

Adult Dental Services

Definition: Dental Services are available through the ID/RD Waiver for adults, aged 21 and older, who have exhausted the limits of dental services provided under the State Medicaid Plan. Items/services allowed under the ID/RD waiver are the same as the standard items/services for children under age 21. ID/RD Waiver funded Dental services will not duplicate any service available through the State Plan to adults. Items/services requiring a prior authorization are not allowed. Dental services available are defined and described in the Dental Services Provider Manual on the DHHS Website: <https://provider.scdhhs.gov/internet/pdf/manuals/Dental/Manual.pdf>.

Providers: Adult Dental services are to be provided by licensed dentists enrolled with the South Carolina Department of Health and Human Services to provide Medicaid funded Dental Services. Any provider that accepts Medicaid can be used. A list of enrolled providers is located on the DHHS website: <https://img1.scdhhs.gov/search4aprovider/>

Conflict Free Case Management: To honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

Arranging for the Services: When it is determined Adult Dental services are needed, a list of enrolled providers must be shared with the participant. The WCM must document a choice of provider has been offered.

The need for the service must be clearly identified in the participant's plan including the amount and frequency of the service, the provider type and funding source. An authorization is not needed. The participant must present the Medicaid card to the enrolled dental provider for billing purposes.

Please note Medicaid policy does change. If the WCM is notified by the dental provider a service is not covered or no longer covered by Medicaid, the ID/RD Waiver **cannot** be used as a funding source. If the participant continues to desire the service, the participant must be informed he/she will be responsible for the cost if he/she chooses to proceed with the service.

Please note, the Waiver Case Manager may not be notified when a participant needs a dental service. To ensure the service is documented in the Support Plan as mandated per policy, the WCM is advised to include the service on the plan in anticipation of the need. Participants should be encouraged to go to the dentist at least once a year for an oral examination. When a participant resides in a residential facility, dental services should always be included on their Waiver budget per residential standards.

Monitoring the Services: The WCM must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. DDSN recommends that this service is monitored within two weeks of completion or notification of service by participant/representative.

Some items to consider during monitorship include:

- Has the participant's medical status changed since the last contact?
- Are all applicable services being provided as discussed?
- Is the participant satisfied with the result of this service (i.e. tooth extraction, examination, etc.)

- Does the participant feel that the provider is responsive to their needs?
- Does the participant feel that there is a good relationship with the dentist?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the participant or his/her legal guardian including the details regarding the change(s) in service, allowance for reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See *Chapter 9* for specific details and procedures regarding written notification and the reconsideration/appeals process.