September 2, 2015

Dear Tribal Health Leader,

On behalf of the Department of Health and Social Services (DHSS), in keeping with DHSS’ responsibility to conduct tribal consultation, I am writing to inform you of a proposed future Medicaid State Plan Amendment (SPA). This letter of consultation is being written in conjunction with public notice for regulation change.

**Changes to Dental Services and Dentures aligning more closely with private payer plans:** The state proposes submitting a state plan amendment in order to make the following changes to the state plan for Dental Services: except for a recipient with cleft palate, a recipient seeking orthodontic treatment must demonstrate oral hygiene adequate to begin and successfully complete treatment, and must be caries-free at the initial visit or have had all decayed teeth restored and have no history of caries during the six months prior to treatment; and orthodontic treatment is covered no more than one time during the recipient’s lifetime.

The state proposes submitting a state plan amendment in order to make the following changes to the state plan for dentures: replacements of a partial denture with a complete denture will be allowed no sooner than five years after payment for the partial denture; dentures with the same dental arch no more than three times per lifetime; adjustments to complete and partial dentures no more than four times per calendar year; and rebase and reline procedures of a complete denture no more than once per three calendar years with the exception of immediate dentures.

**Durable Medical Equipment, Orthotics, Prosthetics, and Supplies (DMEPOS):** Proposed amendment will result in conforming program rules to adopt Medicare fee schedule annually. The impact of the proposed revisions to the reimbursement rate for individual DMEPOS code will vary by code. Some of the other changes include: revising enrollment requirements and payment coverage for covered items and services; payment for used or refurbished equipment; amending the list of non-covered items and services; transitioning to a capped rental system; further defining prior authorization requirements.

**Early and Periodic Screening, Diagnostic, and Treatment benefit:** The Department of Health and Social Services (DHSS) has been asked by the federal Centers for Medicare and Medicaid Services (CMS) to revise language in the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) section of the state plan. These revisions will align with updated regulations, and make it easier to ensure that the Medicaid program is in compliance with Federal regulations. The state will provide assurances in the new language that eligible individuals under
the age of twenty-one (21) may receive services determined to be medically necessary to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under that state plan.

Please provide any written comments or questions regarding this State Plan Amendment within 30 days of the date of this letter to Gennifer Moreau, Alaska Department of Health and Social Services, 4501 Business Park Blvd, Bldg L, Anchorage, Alaska 99503 or gennifer.moreau@alaska.gov. Please also feel free to call at (907) 334-2653, or if you would like to arrange a meeting to discuss this upcoming State Plan Amendment please make a request in writing within 15 days of receipt of this letter.

Comments provided in response to this consultation letter will be considered comments for the purpose of consultation and not be taken as comment to the proposed regulations. Comments to the proposed regulations cannot be considered as comments to the consultation. If you wish to comment on both the consultation and the proposed regulations, you must do so separately. To locate the proposed changes to regulations, please refer to the State of Alaska, Department of Health and Social Services web page, at the “Public Notices” link.

Sincerely,

Gennifer Moreau
Medicaid State Plan Coordinator