

**Old Age Pension  
Dental Assistance Program for Seniors  
Program & Payment Guidelines FY2014**

- Payment for services are detailed in the provider reimbursement schedule (fee schedule). Only procedures listed on the fee schedule are covered.
- The provider can not collect more than the “Maximum Allowable Fee” for services rendered through the program.
- The state will pay no more than the “Program Payment” amount in the fee schedule for procedures rendered under the program.
- It is up to the discretion of the provider to decide if they will charge a co-pay, but the patient can be asked to pay no more than the “Maximum Patient Co-pay” per procedure rendered.
- Procedures must be complete before payment will be made. No pre-payment is allowed.
- Grantees do not need to pre-authorize to provide services through this program.
- Grantees are allowed to bill for administrative costs up to 10% of the “Program Payment” for services rendered.
- Only direct grantees may submit an invoice for reimbursement.
- Eligibility must be verified prior to any treatment. Copy of eligibility confirmation should be maintained in the patient chart. Consent form must be signed and maintained in patient chart.
- Once eligibility is verified and patient has begun treatment, the patient will be considered eligible for the duration of one year.
- Once patient has been deemed eligible and received an exam and diagnosis, treatment should be rendered soon thereafter. Patient should no longer be on a waiting list.
- If 60 days have passed since eligibility verification and patient has not initiated treatment, they will need to be verified again.
- Grantees must submit names of all subcontractors. The state reserves the right to deny any subcontractors.
- The fee schedule can only be changed by the Dental Advisory Committee with approval from the Board of Health.