

Section 1115 Demonstration Waiver Application

Expansion of Dental Services for Adults with Diabetes

State of Nevada Department of Health and Human Services



**Nevada Department of
Health and Human Services**
Helping People
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July 2022 – Draft for Public Comment

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I. Background

Federal law requires state Medicaid programs to provide dental benefits to children covered by Medicaid and the Children's Health Insurance Program (CHIP), but states can choose whether to provide dental benefits for adults. In Nevada, the state covers a comprehensive dental benefit in its Medicaid program for children and pregnant women. Nevada also covers emergency extractions, palliative care, and prosthetics for non-pregnant adults with limitations. Currently, these benefits are made available to eligible populations through Nevada's Medicaid fee-for-service program and its Medicaid Dental Benefit Administrator as authorized by the state's 1915(b) waiver to limit the delivery of dental services to a Prepaid Ambulatory Health Plan (PAHP) program. The Dental Benefit Administrator serves Medicaid recipients residing in urban Clark and urban Washoe Counties in Nevada.

Nevada Assembly Bill 223 (2019) requires the Nevada Department of Health and Human Services (DHHS) to seek an 1115 demonstration waiver to pilot the expansion of dental services for Medicaid-enrolled non-pregnant adults who have diabetes (i.e., type 1 or 2 diabetes). The goal of this waiver, as further defined below, is to test the impact of improved access to dental benefits on the health outcomes for the adult diabetic population who are enrolled in the state's Medicaid program.

DHHS is the state's single state agency responsible for administering the Medicaid program under Title XIX of the Social Security Act. Within DHHS, the Division of Health Care Financing and Policy (Division) is led by the state's designated Medicaid Director and will be responsible for implementation and monitoring of the pilot and waiver upon federal approval. The state is proposing that this initiative will be budget neutral to the federal government, as required by federal regulation, by utilizing the hypothetical methodology for determining budget neutrality.

II. Program Description

The state of Nevada is applying for a section 1115 demonstration program to waive necessary federal requirements, like statewideness and comparability, to offer a limited dental waiver benefit to a subset of the Medicaid-eligible adult population enrolled in Nevada Medicaid, specifically non-pregnant diabetic adults (21 through 64 years of age). This includes eligibility categories for both parents and adults without children who are diabetic. The state is also seeking to limit demonstration-eligible enrollees' freedom of choice in dental provider to participating federally qualified health centers (FQHCs). Currently, the state estimates only two FQHCs will be participating in the demonstration based on their service array and expressed interest. These FQHCs include Community Health Alliance (CHA) and Nevada Health Centers (NVHC). The limited dental benefit package proposed would provide basic dental care, including diagnostic, restorative, and limited preventive dental services, like dental cleanings. To ensure spending under waiver remains neutral, the state also proposes applying a service limitation, where Nevada Medicaid would cover no more than five services annually under the new dental benefit per demonstration-eligible recipient.

Provider payments for the new dental waiver benefit would be determined using the state's current methodology (i.e., the Prospective Payment System (PPS)) for services provided by FQHCs, as described in the Nevada Medicaid State Plan. Services provided by FQHCs to recipients who receive services through the state's Dental Benefits Administrator would be paid through the state's supplemental payment program, known as the WRAP Supplemental Payment Program. All qualifying dental procedure claims under the waiver would be paid by the Dental Benefits Administrator unless the enrollee is in the state's fee-for-service system.

If payment is made through the Dental Benefits Administrator, it would be submitted to the state's Medicaid agency for determination of the WRAP payment consistent with the payment process used today for covered dental services provided by FQHCs. Medical and dental encounter rates under the WRAP model are paid different fixed amounts. No additional reimbursement for enhanced rates will be provided under this demonstration. The Division will work with the state's Dental Benefit Administrator and participating FQHCs to ensure all claims and WRAP payments made under the waiver are paid accurately and timely. Medicaid and CHIP eligibility and cost-sharing policies remain unchanged for this demonstration.

The proposed demonstration will further the objectives of Title XIX of the Social Security Act by improving access to dental services in Nevada for certain Medicaid-enrolled adults. Through these efforts, the state will be able to demonstrate the value of improved access to oral health care on enrollee health outcomes and in controlling expenditures for a high-risk adult diabetic population in Medicaid. Because Nevada does not currently cover non-emergency dental benefits for its non-pregnant adult or parent population, this waiver is a helpful tool to testing the potential return on investment of providing dental benefits for this population.

A. Purpose and Rationale

Currently, Nevada does not offer preventive and restorative dental benefits for its Medicaid-enrolled, non-pregnant adult population as permitted by federal law. A lack of dental coverage coupled with chronic provider shortages may explain Nevada's low rankings in oral health when compared to other states. Nevada ranks among the bottom half of states with respect to overall oral health and dental care and below the national average for the percentage adults who receive annual dental visits.¹ The state also ranks 43rd among states with the highest percentage of adults who have poor-to-fair oral health conditions.²

¹ Nevada Medical Center, Oral Health Statistics (2020). Retrieved from <https://nvmedicalcenter.org/nevada-healthcare-statistics/oral-health/>; WalletHub, States with the Best & Worst Dental Health (2021). Retrieved from <https://wallethub.com/edu/states-with-best-worst-dental-health/31498>

² WalletHub, States with the Best & Worst Dental Health (2021). Retrieved from <https://wallethub.com/edu/states-with-best-worst-dental-health/31498>; Data used to create this ranking were collected from U.S. Census Bureau, Bureau of Labor Statistics, Centers for Disease Control and Prevention, Center for Health Care Strategies, Healthy Grid, American Dental Association, Health Resources & Services Administration, United Health Foundation, Free Dental Care, American Academy of Pediatric Dentistry and Oral Health America.

Oral health is integral to overall physical health and has been linked to several chronic diseases, including diabetes. Poor management of diabetes and other chronic diseases can also affect one's oral health. For example, periodontal disease has long been considered a complication of diabetes.³ The chronic hyperglycemia present in diabetics exaggerates the immune-inflammatory response in general, and to oral pathogens in specific. This "attack" leads to rapid and severe destruction of periodontal (gum) tissues which results in infections and tooth loss. Elevated A1c results (> 7) correspond to stronger immune-inflammatory reactions. This impacts multiple systems and causes increased medical expenditures, poorer quality of life, and overall deterioration of the body.

Improving access to dental care for adults with diabetes (parents and adults without children) who are enrolled in Nevada's Medicaid program will improve address unmet oral health needs, thereby improving health outcomes for this population and lowering overall costs for this high-risk population. Several studies support this conclusion including:

- A 2016 Cigna study established a link between periodontal services and quantifiable savings in medical care and a reduction in hospital admissions for patients with diabetes. According to the study, diabetic patients who received proper periodontal treatment saved the insurance company an average of \$1,687 or 29.9 percent in annual medical costs. Cigna also found that customers receiving periodontal services had 67 percent lower rates of hospital admissions and 54 percent lower rates of emergency room use.⁴
- This study was confirmed by Jeffcoat, M., et al. in 2014 through a study that demonstrated that periodontal treatment in patients with chronic diseases (diabetes, coronary artery disease, and cerebral vascular disease) and pregnancy resulted in decreased medical costs and hospitalizations. In this study, among diabetic patients, a 40.2 percent or \$2,840 decrease in annual medical costs was seen and, among pregnant patients, a 73.7 percent or \$2,433 decrease in annual medical costs was demonstrated.⁵
- Conversely, by reducing coverage of, or access to, dental services for adults, studies have shown that other medical costs can increase for this population. For example, in 2009, California removed comprehensive coverage of dental benefits for adults in their Medicaid program; as a result, the state reported that emergency department visits increased by about 1,800 visits among this population.⁶

Based on this evidence, offering new dental benefits for a segment of adults with diabetes in Nevada's Medicaid program, should result in a reduction in expenditures for hospital admissions and emergency room visits related to poor oral health for this population. It is also reasonable to expect some savings

³American Diabetes Association, *Diabetes Care*, Periodontal Disease: The sixth complication of diabetes mellitus, 1993;16(1):329-334. Retrieved from: (<https://care.diabetesjournals.org/content/16/1/329>).

⁴ Cigna, *Why good dental care is important: Improved Health and Lower Medical Costs* (2015). Retrieved from: <https://www.cigna.com/assets/docs/business/large-employers/dental-white-paper.pdf?msclkid=e566f6dfcfe011ecabf059f4a50b436a>

⁵ Jeffcoat, M. K., Jeffcoat, R. L., Gladowski, P. A., Bramson, J. B., & Blumm, J. J. (n.d.). Impact of periodontal therapy on general health: evidence from insurance data for five systemic conditions. *American Journal of Preventative Medicine* 2014; 47(2), 166-174.)

⁶ Centers for Disease Control and Prevention. (2019, May 30). Type 2 Diabetes. Retrieved December 17, 2020, from <https://www.cdc.gov/diabetes/basics/type2.html>

with respect to chronic dental disease states for this population that result in emergency dental services (including fewer extractions and removable prostheses) that are covered today by Nevada's Medicaid program. As explained in the Budget Neutrality section below, these savings are used to offset a portion of the costs of offering this new dental waiver benefit.

B. Proposed Hypothesis

Nevada is proposing to test the effects of improving access to dental benefits in Medicaid on health outcomes for a subset of the state's eligible nonpregnant, adult and parent population, specifically those with a diagnosis of type 1 or 2 diabetes. Through this waiver demonstration, the state expects to improve access to dental services and overall health outcomes of this population. For more information on the state's hypothesis and proposed evaluation, please see Attachment 4.

C. Geographic Location of Demonstration

New dental services for adults under this demonstration will not be available statewide. Instead, the state is proposing to make the new dental waiver benefit for demonstration-eligible enrollees who seek care from participating FQHCs. As previously mentioned, the state estimates that only two FQHCs (CHA and NVHC) in Nevada will participate in this demonstration. These two FQHCs operate in both northern and southern regions of the state as well as some rural areas where the significant portion of Nevadans reside.

- **CHA** is currently the largest primary health care provider to low-income individuals and families in Northern Nevada. CHA provides medical, dental, behavioral health, and Women Infants and Children (WIC) services and is uniquely qualified to coordinate care for patients with chronic disease conditions. Lastly, CHA has six locations in the Reno/Sparks area.
- **NVHC** is the largest primary health care provider to uninsured, underinsured, and geographically isolated individuals in Nevada. NVHC offers medical, dental, behavioral health, and WIC services and is also uniquely qualified to coordinate care for patients with chronic disease conditions. With eighteen health center offices, three mobile units, and seven WIC offices, NVHCs serves patients in rural, frontier, and urban regions throughout Nevada with a clinic offering dental services in Las Vegas and Elko, Nevada.

As trusted safety-net providers for the Medicaid population, FQHCs are ideal partners for this demonstration. Additionally, national data shows a high number of individuals with diabetes receive services through FQHCs as community health centers. According to Health Resources and Services Administration (HRSA), one out of every seven FQHC (community health center) patients have a diagnosis of diabetes and 33 percent have poorly controlled diabetes (i.e., HbA1c levels greater than 9 percent). What's more, if HbA1c levels of these patients were reduced by just 1.25 percent, a savings of \$3.44 billion in medical expenses could be achieved for this population over a three-year period. For this

reason, HRSA created the Diabetes Quality Improvement (QI) Initiative to control and reduce the diabetic status of patients in FQHCs (community health centers).

This demonstration project shares the federal goal of HRSA for reducing HbA1c levels for FQHC patients through improved oral health outcomes. Based on claims data from these two FQHCs, the Division estimates that there are approximately 12,303 enrollees who would be eligible for participation in the demonstration program receiving services at CHA and NVHA.⁷

By partnering with participating FQHCs and the state’s Dental Benefit Administrator, the Division will be able to follow a cohort of enrollees over time, identify a statistically significant group of patients, geographically expand services across the state, and meet requirements of state law for “collaboration with other public and nonprofit entities that provide health coverage to negotiate lower prices for services when implementing the waiver”.

D. Proposed Timeline

The state is proposing a five-year demonstration to begin as early as January 1, 2023, pending federal approval.

E. Impact on Other Programs

The demonstration will not affect and/or modify other components of the State’s current Medicaid or CHIP program outside of the changes permitted by this waiver.

III. Demonstration Eligibility

The state is proposing no changes in eligibility procedures for populations eligible for Nevada Medicaid under the demonstration. The state will continue to use the same standards and methodologies to determine Medicaid eligibility for all populations in the demonstration as used in the State Plan. The state expects that all enrollees eligible to participate in the demonstration to be otherwise eligible for Nevada Medicaid, and that any eligible adults who are enrolled in Medicaid seeking or receiving services from a participating FQHC provider would be included in this demonstration’s population as described in more detail below. No enrollment limits will apply for this demonstration including the expansion adult populations under this demonstration.

	DY 1	DY 2	DY 3	DY 4	DY 5
Enrollment (in member months)	16,812	16,812	16,812	16,812	16,812

⁷ Health Resources and Services Administration. (2018, November 14). Diabetes and Health Centers. Retrieved December 18, 2020, from <https://bphc.hrsa.gov/qualityimprovement/clinicalquality/diabetes.html>

A. Demonstration-Eligible Populations

Eligibility groups affected by this demonstration waiver include those listed in Table 1 below.

Table 1: Eligibility Groups Affected by Demonstration Waiver

Eligibility Group Name	Social Security Act and CFR Citations	Income Level
Adults without children	Section 1902(a)(10)(A)(i)(VIII) 42 CFR 435.119	At or below 138% of FPL
Parents and caretakers	Section 902(a)(10)(A)(i)(I) and 1931 42 CFR 435.110	At or below 138% of FPL

To be eligible for the waiver demonstration, Nevada Medicaid enrollees who qualify as one of the two eligibility groups above (i.e., Medicaid-enrolled parents and/or adults without children) must also meet the following criteria:

1. Have a medical diagnosis of type 1 or type 2 diabetes; and
2. Be a patient of record at the participating FQHC providing the dental services.

B. Determining Eligibility & Enrollee Notice

The Division, in partnership with the Dental Benefits Administrator and participating FQHCs, would utilize claims data to identify eligible enrollees for the demonstration. Upon implementation of the new waiver benefit, enrollees identified as eligible for the new adult dental benefit would be provided notice from the Dental Benefits Administrator or state (depending on whether the enrollee receives services through fee-for-service or the PAHP system). Enrollees would be given the ability to opt into the new waiver benefit program.

Additionally, the state would provide participating FQHCs with similar information about the opportunity to opt into the new waiver benefit program to provide to their eligible patients as part of their medical referral for dental services. Like Minnesota’s Impact Through Innovations project⁸, a periodontal assessment (see Table 2) will be provided annually to each diabetic patient at their medical appointment. Based on the results and the patient’s A1c level, physicians will follow Table 3 below to refer the patient to the dental clinic for care.

Table 2: Periodontal Assessment

Table 1. Self-report questions created by the CDC Periodontal Disease Surveillance Project

Preamble: Gum disease is a common problem with the mouth. People with gum disease might have swollen gums, receding gums, sore or infected gums, or loose teeth.

- Do you think you might have gum disease?
 - Yes No Don't know Refused
- Overall, how would you rate the health of your teeth and gums?
 - Excellent Very good Good Fair Poor Don't know Refused
- Have you ever had treatment for gum disease, such as scaling and root planing, sometimes called "deep" cleaning?
 - Yes No Don't know Refused
- Have you ever had any teeth become loose on their own, without an injury?
 - Yes No Don't know Refused
- Have you ever been told by a dental professional that you lost bone around your teeth?
 - Yes No Don't know Refused
- During the past 3 months, have you noticed a tooth that doesn't look right?
 - Yes No Don't know Refused
- Aside from brushing your teeth with a toothbrush, in the last 7 days, how many times did you use dental floss or any other device to clean between your teeth?

_____ Number
- Aside from brushing your teeth with a toothbrush, in the last 7 days, how many times did you use mouthwash or other dental rinse product that you use to treat dental disease or dental problems?

_____ Number

The enrollee notice regarding the demonstration would provide information about the new dental waiver benefit set and outline requirements for enrollee participation. This includes, at a minimum, notifying enrollees who choose to opt into the demonstration that their eligibility for this new dental waiver benefit

Table 3: Dental Care Protocol for Referrals

	Indicators	Timeframe for Dental Appointment
Routine	<ul style="list-style-type: none"> • Zero or One positive response on survey • Controlled A1C \geq 7.0 	Next scheduled visit
Important	<ul style="list-style-type: none"> • Two or more positive responses on the survey, with A1C \geq 7.0 • Two or more positive responses on the survey, with Monitor A1C Closely category (7.1 – 8.4) 	4 – 8 weeks
Urgent	<ul style="list-style-type: none"> • Two or more positive responses on Q1 – Q4 • Elevated A1C category (8.5 – 10.4) 	One month or less, with urgency determines by referring physician

⁸ Eke, P. I., & Genco, R. J. (2007). CDC Periodontal Disease Surveillance Project: Background, objectives, and progress report. *Journal of Periodontology*, 78(7s), 1366–1371. <https://doi.org/10.1902/jop.2007.070134>

relies on their agreement to seek most of their annual primary, medical and dental care from the participating FQHC to the extent feasible. The notice will also state, in the event, that the enrollee seeks dental care covered by this demonstration from a Medicaid-enrolled dental provider that is not a participating FQHC, then the services would not be eligible for Medicaid reimbursement. In addition, each enrollee opting into the demonstration would be asked to complete an initial baseline quality of life survey. On an annual basis thereafter, enrollees would be asked to repeat this survey by their FQHC dental provider prior to receiving services.

IV. Demonstration Benefits & Cost Sharing

This demonstration project will provide a new dental benefit to the demonstration-eligible population through participating FQHC providers. Currently, this population is only eligible for limited emergency dental services. The new dental benefit will include diagnostic, preventives, and restorative services as further described below.

The state is proposing a benefit schedule for dental care for the demonstration-eligible population that resembles the expanded Medicaid dental benefit set available to pregnant women. For more information on this expanded benefit set, please see MSM Chapter 1000 available [here](#) and the specific billing codes for this benefit available [here](#). There will be no change to the state’s Essential Health Benefit set for the Nevada Medicaid population. Table 2 below identifies the benefit package per eligibility group that is affected by the demonstration. It should be noted that a small subset of each of these eligibility groups will be eligible for the demonstration-only dental benefit based on the criteria described above in the Eligibility section.

Table 2: Benefit Package by Eligibility Group Affected by Demonstration

Eligibility Group	Benefit Package
Adults without Children & Parents/Caretakers (Newly Eligible under Expansion)	Alternate Benefit Plan plus Demonstration-Only Dental Benefit
Adults without Children & Parents/Caretakers	State Plan Benefits plus Demonstration-Only Dental Benefit

The state is not proposing any changes to cost-sharing under this demonstration. The state currently does not have any cost-sharing requirements for this set of benefits. The demonstration will also not have any beneficiary requirements for premiums. Table 3 below describes the specifications and limitations of the new dental benefit set for participants.

Table 3: Benefit Specifications & Qualifications Chart

Benefit	Amount, Duration, & Scope	Reference
The Expanded Dental Benefit Sent for Pregnant Women in Nevada Medicaid as approved in State Plan	All limitations and specifications for this expanded benefit set are outlined in Nevada Medicaid billing guidelines for covered services for Provider Type 22, here . The state will also be applying an overall annual limit on all covered services under this new benefit for dental services of no more	Optional SSA 1905(a)(10)

	than five covered services per recipient.	
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The CDT codes in the existing Nevada Medicaid emergency non-pregnant adult dental benefit will remain covered services. The existing non-pregnant adult dental benefit set remains unchanged. Demonstration participants will continue to have access to those services while enrolled in the demonstration within the service limitation of no more than five covered services under the new dental benefit annually per participant.

The state is not proposing any changes to benchmark-equivalent coverage for the demonstration-eligible population. This demonstration does not include long-term services and supports, nor does it include premium assistance for employer-sponsored coverage or premium amounts, copayments, coinsurance, or deductibles that differ from the Medicaid State Plan.

V. Delivery System and Payment Rates

As previously described, Nevada utilizes fee-for-service and PAHP systems for delivering services to this adult population eligible for the demonstration program, as follows:

- PAHP (Dental Benefits Administrator) via 1915(b) waiver
- Fee For Service (FFS) via State Plan

The state is not proposing to establish a new delivery system for services, including the new dental benefit, provided for under this demonstration. Instead, the state intends to continue to use the current delivery systems for providing services to this adult population. It also intends to seek a renewal of its current 1915(b) waiver authority to continue its authority to operate a PAHP (Dental Benefits Administrator) in future years. The current waiver is set to expire on December 31, 2023.

Table 4: Delivery System Chart for Demonstration

Medicaid Eligibility Group	Delivery System	Authority
Adults without Children who live in urban Clark and Washoe Counties	Dental Benefit Administrator – PAHP	1915(b)(1) & (4)
Adults without Children who do not live in urban Clark and Washoe Counties	Fee for Service	State Plan
Parents & Caretakers who live in urban Clark & Washoe Counties	Dental Benefit Administrator – PAHP	1915(b)(1) & (4)
Parents & Caretakers who do not live in urban Clark and Washoe Counties	Fee For Service	State Plan

The eligible adult and parent groups qualify as mandatory populations for managed care and the Dental PAHP if they live in Clark and Washoe Counties. The only exception to this mandate for adults is if an enrollee qualifies as an American Indian or Alaskan Native (AI/AN) and is a member of a federally recognized tribe. (Per federal law and Nevada’s State Plan, AI/AN members are not mandated to participate in managed care or Dental PAHP in Nevada.) Adults with serious mental illness (SMI) are also excluded from mandatory participation in Medicaid managed care in Nevada.

FQHC providers eligible to participate in the demonstration are Medicaid-enrolled providers eligible to bill for services rendered to enrollees. There will be no deviation from the provider encounter rate and Prospective Payment System (PPS) methodology used as outlined and approved in the state’s Medicaid State Plan for payment to participating FQHCs that render the new dental services to demonstration-eligible enrollees as authorized under this waiver. The state will also utilize the WRAP payment model for the participating FQHCs as it currently uses for payments made to FQHCs through the Dental PAHP system (Dental Benefit Administrator).

There will be changes needed to the Dental Benefit Administrator contract to accomplish this waiver, if approved. The state is currently undergoing a procurement for this contract with the new contract period starting on January 1, 2023. If the demonstration is approved by CMS, the Division will work with the Dental Benefit Administrator to ensure that contract recognizing the new dental waiver benefit as a covered benefit for participating enrollees and that the Dental Benefit Administrator will work with the Division to establish a process for identifying new enrollees who become eligible for the new benefit. This includes creating a process for ensuring all demonstration-eligible enrollees are provided adequate notice regarding the availability of this new dental waiver benefit and the demonstration requirements to receive services from a participating FQHC.

VI. Demonstration Implementation

Implementation of the demonstration project is slated to begin as early as January 1, 2023, pending approval of this waiver under section 1115 of Title XIX of the Social Security Act. Upon approval, the state estimates needing at least 90 days to implement the new program with participating FQHCs, our fee-for-service vendor (Gainwell), and the state’s Dental Benefit Administrator.

Phase 1: Start-Up Activities (January 1, 2023 - March 30, 2023)

In the first two months of implementation, the Division would:

- Identify current enrollees eligible for the demonstration using available claims data;
- Make necessary state system changes for notifying demonstration-eligible enrollees (current enrollees and future enrollees) that includes a process for enrollees to opt into the demonstration (e.g., state submits written notice with instructions for current and new enrollees on how to opt into the demonstration);

- Amend the state-and-DBA contract as needed to include the new expanded dental benefit waiver and necessary activities of the DBA;
- Establish a process for notifying participating providers about which patients/enrollees are participating the demonstration; and
- Provide training and information to participating FQHCs and their providers regarding the demonstration activities, the new benefit, and their role in the pilot.

Phase 2: Coverage Implementation & Demonstration Monitoring (April 1, 2023, and ongoing)

As of April 1, 2023, the goal is to permit dental providers at the participating FQHCs to be able to begin seeking reimbursement for delivering the new adult waiver benefit when provided to participating enrollees. The Division will provide ongoing technical assistance to the participating providers and its Dental Benefit Administrator regarding these benefits and the process for verifying coverage and other related activities under the demonstration.

The Division will also implement internal procedures to submit the necessary data required in quarterly reports to CMS and to conduct the evaluation plan.

VII. Demonstration Financing and Budget Neutrality

Given the unique design of this demonstration and the lack of adult dental experience in Nevada, DHCFP was unable to use historical data to estimate costs associated with providing dental coverage to diabetic adults in an FQHC. Therefore, to develop the budget neutrality figures, DHCFP determined the number of unique adults that have diabetes and had a visit at either of the two FQHCs, that were expected to participate in this demonstration during federal fiscal year 2021 across fee-for-service or managed care. Using this unique count of members, DHCFP was able to calculate the estimated member months for the demonstration and included all members within a single MEG. As the data used includes some level of increased enrollment from the public health emergency, DHCFP did not apply any trend to the enrollment throughout the demonstration and held the member months flat.

Also using this unique member count, DHCFP assumed that 90% of those members will receive the full five visits allowed under the demonstration. The high utilization expected is due to a number of factors:

- DHCFP expects there to be a high degree of pent-up demand in this population given the limited dental benefits available to adults in Medicaid currently.
- As these members are already receiving care at the FQHCs, it is expected that these FQHCs will encourage the members to use the dental benefit provided.

After the utilization was determined, DHCFP applied a unit cost, which is the weighted average of the dental PPS rates paid to the two FQHCs included in the demonstration. This weighted average was based on the number of diabetic adult members receiving care at each of the FQHCs. The president's budget trend rate was then applied to the computed per member per month (PMPM) to complete the budget neutrality projections. A table below shows the expected enrollment, PMPMs, and estimated aggregate expenditures for the demonstration.

	DY 1	DY 2	DY 3	DY 4	DY 5	Total
Enrollment (in member months)	16,812	16,812	16,812	16,812	16,812	
PMPM	TBA	TBA	TBA	TBA	TBA	
Total Expenditures	TBA	TBA	TBA	TBA	TBA	

VIII. Proposed Waivers and Expenditure Authorities

The state seeks the following waiver and expenditure authorities under federal law, specifically Title XIX of the Social Security Act, to operate this demonstration.

A. Waiver Authorities Under Federal Law

Statewideness & Uniformity	Section 1902(a)(1) of the Social Security Act
To the extent necessary to permit the State to operate the demonstration on a less than statewide basis to the geographic area served by participating federally qualified health centers and to limit the participants eligible under this demonstration to enrollees served by a participating federally qualified health center.	
Comparability	Section 1902(a)(17) of the Social Security Act
To extent necessary to enable the State to offer a different package of services for dental care than is available to adults without children and parents/caretakers through Nevada Medicaid.	
Freedom of Choice	Section 1902(a)(23) of the Social Security Act
To extent necessary to restrict enrollees' freedom of choice of provider for the dental services covered by the demonstration project to participating providers	

B. Expenditure Authority Under Federal Law

The state is seeking the following expenditure authority under the authority of section 1115 of the Social Security Act.

Limited Dental Benefit Expenditure Authority

To extent necessary to allow the State to operate its demonstration and to provide federal funding to cover the dental services approved under this waiver, otherwise ineligible for federal financial participation under Nevada Medicaid, when furnished to adults without children and parents and caretakers made eligible under this demonstration.

IX. Public Notice

When developing the waiver design, the Division sought stakeholder and public feedback and input by publishing notices about the waiver on its website, starting in April of 2021 to solicit input from stakeholders. The state sought consultation early from representatives of federally recognized tribes by mailing a notification about the to the Inter-Tribal Council of Nevada on April 23, 2021. See Attachment C. Additionally, the state also held two public workshops about the waiver design. These public workshops took place in-person and via WebEx on Tuesday, June 1, 2021 at 10:00am and Wednesday, June 2, 2021 at 1:00pm.

Upon completion of the draft application, the Division published the full final draft application online and issued notice to the public via [Nevada's 1115 Demonstration Waiver page](#). In addition, 30-days before wavier application submission to CMS, Nevada published an abbreviated notice in the state's administrative record. Official notice of the 30-day public comment period began July 18, 2022 ending on September 1, 2022.

As required by federal regulations, the state also hosted two public hearings on the waiver draft at least 30 days prior to submission to CMS, as follows:

- Medical Care Advisory Committee (MCAC) July 19, 2022, at 9:00 a.m. – This hearing was held virtually through TEAMS; X number of individuals participated, and X provided public comments.
- Public Hearing August 30, 2022, at 10:00 a.m., at 1100 E. William Street, First Floor Conference Room, Carson City, Nevada 89701 – This hearing was held in-person and virtually through TEAMS; X number of individuals participated and X provided public comments.

A summary of the comments provided at these formal public hearings can be found in Attachment C. The state also sent notice to the Inter-Tribal Council of this formal comment period in addition to a link to the draft waiver application on July 18, 2022. See Attachment C for a copy of this correspondence

In accordance with federal requirements, the Division published public notice regarding its public comment period and hearings through the state's public notice register and sent electronic notification to stakeholders through the Division's ListServ. Information about the waiver public comment period and hearings was also posted on the Division's website in a prominent location for the waiver demonstration, including a link to the demonstration application itself, email for public comments, and a link to the CMS demonstration website.

Contact information for the State's point of contact for the Demonstration is provided below:

Antonina Capurro, D.M.D., M.P.H., M.B.A.,
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Division of Health Care Financing and Policy
Nevada Department of Health and Human
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X. Attachments

A. Proposed Evaluation Plan

The information below is an overview of a preliminary plan to evaluate the demonstration. This evaluation plan is subject to change and will be further defined as the program is implemented. The measures identified in the table below will be tracked and compared across demonstration years to test each hypothesis.

Goal: Improve access to dental services for eligible adults and parents/caretakers with diabetes who are enrolled in Medicaid and served by participating FQHCs.

Hypothesis	Example Measure	Data Source
The demonstration will result in increased access to preventive dental services for participating enrollees.	The percentage of participating enrollees who receive an annual preventive dental service exam as compared to the percentage of participating enrollees who receive an annual preventive dental service exam in waiver year 1. Waiver Year 1 will serve as a baseline year for this measure for evaluating improvements in access over time.	MMIS (claims)

Goal: Improve health outcomes for participating enrollees (i.e., adult enrollees with diabetes).

Hypothesis	Example Measure	Data Source
The demonstration will result in fewer hospital admissions for the demonstration population due to nonmanagement of oral health needs.	Over the course of the waiver, the percentage of hospital admissions for non-traumatic dental conditions or dental-related emergency procedures among this population will not increase as compared to enrollees in Waiver Year 1.	MMIS data Statewide hospital admissions data
The demonstration will control or reduce the incidence of periodontal disease among the demonstration population.	Over the course of the waiver, the percentage of enrollees with periodontal health as indicated by radiographic bone loss and probing depths will increase as compared to waiver year 1 baseline levels. Waiver Year 1 will serve as a baseline year for this measure for	MMIS data FQHC patient records

	evaluating improvements in outcomes over time.	
The demonstration will result in fewer emergency room visits related to nonmanagement of diabetic conditions for this population.	Over the course of the waiver, the percentage of emergency room visits for diabetic emergencies will not increase as compared to Waiver Year 1. Waiver Year 1 will serve as a baseline year for this measure for evaluating improvements in outcomes over time.	MMIS data Statewide hospital admissions data
The demonstration will result in lower levels of and management of A1c levels for this population.	Over the course of the waiver, the A1c levels of enrollees will not increase as compared to their A1c levels as captured in Waiver Year 1. Waiver Year 1 will serve as a baseline year for this measure for evaluating improvements in outcomes over time.	FQHC laboratory data
The demonstration will result improvements in quality of life for this population.	Over the course of the waiver, the quality of life will improve from the baseline scores captured in Waiver Year 1. Waiver Year 1 will serve as a baseline year for this measure for evaluating improvements in outcomes over time.	Baseline and annual survey received from FQHC dental providers

B. Budget Neutrality Calculations

See attached spreadsheets.

C. Public Notice Materials

Public Notice of Nevada Medicaid Application for Section 1115 Oral Health Demonstration Waiver Project

July 18, 2022

The Nevada Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP) is publishing public notice of its intent to submit to the Centers for Medicare and Medicaid Services (CMS) a section 1115 Demonstration Waiver application to pilot a new oral health project for adults with diabetes who are enrolled in Medicaid. This notice is being provided pursuant to federal requirements for public notice and comment under 42 CFR 431.408. A copy of the full public notice and the draft Demonstration application may be found at:

<http://dhcfp.nv.gov/Pgms/waivers/1115OHDiabetes>.

The Nevada Department of Health and Human Services (DHHS) is requesting authority from the Centers for Medicare & Medicaid Services (CMS) for a five-year, section 1115 demonstration waiver to expand access to dental services for adults with diabetes in Nevada who receive services from participating federally qualified health centers (FQHCs). Specifically, DHHS seeks authority to waive federal requirements in Medicaid for “statewideness” and “comparability” under the Social Security Act to provide this new benefit to a subset of adults enrolled in Medicaid in Nevada. This Demonstration will further the objectives of Title XIX and Title XXI of the Social Security Act by improving access to high-quality, dental services that produce positive health outcomes for individuals with diabetes. The Demonstration will not modify the Nevada’s current Medicaid program or Children’s Health Insurance Program (CHIP) outside of the dental benefits described within the application.

Public Comments & Hearing Information

For additional detail on this waiver, please attend the Medicaid Consumer Advisory Committee meeting on July 19, 2022, for the first public hearing, which will provide an overview of the waiver and opportunity for public comment. For more information about additional hearings on this waiver, please visit: <http://dhcfp.nv.gov/Pgms/waivers/1115OHDiabetes>.

The state intends to also host an additional hearing on August 30, 2022. For more information, notice and agenda for public hearings on this waiver will be posted online also at <http://dhcfp.nv.gov>, <http://dhcfp.nv.gov/Pgms/waivers/1115OHDiabetes>, and <http://notice.nv.gov>, as well as Carson City, Las Vegas, Elko, and Reno central offices for DHCFP.

Written public comments can be submitted to 1115waivers@dhcfp.nv.gov through 5 p.m. Pacific Standard Time on Friday, September 1, 2022.

Please see addresses for central office locations: 1100 E. William Street, Suite 101 Carson City, Nevada 89701 1010 Ruby Vista Drive, Suite 103, Elko, Nevada 89801 1210 S. Valley View, Suite 104, Las Vegas, Nevada 745 W. Moana Lane, Suite 200, Reno, Nevada 89509

E-mail notice will be made to individuals who have requested notice of meetings (to request notifications please email 1115waivers@dncfp.nv.gov, or write to 1100 East William Street, Suite 101, Carson City, Nevada 89701.)

If you require a physical copy of supporting material for the public meeting, please contact 1115waivers@dncfp.nv.gov, or at 1100 East William Street, Suite 101, Carson City, Nevada 89701. Supporting material will also be posted online as referenced above.

Note: We are pleased to make reasonable accommodations for members of the public with a disability that wish to participate. If accommodated arrangements are necessary, notify DHCNP as soon as possible and at least ten days in advance of the meeting, by e-mail at 1115waivers@dncfp.nv.gov or in writing, at 1100 East William Street, Suite 101, Carson City, Nevada 89701

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
Helping people. It's who we are and what we do.



Suzanne Bierman,
JD MPH
Administrator

April 23, 2021

Inter-Tribal Council of Nevada
Serrell Smokey, ITCN President
Tribal Chairman of Washoe Tribe
919 Highway 395 S
Gardnerville, Nevada 89410

Dear Tribal Members:

In accordance with established consultation guidelines, the Division of Health Care Financing and Policy (DHCFP) is notifying Nevada tribes of the following proposed change in policy:

During the 80th (2019) Session of the Nevada Legislature, the Nevada Legislature passed Assembly Bill (AB) 223. This bill requires the Department of Health and Human Services (DHHS) to apply for a Section 1115 Demonstration Waiver from the Centers for Medicare and Medicaid Services (CMS) to implement a Medicaid demonstration program to provide dental coverage to adults with diabetes who are enrolled in Nevada Medicaid. The goal of this particular proposed 1115 Demonstration waiver project is to improve the health of adult Medicaid enrollees with diabetes by ensuring they get adequate oral health care. The development of the waiver has taken longer than originally anticipated. Services did not begin in January of 2021; however, the Department continues to work toward the submission and approval of the waiver to CMS.

The fiscal impact is unknown at this time.

If you would like a consultation regarding this proposed change in policy, please contact Crystal Biselli at (775) 684-3722 who will schedule a meeting. We would appreciate a reply within 30 days from the date of this letter. If we do not hear from you within this time, we will consider this an indication that no consultation is requested.

Sincerely,

Jessica Kemmerer

Jessica Kemmerer
HIPAA Privacy and Civil Rights Officer

Cc: DuAne Young, Deputy Administrator, DHCFP
Cody Phinney, Deputy Administrator, DHCFP
Theresa Carsten, Chief, Managed Care and Quality Assurance, DHCFP
Paula Pence, SSPS III, Managed Care and Quality Assurance, DHCFP
Robyn Gonzalez, SSPS II, Managed Care and Quality Assurance, DHCFP
Briza Virgen, SSPS III, Medical Programs Unit, DHCFP

Steve Sisolak
Governor

Richard Whitley, MS
Director



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Suzanne Bierman,
JD MPH
Administrator

July 18, 2022

Inter-Tribal Council of Nevada
Serrell Smokey, ITCN President
Tribal Chairman of Washoe Tribe
919 Highway 395 S
Gardnerville, Nevada 89410

Dear Tribal Members:

In accordance with established consultation guidelines, the Division of Health Care Financing and Policy (DHCFP) is notifying Nevada tribes of the following updated proposed changes in policy:

During the 80th (2019) Session of the Nevada Legislature, Assembly Bill 223, now NRS 422.27247, was passed. This bill requires the Department of Health and Human Services (DHHS) to apply for a Section 1115 Demonstration Waiver from the Centers for Medicare and Medicaid Services (CMS) to implement a Medicaid demonstration program to provide dental coverage to adults with diabetes who are enrolled in Nevada Medicaid and who receive services from participating Federally Qualified Health Centers (FQHCs). The goal of this particular proposed 1115 Demonstration waiver project is to improve the health of adult Medicaid enrollees with diabetes by ensuring they receive adequate oral health care. The development of the waiver has taken longer than originally anticipated and services did not begin in January of 2021; however, the Department has finalized its waiver application and is posting it for public comment through September 1, 2022. If approved, new dental services would become available to this adult population starting in April of 2023 based on the proposed implementation plan at this time.

There is no anticipated fiscal impact to Tribal Governments.

If you would like a consultation regarding this proposed change in policy, please contact Monica Schiffer at (775) 684-3653 who will schedule a meeting. We would appreciate a reply within 30 days from the date of this letter. If we do not hear from you within this time, we will consider this an indication that no consultation is requested.

Sincerely,

Casey Angres

Casey Angres (Jul 14, 2022 16:10 PDT)

Casey Angres
Manager, Division Compliance Unit

cc: Dr. Antonina Capurro, Deputy Administrator, DHCFP
Stacie Weeks, Deputy Administrator, DHCFP
Theresa Carsten, Chief, Managed Care and Quality Assurance, DHCFP
Robyn Gonzalez, SSPS III, Managed Care and Quality Assurance, DHCFP

1100 E. William Street, Suite 101 • Carson City, Nevada 89701
Phone 775-684-3676 • Fax 775-687-3893 • dhcfp.nv.gov

Section 1115 Demonstration Waiver Application

Expansion of Dental Services for Adults with Diabetes

State of Nevada Department of Health and Human Services



**Nevada Department of
Health and Human Services**
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July 2022 – Draft for Public Comment

Steve Sisolak
Governor
State of Nevada

Richard Whitley, MS
Director
Department of Health and Human Services

1115 Demonstration Summary

A. Program Summary

The Nevada Department of Health and Human Services (DHHS) is requesting authority from the Centers for Medicare & Medicaid Services (CMS) for a five-year, section 1115 demonstration waiver to expand access to dental services for adults with diabetes in Nevada who receive services from participating federally qualified health centers (FQHCs). Specifically, DHHS seeks authority to waive federal requirements in Medicaid for “statewideness” and “comparability” under the Social Security Act to provide this new benefit to a subset of adults enrolled in Medicaid in Nevada. This Demonstration will further the objectives of Title XIX and Title XXI of the Social Security Act by improving access to high-quality, dental services that produce positive health outcomes for individuals with diabetes. The Demonstration will not modify the Nevada’s current Medicaid program or Children’s Health Insurance Program (CHIP) outside of the dental benefits described within the application.

B. Demonstration Goals & Objectives

The State’s goals for this Demonstration are to improve access to dental services for adults with diabetes by expanding access to a subset of dental providers, specifically federally qualified health centers who are eligible to participate in the Demonstration. By improving access to dental services, the State expects that health outcomes will improve among this population.

C. Eligible Populations

Eligibility Group Name	Social Security Act and CFR Citations	Income Level
Adults without children	Section 1902(a)(10)(A)(i)(VIII) 42 CFR 435.119	At or below 138% of FPL
Parents and caretakers	Section 902(a)(10)(A)(i)(I) and 1931 42 CFR 435.110	At or below 138% of FPL

To be eligible for the waiver demonstration, Nevada Medicaid enrollees who qualify as one of the two eligibility groups above (i.e., Medicaid-enrolled parents and/or adults without children) must also meet the following criteria:

3. Have a medical diagnosis of type 1 or type 2 diabetes; and
4. Be a patient of record at the participating FQHC providing the dental services.

No limits will be applied to enrollment or changes to Medicaid enrollment for members eligible for the waiver benefit.

D. Proposed Hypothesis

Nevada is proposing to test the effects of improving access to dental benefits in Medicaid on health outcomes for a subset of the state’s eligible nonpregnant, adult and parent population, specifically those with a diagnosis of type 1 or 2 diabetes. Through this waiver demonstration, the state expects to improve access to dental services and overall health outcomes of this population.

The information below is an overview of a preliminary plan to evaluate the demonstration. This evaluation plan is subject to change and will be further defined as the program is implemented. The measures identified in the table below will be tracked and compared across demonstration years to test each hypothesis.

Goal: Improve access to dental services for eligible adults and parents/caretakers with diabetes who are enrolled in Medicaid and served by participating FQHCs.

Hypothesis	Example Measure	Data Source
The demonstration will result in increased access to preventive dental services for participating enrollees.	The percentage of participating enrollees who receive an annual preventive dental service exam as compared to the percentage of participating enrollees who receive an annual preventive dental service exam in waiver year 1. Waiver Year 1 will serve as a baseline year for this measure for evaluating improvements in access over time.	MMIS (claims)

Goal: Improve health outcomes for participating enrollees (i.e., adult enrollees with diabetes).

Hypothesis	Example Measure	Data Source
The demonstration will result in fewer hospital admissions for the demonstration population due to nonmanagement of oral health needs.	Over the course of the waiver, the percentage of hospital admissions for non-traumatic dental conditions or dental-related emergency procedures among this population will not increase as compared to enrollees in Waiver Year 1.	MMIS data Statewide hospital admissions data
The demonstration will control or reduce the incidence of periodontal disease among the demonstration population.	Over the course of the waiver, the percentage of enrollees with periodontal health as indicated by radiographic bone loss and probing depths will increase as compared to waiver year 1 baseline levels. Waiver Year 1 will serve as a baseline year for this measure for	MMIS data FQHC patient records

	evaluating improvements in outcomes over time.	
The demonstration will result in fewer emergency room visits related to nonmanagement of diabetic conditions for this population.	Over the course of the waiver, the percentage of emergency room visits for diabetic emergencies will not increase as compared to Waiver Year 1. Waiver Year 1 will serve as a baseline year for this measure for evaluating improvements in outcomes over time.	MMIS data Statewide hospital admissions data
The demonstration will result in lower levels of and management of A1c levels for this population.	Over the course of the waiver, the A1c levels of enrollees will not increase as compared to their A1c levels as captured in Waiver Year 1. Waiver Year 1 will serve as a baseline year for this measure for evaluating improvements in outcomes over time.	FQHC laboratory data
The demonstration will result improvements in quality of life for this population.	Over the course of the waiver, the quality of life will improve from the baseline scores captured in Waiver Year 1. Waiver Year 1 will serve as a baseline year for this measure for evaluating improvements in outcomes over time.	Baseline and annual survey received from FQHC dental providers

E. Benefits & Cost Sharing

This demonstration project will provide a new dental benefit to the demonstration-eligible population through participating FQHC providers. Currently, this population is only eligible for limited emergency dental services. The new dental benefit will include diagnostic, preventives, and restorative services as further described below.

The state is proposing a benefit schedule for dental care for the demonstration-eligible population that resembles the expanded Medicaid dental benefit set available to pregnant women. For more information on this expanded benefit set, please see MSM Chapter 1000 available [here](#) and the specific billing codes for this benefit available [here](#). There will be no change to the state’s Essential Health Benefit set for the Nevada Medicaid population. Table 2 below identifies the benefit package per eligibility group that is affected by the demonstration. It should be noted that a small subset of each of

these eligibility groups will be eligible for the demonstration-only dental benefit based on the criteria described above in the Eligibility section.

Benefit Package by Eligibility Group Affected by Demonstration

Eligibility Group	Benefit Package
Adults without Children & Parents/Caretakers (Newly Eligible under Expansion)	Alternate Benefit Plan plus Demonstration-Only Dental Benefit
Adults without Children & Parents/Caretakers	State Plan Benefits plus Demonstration-Only Dental Benefit

The state is not proposing any changes to cost-sharing under this demonstration. The demonstration will also not have any beneficiary requirements for premiums. Table 3 below describes the specifications and limitations of the new dental benefit set for participants.

Benefit	Amount, Duration, & Scope	Reference
The Expanded Dental Benefit Sent for Pregnant Women in Nevada Medicaid as approved in State Plan	All limitations and specifications for this expanded benefit set are outlined in Nevada Medicaid billing guidelines for covered services for Provider Type 22, here . The state will also be applying an overall annual limit on all covered services under this new benefit for dental services of no more than five covered services per recipient.	Optional SSA 1905(a)(10)

F. Public Notice & Comment

The Nevada DHHS published a notice of the public comment period for the Demonstration waiver on July 18, 2022. The notice was published on the DHCFP website at <http://dhcfp.nv.gov/Public/AdminSupport/PublicNotices/>, and on the State’s public notice website at <https://notice.nv.gov/>. The latter may be accessed by using the website’s drop-down menus by selecting “State” as the Government type, “Department of Health and Human Services” as the Entity type, and “Division of Health Care Financing and Policy” as the Public Body.

The state intends to also host an additional hearing on August 30, 2022. For more information, notice and agenda for public hearings on this waiver will be posted online also at <http://dhcfp.nv.gov>, <http://dhcfp.nv.gov/Pgms/waivers/1115OHDiabetes>, and <http://notice.nv.gov>, as well as Carson City, Las Vegas, Elko, and Reno central offices for DHCFP.

The published notice includes details of the waiver application, dates, and locations for public hearings of which include teleconferencing and videoconferencing, as well as the physical and email addresses where interested parties could submit written comments to 1115waivers@dncfp.nv.gov. **The initial comment period began on July 18, 2022 and will end on September 1, 2022.**

E-mail notice has been made to such individuals as have requested notice of meetings (to request notifications please contact 1115waivers@dncfp.nv.gov, or in writing at 1100 East William Street, Suite 101, Carson City, Nevada 89701.)

If you require a physical copy of supporting material for the public meeting, please contact, or at 1100 East William Street, Suite 101, Carson City, Nevada 89701. Supporting material will also be posted online as referenced above.

Note: We are pleased to make reasonable accommodations for members of the public with a disability that wish to participate. If accommodated arrangements are necessary, notify DHCFP as soon as possible and at least ten days in advance of the meeting, by e-mail at 1115waivers@dncfp.nv.gov or in writing, at 1100 East William Street, Suite 101, Carson City, Nevada 89701.