



Q & A

for the ID Waiver

Expanded Medicaid Dental Benefits Program

<https://everysmilemattersnevada.org/>

Under the Expanded Services Waiver, effective February 1, 2023, until funds are exhausted, individuals ages 21 and older on the Intellectual and Developmental Disabilities (ID) Waiver are eligible for expanded dental benefits. Frequently asked questions and answers for Individuals on the ID Waiver and their Caregivers, ADSD ID Waiver Service Coordinators, and Medicaid Dental Providers can be found below.

Individuals on the ID Waiver and Caregivers

I was informed that I/my loved one have expanded dental benefits through the ID Waiver from February 1, 2023.



1 How do I find a dentist that takes Medicaid if I don't have one now?

- Contact your Regional Center Service Coordinator who can provide you with a list of Medicaid-approved providers in your community. Or you can email your Dental Care Coordinator at idwaiverdental@dhcfp.nv.gov.
- You can also call Medicaid directly depending on nearest location: Carson City 775-684-3651, Elko 775-753-1191, Las Vegas 702-668-4200, and Reno 775-687-1900.

2 If I have a dentist who takes Medicaid, can I use this funding to get care I need done?

- Yes. Inform your Regional Center Service Coordinator of the request to add Dental services to your Person-Centered Plan (PCP).

3 Do I have to bill for the services or will my dentist bill?

- No. Your dentist will bill for services through the Nevada Medicaid website.

4 Will there be a copay?

- There will not be a copay for this program.

5 How do I prepare for the visit? What do I need to take with me?

- Bring guardianship paperwork if you are the legal guardian and the patient's insurance card. Have a contact (phone number) for out-of-state or absent guardians.
- Bring an up-to-date medication list and medical diagnoses list including any allergies and physicians contact information.
- Prior to the appointment, think about what current tooth, mouth, or gum problems you want to discuss with dentist, and make a list to take with you.
- You may be asked to complete a form listing chronic illnesses, painful mouth, sores, tenderness, or injuries of the mouth.
- At each visit, talk to dentist about symptoms that need to be addressed.
- Bring a note pad so you can write down any instructions provided by the dentist for any special care your loved one will need at home. When the appointment is over, write down the dentist's instructions for home dental care, any medications they may prescribe, and dates for future appointments.

6 How can my dentist see that these benefits are available to me?

- Your dentist will access the Nevada Medicaid website at <https://www.medicaid.nv.gov>.
- Dental services will be added to your Person-Centered Plan (PCP) as requested.

7 What is the annual cap for the expanded Medicaid dental program?

- Eligible ID Waiver participants will receive a maximum benefit of \$2,500 starting February 1, 2023. The 12 months of the ID Waiver year run from October 1-September 30th, so \$2,500 is available per 12 months as long as funds are available.

8 What if the services I need are over the \$2,500 cap?

- If you are aware that the needed dental work will exceed the \$2,500 cap, inform your Regional Center Service Coordinator, preferably prior to starting the dental work. There may be limited Regional Center funds available to assist with additional costs.

9 What if I need anesthesia/sedation that will be over the \$2,500 cap?

- General anesthesia should be covered under Medicaid separate from the \$2,500 dollar benefit.

10 What happens if I get a bill?

- A Medicaid recipient should never be billed for covered services. If you do receive a bill, contact your Regional Center Service Coordinator or email idwaiverdental@dncfp.nv.gov.



ADSD ID Waiver Service Coordinators

Expanded dental benefits will be available for adults with intellectual and developmental disabilities (ID/DD) aged 21 and older currently enrolled in the ID Waiver Program. Service Coordinators will educate ID Waiver recipients about the expanded dental services and help them navigate care and address concerns. This dental service is funded through the Section 9817 American Rescue Plan Act (ARPA) effective February 1, 2023.



1 Do dental services need to be added to the Person-Centered Plan (PCP)?

- Yes. Dental services must be added to the ID Waiver recipient's Person-Centered Plan (PCP) as requested.

2 Is this funding the same as the Nevada Medicaid funding used to pay for dental services now?

- No. The scope and nature of the expanded benefits differs from Nevada Medicaid coverage for adults with ID/DD, which currently only offers emergency extractions, palliative care, and removable prosthesis with prior authorization.

Funding is provided through Section 9817 American Rescue Plan Act (ARPA) designated to Nevada Medicaid to increase access to oral health care for adults with ID/DD beginning February 1, 2023.

3 How do I refer ID Waiver participants to dental services?

- You can refer participants in the following ways:
 - ◇ Providing a list of Division of Health Care Finance and Policy (DHCFP) Medicaid approved dental providers for the Waiver recipient to choose from and contact
 - ◇ Emailing additional support request to idwaiverdental@dhcfp.nv.gov
 - ◇ Contacting the DHCFP Dental Care Coordinator to make the referral

4 What is the annual cap for the expanded Medicaid dental program?

- Eligible ID Waiver participants will receive a maximum benefit of \$2,500. The 12-month year for calculating remaining benefits runs from October 1-September 30th of each year.

Medicaid Dental Providers

In order to be eligible for re-imbusement, a provider must be enrolled as a Medicaid Fee-for-Service (FFS) dental provider (Provider Type 22).



1 Who qualifies for the Nevada Medicaid expanded dental benefits?

- Adults with intellectual and developmental disabilities (ID/DD) age 21 and older currently enrolled in the ID Waiver program. The expanded dental benefits are available starting February 1, 2023.

2 What is the fee schedule and all covered services as well as frequencies under the expanded Medicaid dental benefits?

- The fee schedule and eligible services can be found on the Nevada Medicaid homepage <https://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>, then click on PT22 (Dentists), Attachment B.
- Expanded dental services include but are not limited to: Restoration: amalgam filling, resin-based composite filling, prefabricated stainless steel crown and resin-crown, core buildup, etc.; and Preventative care: regular check-ups, cleaning, fluoride treatments, x-rays, fillings, periodontal maintenance, periodontal scaling and root planning and root canal therapy.

3 How do I confirm the benefits are available to a patient?

- For patients to be eligible to receive expanded Medicaid dental services, they must be on the Nevada Medicaid ID Waiver program.
- To verify recipients eligibility prior to rendering services, providers go through Electronic Verification System (EVS) from the Nevada Medicaid website at <https://www.medicaid.nv.gov>.
- You can also contact the Care Coordinator or email idwaiverdental@dhcfp.nv.gov to verify individuals on the ID Waiver.

4 What is the cap for the expanded Medicaid dental benefits?

- The maximum reimbursement for expanded Medicaid dental benefits is \$2,500 per patient starting February 1, 2023. The 12-month year for calculating remaining benefits runs from October 1-September 30th of each year.

5 Is there a preauthorization process?

- There is no preauthorization required for the expanded benefits, but there will be service limitations, which can be found on the Medicaid website for complete list of covered dental services <https://dhcfnv.gov/Resources/Rates/FeeSchedules/>.

6 How do I bill for care?

- Providers will submit a claim electronically via <https://www.medicaid.nv.gov>.
- For new provider enrollees, a representative from the fiscal agent, Gainwell (GWT) will provide training on how to navigate this website and up to submission of claims upon request.

7 What do I do if a claim is denied or delayed in payment?

- For claims or billing issues, email idwaiverdental@dhcfnv.gov.

8 What if a patient needs to be treated in the Operating Room and needs anesthesia, which would be over the \$2,500 cap?

- Anesthesia is covered under Medicaid as a medical expense. If other needed dental services will exceed \$2500, please provide an estimate to the patient and their family/staff so payment for services over \$2500 can be determined.

9 Are there any tips or tools for serving clients with ID/DD that I can access?

- There are tips and tools for providers that can be found on the Every Smile Matters website developed for this project at www.everysmilemattersnevada.org.

10 Is there someone I can call if I have questions about the ID Waiver expanded benefits?

- For questions about the expanded benefits, you may contact idwaiverdental@dhcfnv.gov.



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ORAL HEALTH IS HEALTH

<https://everysmilemattersnevada.org/id-waiver-benefits/>

IDWAIVER EXPANDED BENEFITS

The Nevada Division of Health Care Financing and Policy is pleased to announce that expanded dental benefits will be available for adults with ID/DD aged 21 and older who are currently enrolled in Medicaid benefits through the ID Waiver Program through the Nevada Aging and Disability Services Division. This dental service is funded through the American Rescue Plan Act (ARPA)



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