

# Developmentally Disabled Treatment Fund Guidelines FY16

## **What is the Developmentally Disabled Treatment Fund (DDTF)?**

There is a limited amount of money set aside by the MI Legislature to help fill gaps in dental coverage for developmentally disabled individuals.

## **Who is Eligible for these funds?**

- The client must have developmental disabilities that require the client to be managed within the Community Mental Health System. Clients must be assigned a service coordinator or case manager.
- The client must have developmental disabilities from birth; clients with closed head injuries are not eligible for this fund.
- The client must be a resident of the United States; illegal aliens are not eligible for the DDTF.
- The client must be 21 years of age or older.
- The client must have no other means to pay for dental treatment. Clients with private dental insurance, regardless if the insurance pays all or a portion of dental services, are **not** eligible for the DDTF. Balance billing is **NOT** allowed. The fund must be used as payer of last resort with no other payment for services available. Family or other resources for payment of dental services should be exhausted prior submitting a DDTF application. Clients with Medicaid must utilize a dentist who accepts Medicaid, whenever possible.
- Questions regarding the DDTF fund should be directed to:  
Pam with the MDHHS Oral Health Program, 517-241-5920  
FAX: 517-335-8697; or email [oralhealth@michigan.gov](mailto:oralhealth@michigan.gov) (please place DDTF in the subject line). **All identifying client information sent via e-mail must be encrypted.**

## **How does this program work?**

- This is a fund of *last* resort. Clients that have dental insurance or *other means to pay* for dental services are **NOT** eligible for this fund. Clients that have Medicaid can utilize this fund only if access to a Medicaid dentist is not available. This limited amount of funding is reserved for those with no other funding source available (including family).
- All treatment must be approved for payment before the work is done. The DDTF cannot pay for dental services already performed.
- The maximum allowable benefit per client per year is \$1,800. Exceptions may be made on a case by case basis.
- Please note that Delta Dental will reimburse at the Delta Dental PPO fee schedule. This means that the reimbursed dollar amount may not match the submitted fee. **The DDTF reimbursement amount is considered payment in full. Balance billing and/or patient co-pays are not allowed.**
- The fund provides basic dental services to **restore functionality**. Cosmetic dentistry is not consistent with the appropriation of this fund. The client must

have access to routine oral hygiene services (i.e. daily brushing and flossing) if extensive restorative work is requested.

- For a complete list of services that are covered refer to the Comprehensive Instructions manual.
- Bridges, partials and dentures will be approved on a case by case basis. **Evidence must be submitted** from the homecare provider that the client will have help with daily oral hygiene to maintain the removable or fixed prosthetic. In cases of partials/dentures the patient must be able to tolerate and use the appliance daily.
- If treatment cannot be completed and the funds will not be used, please notify the Oral Health Program so these funds can be used for another client.
- If treatment is needed beyond the 90 days, you may contact the MDHHS Oral Health Program for an extension.

#### **How do Case Managers/Support Coordinators apply for a client?**

- A **DDTF Application** must be sent with the **dental Pre-authorization form** to the MDHHS Oral Health office. The DDTF Application is a separate attachment and the Pre-authorization form comes from the dentist requesting DDTF funding. Applications submitted without a dental pre-authorization will not be considered.
- Payment from the DDTF is only allowable if the work is approved for payment before the work is done. This fund may not be used on dental procedures completed without prior approval (pre-authorization).
- *Approved applications* along with the pre-authorizations are faxed to the Case Manager/Supports Coordinator, the dentist, and Delta Dental. After approval is received, the client should be scheduled with the dental office for treatment.
- *Denied applications* along with the pre-authorizations are faxed to the Case Manager/Supports Coordinator and the dentist.

#### **Information for Dental Offices:**

- The DDTF is NOT a Delta Dental Insurance policy and the dental office needs to be aware of the requirements of this fund. **Please share this information with the dental office.** Clients will not appear on the Delta Dental web site and there is a much shorter requirement for claims submission.
- Dental providers should check eligibility from Delta Dental for procedures to be provided since many have frequency limitations. MDHHS approval of a submitted preauthorization does not override the Delta Dental frequency limitations.
- The DDTF does NOT cover asymptomatic removal of third molars exhibiting no symptoms of disease, pathology, or orthodontia related reason for extraction. See additional page regarding Third Molar Extraction Criteria for DDTF enrollees.
- **NOTE: Any change in the treatment plan must be approved by the MDHHS Oral Health program. Claims that have a deviation from the approved treatment plan will be denied by Delta Dental.**
- If treatment cannot be completed and the funds will not be used, please notify the Oral Health Program so these funds can be used for another client. Funds that have been allocated but not utilized will revert back to the DDTF for use by another client.

- If treatment is needed beyond the approved 90 days, you may contact the MDHHS Oral Health Program to request an extension.
- Following treatment, the completed insurance form (i.e. Dental Claim Form) *must be submitted* by the dental office to Delta Dental by the date stated on the approved DDTF form. ***Insurance forms filed after this date may not be paid.***
- **Completed Dental Claims should be mailed to:**

Delta Dental  
P.O. Box 9085  
Farmington Hills, MI 48333-9085  
Group Name: MDHHS DD Treatment Fund  
Group # 111

**What happens if a claim was denied?**

- Claims not billed by the date specified or any denials not reconciled within 30 days after claim submission may not be paid, regardless of the reason for non-pay.
- If a claim is denied because no funds remain in the DDTF, the claim will be held in the order of submission for approval at a later date if additional funds become available during that fiscal year. Approval will be based on the amount of funding, emergency nature of the services required, and the date the application was submitted.
- Billing problems should be directed *immediately* to: MDHHS Oral Health Program, (Fax) 517-335-8697 or [oralhealth@michigan.gov](mailto:oralhealth@michigan.gov) (place DDTF in the subject line). All identifying client information sent via e-mail must be encrypted.
- Each month a reconciliation of DDTF claims submitted and paid is conducted by the MDHHS Oral Health Program. Any unused funds will be reverted back to the DDTF for the use of other clients.