**RULE-MAKING ORDER**
**PERMANENT RULE ONLY**

CR-103P (December 2017)
(Implements RCW 34.05.360)

**Agency:** Health Care Authority

**Effective date of rule:**
- **Permanent Rules**
  - ☒ 31 days after filing.
  - ☐ Other (specify) ______ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

**Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?**
- ☐ Yes  ☒ No  If Yes, explain:

**Purpose:** The agency amended these rules align with SSB 5976. Specifically, the agency removed the age limitation of five and younger and added coverage for clients under the age of 13 who have one or more disabilities as defined by RCW 74.09.390. The agency also clarified that if the client is enrolled in an agency-contracted managed care organization (MCO), dental providers must bill the agency’s directly under the fee-for-service payment system for ABCD services. Medical providers must bill the MCO directly for ABCD program services. If the client is not enrolled in an MCO, dental providers and medical providers must bill the agency directly under the fee-for-service payment system for ABCD program services. Only ABCD-certified dental providers and primary care providers certified in ABCD are paid an enhanced fee.

**Citation of rules affected by this order:**
- **New:**
- **Repealed:**
- **Amended:** 182-535-1245
- **Suspended:**

**Statutory authority for adoption:** RCW 41.05.021, 41.05.160, Substitute Senate Bill 5976, Chapter 242, Laws of 2020

**Access to baby and child dentistry program – Eligibility**

**Other authority:**

**PERMANENT RULE (Including Expedited Rule Making)**
- Adopted under notice filed as WSR 21-19-106 on September 20, 2021 (date).
- Describe any changes other than editing from proposed to adopted version: None

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

- **Name:**
- **Address:**
- **Phone:**
- **Fax:**
- **TTY:**
- **Email:**
- **Web site:**
- **Other:**
Note: If any category is left blank, it will be calculated as zero.
No descriptive text.

Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.

The number of sections adopted in order to comply with:

<table>
<thead>
<tr>
<th>Federal statute:</th>
<th>New</th>
<th>Amended</th>
<th>Repealed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal rules or standards:</td>
<td>New</td>
<td>Amended</td>
<td>Repealed</td>
</tr>
<tr>
<td>Recently enacted state statutes:</td>
<td>New</td>
<td>Amended</td>
<td>Repealed</td>
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</tbody>
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The number of sections adopted at the request of a nongovernmental entity:

| New | Amended | Repealed |

The number of sections adopted on the agency’s own initiative:

| New | Amended | Repealed |

The number of sections adopted in order to clarify, streamline, or reform agency procedures:

| New | Amended | Repealed |

The number of sections adopted using:

| Negotiated rule making: | New | Amended | Repealed |
| Pilot rule making: | New | Amended | Repealed |
| Other alternative rule making: | New | Amended | Repealed |

Date Adopted: October 28, 2021

Name: Wendy Barcus

Title: HCA Rules Coordinator
WAC 182-535-1245 Access to baby and child dentistry (ABCD) program. The access to baby and child dentistry (ABCD) program (is a program established to) increases access to dental services for certain medicaid-eligible clients (ages five and younger).

(1) Client eligibility A client is eligible for the ABCD program (is as follows) if the client is:

(a) Clients must be age five and younger. Once enrolled in the ABCD program, eligible clients are covered until their sixth birthday.

(b) Eligible for one of the following medical assistance programs:

(i) Categorically needy program (CNP);

(ii) Limited casualty program-medically needy program (LCP-MNP);

(iii) Children's health program; or

(iv) State children's health insurance program (SCHIP); and

(b) Follow the age requirements:

(i) Under age six; or

(ii) Under age 13 and has one or more disabilities as defined by RCW 74.09.390.

(2) If the eligible client is enrolled in an agency-contracted managed care organization (MCO):

(a) Dental providers must bill the agency's fee-for-service payment system for ABCD program services.

(b) Medical providers must bill the MCO for ABCD program services.

(3) If the eligible client is not enrolled in an agency-contracted managed care organization (MCO):

(a) Dental providers must bill the agency's fee-for-service payment system for ABCD program services.

(b) Medical providers must bill the agency's fee-for-service payment system for ABCD program services.

(c) ABCD program services provided by a dental provider for eligible clients who are enrolled in an agency-contracted managed care organization (MCO) are paid through the fee-for-service payment system.

(d) ABCD program services provided by a medical provider for eligible clients who are enrolled in an agency-contracted managed care organization (MCO) must be billed directly through the client's MCO.

(4) Health care providers and community service programs identify and refer eligible clients to the ABCD program. If the eligible client is treated by an ABCD certified provider, the client and an adult family member may receive:

(a) Oral health education;

(b) "Anticipatory guidance" (expectations of the client and the client's family members, including the importance of keeping appointments); and

(c) Assistance with transportation, interpreter services, and other issues related to dental services.

(5) Only ABCD-certified (dentists and other agency-approved certified) dental providers and primary care providers certified in ABCD are paid an enhanced fee for furnishing ABCD program services. ABCD program services include, when appropriate:

(a) Family oral health education. An oral health education visit:
(i) Is limited to one visit per day per family, up to two visits per child client in a 12-month period, per provider or clinic; and

(ii) Must include all of the following services, provision of which must be documented in the client's record:

(A) "Lift the lip" training;
(B) Oral hygiene training;
(C) Risk assessment for early childhood caries;
(D) Dietary counseling; and
(E) Discussion Benefits of fluoride supplements; and
(F) Documentation in the client's record to record the activities provided at the oral education visit).

(b) Comprehensive oral evaluations as defined in WAC 182-535-1050, once per client, per provider or clinic, as an initial examination. The agency covers an additional comprehensive oral evaluation if the client has not been treated by the same provider or clinic within the past five years;

(c) Periodic oral evaluations as defined in WAC 182-535-1050, once every six months. Six months must elapse between the comprehensive oral evaluation and the first periodic oral evaluation;

(d) Topical application of fluoride varnish;

(e) Amalgam, resin, and glass ionomer restorations on primary teeth, as specified in the agency's current published documents;

(f) Interim therapeutic restorations (ITRs) for primary teeth only for clients age five and younger). The agency pays an enhanced rate for these restorations to ABCD-certified, ITR-trained dentists as follows:

(i) A one-surface, resin-based composite, or glass ionomer restoration with a maximum of five teeth per visit; and

(ii) Restorations on a tooth can be done every 12 months through age five, or until the client can be definitively treated for a restoration.

(g) Therapeutic pulpotomy;

(h) Prefabricated stainless steel crowns on primary teeth, as specified in the agency's current published documents;

(i) Resin-based composite crowns on anterior primary teeth; and

(j) Other dental-related services, as specified in the agency's current published documents.

(((The client's record must show documentation of the ABCD program services provided.)))