



agency for persons with disabilities

State of Florida

Ron DeSantis  
Governor



Barbara Palmer  
Director



State Office



4030 Esplanade Way  
Suite 380  
Tallahassee  
Florida  
32399-0950



(850) 488-4257

Fax:

(850) 922-6456



Toll Free:

(866) APD-CARES

(866-273-2273)

TO: APD Regional Operations Managers  
APD Deputy Regional Operations Managers  
APD Region Waiver Workstream Leads  
Waiver Support Coordinators (WSCs)  
iBudget Waiver Adult Dental Providers

FROM: Barbara Palmer, Director (signed copy on file)

DATE: August 19, 2019

SUBJECT: Adult Dental Services for iBudget Waiver Customers

In December 2018, the Agency for Healthcare Administration (AHCA) implemented the dental component of the Statewide Medicaid Managed Care (SMMC) program. Eligible iBudget waiver recipients now receive most dental services through a Medicaid dental plan. The Medicaid dental plans cover both the state plan dental services and expanded benefits, as detailed in the attached document entitled, *Dental Expanded Benefits*.

Services covered by the Medicaid dental plan are no longer available through the iBudget waiver program. However, in some circumstances, an individual may have a dental treatment plan with some procedures which are not covered by the Medicaid dental plan (and may therefore be covered by the iBudget waiver). To ensure that recipients receive medically necessary dental services, please refer to the processes described below for various scenarios which may be encountered.

**Scenario 1:**

**All procedures are covered under the Medicaid dental plan.**

If all needed procedures on the treatment plan are covered under the Medicaid dental plan, the recipient will receive their treatment from the dental plan and not through the iBudget waiver.

**Scenario 2:**

**One or more treatments are not covered by the Medicaid dental plan.**

If one or more services are not covered by the Medicaid dental plan, the WSC should assist the recipient in accessing the noncovered dental plan dental services through the iBudget waiver and/or other available resources (see process map).

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1. If the dentist that is part of the Medicaid dental plan is also enrolled to provide iBudget waiver dental services, the WSC can follow the processes in place to obtain service authorizations for the dental work not covered by the plan:
  - a. If funds are available within the iBudget allocation, the WSC can update the cost plan and provide service authorizations to the dentist.
  - b. If there are no funds available and the client has a significant additional need (SAN) for dental services, the WSC will follow the SAN process in accordance with the iBudget Rule, 65G-4.0218, Florida Administrative Code (FAC).
2. If the Medicaid dental plan dentist is not an iBudget Waiver provider:
  - a. The WSC can assist the client in locating an iBudget waiver dentist to complete the remaining work;
  - b. The WSC can assist the dentist in becoming an iBudget waiver provider; or
  - c. The WSC can assist the client in accessing the services through other community resources such as the ARC of Florida dental program.

**Scenario 3:**

**The Treatment Plan Changes While the Individual is Under Sedation**

Some individuals require sedation to determine the full extent of dental treatment required. After a service authorization is in place, sometimes a dentist may determine that the treatment plan requires a change due to the identification of additional medically necessary dental work. Although the iBudget Waiver Handbook Rule, 59G-13.070, FAC generally prohibits retroactive authorizations, the rule does allow for retroactive authorizations in limited circumstances involving health and safety concerns. The following process should be followed if a retroactive authorization is needed due to a change in a treatment plan while a recipient is under sedation:

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1. The dentist will complete the medically necessary dental work while the recipient is under sedation to avoid additional sedation.
2. The dentist will provide the revised treatment plan to the WSC as quickly as possible and request a retroactive service authorization for the work not included within the original treatment plan.
3. The WSC will provide the revised treatment plan to APD.
4. APD will authorize the additional services that are in accordance with the iBudget Waiver Handbook.

For quick reference, the above steps are provided in the attached document, *Process Flow – Adult Dental Services for Clients Enrolled on the iBudget Waiver*.

If WSCs or providers have questions related to the Medicaid dental plan, the following contacts are available for assistance:

**DentaQuest:** 1-888-468-5509, TDD: 1-800-466-7566, Website:  
<http://dentaquest.com/state-plans/regions/florida/>

**Liberty:** 1-833-276-0850, TDD: 1-877-855-8039, Website:  
<http://www.libertydentalplan.com/FLMedicaid>

**MCNA:** 1-855-699-6262, TDD: 1-800-955-8771, Website:  
<http://www.mcnafl.net>

If WSCs, clients, and families continue to have issues after speaking with the Medicaid dental plan, they may utilize AHCA's Medicaid Helpline. The Medicaid Helpline is available both online and by phone:  
<https://www.flmedicaidmanagedcare.com/complaint/#/>  
or 1-877-254-1055.

Thank you for your continued assistance in helping APD recipients meet their dental needs.

*Attachments*

1. *Dental Expanded Benefits*
2. *Process Flow – Adult Dental Services for Clients Enrolled on the iBudget Waiver*