Office of Regulatory Management

Economic Review Form

Agency name	Department of Medical Assistance Services
Virginia Administrative Code (VAC) Chapter citation(s)	12 VAC 30-50-10; 12 VAC 30-50-30; 12 VAC 30-50-50; 12 VAC 30-50-70; 12 VAC 30-50-190; 12 VAC 30-50-210
VAC Chapter title(s)	Services provided to the categorically needy with limitations Services not provided to the categorically needy Services provided to the medically needy with limitations Services or devices not provided to the medically needy Dental services Prescribed drugs, dentures, and prosthetic devices, and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist
Action title	Adult Dental and 2024 Updates
Date this document prepared	4/18/2024
Regulatory Stage (including Issuance of Guidance Documents)	Fast Track

Cost Benefit Analysis

Complete Tables 1a and 1b for all regulatory actions. You do not need to complete Table 1c if the regulatory action is required by state statute or federal statute or regulation and leaves no discretion in its implementation.

Table 1a should provide analysis for the regulatory approach you are taking. Table 1b should provide analysis for the approach of leaving the current regulations intact (i.e., no further change is implemented). Table 1c should provide analysis for at least one alternative approach. You should not limit yourself to one alternative, however, and can add additional charts as needed.

Report both direct and indirect costs and benefits that can be monetized in Boxes 1 and 2. Report direct and indirect costs and benefits that cannot be monetized in Box 4. See the ORM Regulatory Economic Analysis Manual for additional guidance.

Table 1a: Costs and Benefits of the Proposed Changes (Primary Option)

(1) Direct & Indirect Costs & Benefits (Monetized)	Direct Costs: The costs of the adult benefit were analyzed in 2021 and were found to be $6,326,234 in state general funds, $1,060,575 in special funds, and $15,871,404 in federal funds in federal fiscal year 2021. The costs of the 2024 changes are: $345,492 in state funds (general and special) and $461,487 in federal funds in federal fiscal year 2024. Direct Benefits: Adult Medicaid members are able to receive dental care, which was not previously covered. Before the adult dental benefit went info effect, many adult Medicaid members received no dental care unless the problems became so severe that they had to go to the emergency room for dental extractions. Allowing these individuals to receive regular dental care saves the costs of these emergency room benefits, and saves adult Medicaid members from the pain that dental problems cause. Indirect Benefits: Providing dental benefits allows individuals to have better overall health, which produces undefined cost savings to the Medicaid program.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a)	(b)
(3) Net Monetized Benefit		
(4) Other Costs & Benefits (Non-Monetized)		
(5) Information Sources		

Table 1b: Costs and Benefits under the Status Quo (No change to the regulation)

(1) Direct & Indirect Costs & Benefits (Monetized)	Not making any change to the regulation would allow the state to save the expenditures described in Table 1a. However, not making the changes would mean that the state did not receive the undetermined direct cost savings from having members who do not suffer more serious health problems due to poor dental health.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a)	(b)
(3) Net Monetized Benefit		
(4) Other Costs & Benefits (Non-Monetized)		
(5) Information Sources		

Table 1c: Costs and Benefits under Alternative Approach(es)

(1) Direct & Indirect Costs & Benefits (Monetized)	N/A	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a)	(b)
(3) Net Monetized Benefit		
(4) Other Costs & Benefits (Non-Monetized)		
(5) Information Sources		

Impact on Local Partners

Use this chart to describe impacts on local partners. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 2: Impact on Local Partners

(1) Direct & Indirect Costs & Benefits (Monetized)	No impacts on local partners.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a)	(b)
(3) Other Costs & Benefits (Non-Monetized)		
(4) Assistance		
(5) Information Sources		

Impacts on Families

Use this chart to describe impacts on families. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 3: Impact on Families

(1) Direct & Indirect Costs & Benefits (Monetized)	Indirect benefits to families: better dental health due to access to the dental benefit for adults. Better dental health allows for better overall health.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a)	(b)
(3) Other Costs & Benefits (Non-Monetized)		
(4) Information Sources		

Impacts on Small Businesses

Use this chart to describe impacts on small businesses. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 4: Impact on Small Businesses

(1) Direct & Indirect Costs & Benefits (Monetized)	Small dental business that choose to take Medicaid patients will see an increase in the number of patients they see and an increase in reimbursement. (The increased reimbursement will differ in amount based on how many patients each dentist sees.)	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a)	(b)
(3) Other Costs & Benefits (Non-Monetized)		
(4) Alternatives		
(5) Information Sources		

Changes to Number of Regulatory Requirements

Table 5: Regulatory Reduction

For each individual action, please fill out the appropriate chart to reflect any change in regulatory requirements, costs, regulatory stringency, or the overall length of any guidance documents.

Change in Regulatory Requirements

VAC Section(s) Involved*	***Authority of Change***	***Initial Count***	***Additions***	***Subtractions***	***Total Net Change in Requirements***
12 VAC 30-50-10	***(M/A):***	***1***	*0*	*0*	*0*
	(D/A):	***0***	*0*	*0*	*0*
	(M/R):	***0***	*0*	*0*	*0*
	(D/R):	***0***	*0*	*0*	*0*

VAC Section(s) Involved*	***Authority of Change***	***Initial Count***	***Additions***	***Subtractions***	***Total Net Change in Requirements***
12 VAC 30-50-30	***(M/A):***	***0***	*0*	*0*	*0*
	(D/A):	***0***	*0*	*0*	*0*
	(M/R):	***0***	*0*	*0*	*0*
	(D/R):	***0***	*0*	*0*	*0*

VAC Section(s) Involved*	***Authority of Change***	***Initial Count***	***Additions***	***Subtractions***	***Total Net Change in Requirements***
12 VAC 30-50-50	***(M/A):***	***1***	*0*	*0*	*0*
	(D/A):	***0***	*0*	*0*	*0*
	(M/R):	***0***	*0*	*0*	*0*
	(D/R):	***0***	*0*	*0*	*0*

VAC Section(s) Involved*	***Authority of Change***	***Initial Count***	***Additions***	***Subtractions***	***Total Net Change in Requirements***
12 VAC 30-50-70	***(M/A):***	***0***	*0*	*0*	*0*
	(D/A):	***0***	*0*	*0*	*0*
	(M/R):	***0***	*0*	*0*	*0*
	(D/R):	***0***	*0*	*0*	*0*

*VAC Section(s) Involved**	*Authority of Change*	*Initial Count*	*Additions*	*Subtractions*	*Total Net Change in Requirements*
12 VAC 30-50-190	***(M/A):***	***0***	*0*	*0*	*0*
	(D/A):	***0***	*0*	*0*	*0*
	(M/R):	***3***	*+5*	*-3*	*+2*
	(D/R):	***8***	*0*	*0*	*0*

VAC Section(s) Involved*	**Authority of Change**	**Initial Count**	**Additions**	**Subtractions**	**Total Net Change in Requirements**
12 VAC 30-50-210	**(M/A):**	**0**	0	0	0
	(D/A):	**0**	0	0	0
	(M/R):	**51**	0	0	0
	(D/R):	**0**	0	0	0
				Grand Total of Changes in Requirements:	**(M/A): 0**
					(D/A): 0
					(M/R): +2
					(D/R): 0

Key:

Please use the following coding if change is mandatory or discretionary and whether it affects externally regulated parties or only the agency itself:

(M/A): Mandatory requirements mandated by federal and/or state statute affecting the agency itself

(D/A): Discretionary requirements affecting agency itself

(M/R): Mandatory requirements mandated by federal and/or state statute affecting external parties, including other agencies

(D/R): Discretionary requirements affecting external parties, including other agencies

Cost Reductions or Increases (if applicable)

VAC Section(s) Involved*	**Description of Regulatory Requirement**	**Initial Cost**	**New Cost**	**Overall Cost Savings/Increases**

Other Decreases or Increases in Regulatory Stringency (if applicable)

VAC Section(s) Involved*	**Description of Regulatory Change**	**Overview of How It Reduces or Increases Regulatory Burden**

Length of Guidance Documents (only applicable if guidance document is being revised)

Title of Guidance Document	**Original Word Count**	**New Word Count**	**Net Change in Word Count**

*If the agency is modifying a guidance document that has regulatory requirements, it should report any change in requirements in the appropriate chart(s).