

August 25, 2023

To: Tribal Chairpersons, Designees of Indian Health Programs, and
Urban Indian Organizations

Subject: Notice of Proposed Change to the Medi-Cal Program

The purpose of this letter is to provide information regarding a proposed change to the Department of Health Care Services' (DHCS) Medi-Cal Program that will be submitted to the Centers for Medicare and Medicaid Services (CMS). DHCS is forwarding this information for your review and comment.

DHCS is required to seek advice from designees of Indian Health Programs and Urban Indian Organizations on Medi-Cal matters having a direct effect on Indians, Indian Health Programs or Urban Indian Organizations per the American Recovery and Reinvestment Act of 2009 (ARRA). DHCS must solicit the advice of designees prior to submission to CMS of any State Plan Amendment (SPA), waiver requests or modifications, or proposals for demonstration projects in the Medi-Cal program.

Please see the enclosed summary for a detailed description of this DHCS proposal.

QUESTIONS AND COMMENTS

Indian Health Programs and Urban Indian Organizations may also submit written comments or questions concerning this proposal within 30 days from the receipt of notice. Comments may be sent by email to Angeli.Lee@dhcs.ca.gov or by mail to the address below:

Contact Information

Department of Health Care Services
Director's Office
ATTN: Angeli Lee MS 0000
P.O. Box 997413
Sacramento, CA 95899-7413

Tribal Chairpersons, Designees of Indian Health Programs, and
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Page 2

August 25, 2023

In addition to this notice, DHCS plans to cover this SPA in the next quarterly Medi-Cal Indian Health webinar. Please note that Indian Health Programs and Urban Indian Organizations may request a consultation on this proposal at any time as needed.

Sincerely,

Original signed by

Andrea Zubiarte, Chief
Office of Tribal Affairs
Department of Health Care Services

Enclosure



**Department of Health Care Services (DHCS)
Tribal and Designees of Indian Health Programs Notice**

PURPOSE

To seek the necessary approvals to modify the [prosthodontics \(removable\) general policies](#) and criteria in Section 5 – Manual of Criteria of the Medi-Cal Dental Provider Handbook.

BACKGROUND

Currently, DHCS provides complete and partial dentures as a covered benefit once in a five-year period. The following exceptions currently apply to the five-year limit. DHCS proposes to expand those exceptions:

- j) A removable prosthesis is a benefit only once in a five-year period. When adequately documented, the following exceptions shall apply:
 - i) catastrophic loss beyond the control of the patient. Documentation must include a copy of the official public service agency report (fire or police), or
 - ii) a need for a new prosthesis due to surgical or traumatic loss of oral-facial anatomic structure, or
 - iii) the removable prosthesis is no longer serviceable as determined by a clinical screening dentist.

SUMMARY OF PROPOSED CHANGES

This proposed SPA would modify the criteria for [prosthodontics \(removable\) general policies](#).

This policy would update the exceptions as noted below.

Current Policy	Proposed Policy
<p>j) A removable prosthesis is a benefit only once in a five-year period. When adequately documented, the following exceptions shall apply:</p> <p>i) catastrophic loss beyond the control of the patient. Documentation must include a copy of the official public service agency report (fire or police), or</p> <p>ii) a need for a new prosthesis due to surgical or traumatic loss of oral-facial anatomic structure, or</p> <p>iii) the removable prosthesis is no longer serviceable as determined by a clinical screening dentist.</p>	<p>j) A removable prosthesis is a benefit only once in a five-year period. When adequately documented, the following exceptions must apply:</p> <p>i) Circumstances beyond the control of the patient. For a patient that submits a request to replace the appliance based on circumstances beyond their control, those circumstances can be demonstrated by documentation of all the following:</p> <p>(1) a demonstration of continued medical necessity;</p> <p>(2) an explanation of the circumstances surrounding the loss which clearly explains how the loss occurred and why the loss was beyond the control of the patient; and</p> <p>(3) a clear explanation of the remedial measures the patient will take to safeguard against subsequent loss.</p>

	<p>Documentation must include a copy of the official public service agency report, if such a report is available.</p> <p>ii) A need for a new prosthesis due to surgical or traumatic loss of oral-facial anatomic structure,</p> <p>iii) The removable prosthesis is no longer serviceable as determined by a clinical screening dentist, or</p> <p>iv) Dentures that no longer fit due to a significant medical condition.</p> <p>Documentation from the patient's physician supporting the medical necessity of early replacement and a letter from the dentist stating that the existing denture cannot be made functional.</p>
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Patients are responsible for taking care of the dentures that are provided. This includes daily and nightly care and making sure it is not damaged or lost. It is understandable that some events may occur in life, such as natural or unnatural disasters, physical trauma, or a devastating medical illness, that result in the loss of a denture that is beyond the control of the member.

IMPACT TO TRIBAL HEALTH PROGRAMS (THPs)

To the extent that a tribal health program provides removable prosthesis services to patients, they may be able to provide replacement dentures more frequently than once in a five-year period if the criteria listed above is met. Tribal health programs may see an increase in beneficiaries requesting assistance with a replacement denture if they meet the established criteria.

IMPACT TO FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

To the extent that a FQHC provides removable prosthesis services to patients, they may be able to provide replacement dentures more frequently than once in a five-year period if the criteria listed above is met. FQHCs may see an increase in beneficiaries requesting assistance with a replacement denture if they meet the established criteria.

IMPACT TO INDIAN MEDI-CAL BENEFICIARIES

The proposed SPA has a potential impact to American Indian/Alaskan Native Medi-Cal members as it updates the criteria for replacement dentures. This updated criteria can increase access to these benefits for impacted populations who have a need for a replacement denture.

RESPONSE DATE

Indian Health Programs and Urban Indian Organizations may submit written comments or questions concerning this proposal within 30 days from the receipt of notice. Comments may be sent by email to Angeli.Lee@dhcs.ca.gov or by mail to the address below:

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