the generic resource (Denti-Cal) as dental services for consumers residing in these facilities will continue to be funded by Denti-Cal.
 - ii. Community Care Facilities (CCFs), Family Homes, Adult Foster Homes, Independent or Supported Living and Room and Board facilities: KRC will fund for dental services providing there is conformity with these guidelines (as delineated above).

Approved this May 3, 2011 – KRC Board of Directors