<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>In the instance a member is having services administered, and during this process something goes wrong, resulting in additional services being needed, how will the additional cost affect the member? For example, if the original treatment plan did not exceed the $1,000 limit, but because of an unforeseen issue, total cost is now beyond the benefit limit, will the member be required to pay out of pocket, or will the provider have to absorb the difference?</td>
<td>It is the responsibility of the provider to use his or her best clinical judgement to ensure the safety and wellbeing of the patient. If a member is undergoing treatment and an unforeseen circumstance arises that the provider did not anticipate then the procedure should be stopped and the tooth stabilized if possible. If sedated, and the tooth can be stabilized/temporized, the procedure should stop and the patient should be made conscious. The provider does not have consent to continue services until the patient and/or guardian are notified of the change, including any additional costs.</td>
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<td>2</td>
<td>What is the turnaround time expected for CMS approval?</td>
<td>There is no formal timetable for CMS approval. The ALTCS Dental benefit will be included as part of the broader 1115 Waiver package, which the Administration is seeking a 10/1 approval date.</td>
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<td>3</td>
<td>Is submitting the ALTCS Dental benefit as an amendment to the broader package a better strategy than submitting the waiver on its own?</td>
<td>Yes. The 1115 Waiver is the priority at this time since it expires 9/30/16. If ALTCS Dental is submitted individually, it would likely take longer than the planned 10/1/16 implementation of the 1115 Waiver.</td>
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<td>4</td>
<td>Is the AHCCCS Fee Schedule the expected reimbursement level for dental providers?</td>
<td>The posted AHCCCS Fee Schedule only applies to providers if serving Fee-For-Service clients. Otherwise, reimbursement rates are to be negotiated through Managed Care Organization (MCO) contractors.</td>
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<td>5</td>
<td>When providers file claims for reimbursement, are claims sent through whichever MCO is being used?</td>
<td>Yes. Claims processing is provided through either contracted MCOs or AHCCCS, depending on the population being served.</td>
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<td>6</td>
<td>Does the ALTCS Dental benefit provide coverage by calendar year?</td>
<td>The benefit covers the contract year with the MCOs. Therefore, the $1,000 starts on 10/1 and goes through 9/30. However, contingent upon CMS approval, the benefit would start on the date of approval.</td>
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<td>7</td>
<td>What is the likelihood of CMS approving?</td>
<td>Very likely as this benefit has been approved in the past.</td>
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ALTCS Dental Wavier Forum

Participants:
Ryan Sullivan
Courtney Plotnick
Eva Voucher
Heidi Owens
Sherri Wince
Julie Wasloff
Jeremy Browning
Greg Harris
Brandy Petrone
July 19, 2016

Thomas Betlach
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801 E. Jefferson St.
Phoenix, AZ 85034

Submitted via email to publicinput@azahcccs.gov

Re: Comments on Proposed Section 1115 Demonstration Proposal for ALTCS Dental

Dear Director Betlach,

Thank you for the opportunity to comment on the proposed Arizona Long Term Care System (ALTCS) Dental Benefit in the 1115 Waiver. The Arizona Association of Providers for People with Disabilities (AAPPD) fully supports inclusion of the dental benefit.

AAPPD represents over 75 Arizona providers of services to individuals with intellectual and developmental disabilities and was one of many groups who supported the state legislation, HB 2704, that restores the ALTCS benefit coverage.

Individuals with developmental disabilities have complications that increase the risk of oral disease and other health issues. In many cases, oral health issues manifest as adverse behaviors because the individual cannot communicate that they are in pain. Because of these unique circumstances, the dental benefit not only saves the system money by avoiding these extra expenses in the long run, but provides important health care for individuals who may not be able to communicate they are having a health issue.

In addition, AAPPD supports general anesthesia being included as a covered service. Many individuals we support and care for would be unable to receive dental services without such coverage.

We are hopeful that federal approval will be swift, allowing for an October 1 start date.

Thank you, again, for the opportunity to provide comments.

Sincerely,

Carol A. Carr
Chair, AAPPD