

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

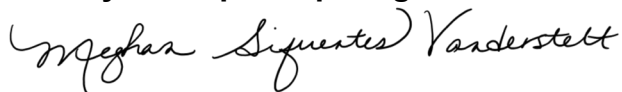
NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



**Director, Bureau of Policy and Strategic Engagement
Health Services Administration**

Project Number:	2644-Dental	Comments Due:	November 9, 2026	Proposed Effective Date:	January 1, 2027
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Mail Comments to: Elizabeth Pitts

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Policy Subject: Healthy Adults Dental Benefit

Affected Programs: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services

Distribution: Dentists, Dental Clinics, Dental Health Plans, Medicaid Health Plans, Federally Qualified Health Centers, Tribal Health Centers, Local Health Departments

Policy Summary: Effective January 1, 2027, Medicaid beneficiaries 21 years of age and older who are enrolled in a Medicaid Health Plan (MHP) will transition to a new Healthy Adults Dental (HAD) benefit plan.

Purpose: This bulletin is issued in response to the Michigan Department of Health and Human Services (MDHHS) fiscal year (FY) 2027 budget appropriations of Public Act 21 of 2026. From state-appropriated funds, Section 1627 of the Act directs MDHHS to expand the existing Healthy Kids Dental (HKD) contract to include the adult population.

Proposed Policy Draft

Michigan Department of Health and Human Services
Health Services

Distribution: Dentists, Dental Clinics, Dental Health Plans, Medicaid Health Plans, Federally Qualified Health Centers, Tribal Health Centers, Local Health Departments

Issued: December 1, 2026 (proposed)

Subject: Healthy Adults Dental Benefit

Effective: January 1, 2027 (proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services

Note: Implementation of this policy is contingent upon approval of a Waiver Amendment by the Centers for Medicare & Medicaid Services (CMS).

This bulletin is issued in response to the Michigan Department of Health and Human Services (MDHHS) fiscal year (FY) 2027 budget appropriations of Public Act 21 of 2026. From state-appropriated funds, Section 1627 of the Act directs MDHHS to expand the existing Healthy Kids Dental (HKD) contract to include the adult population.

This policy does not change the dental services currently covered through Medicaid Health Plans (MHPs), the HKD program or Medicaid Fee-for-Service (FFS).

Healthy Adults Dental Benefit

Effective January 1, 2027, Medicaid beneficiaries 21 years of age and older who receive dental benefits through their Medicaid Health Plan (MHP) will have those dental benefits transitioned to the new Healthy Adults Dental (HAD) benefit plan. Beneficiary eligibility will appear in the Community Health Automated Medicaid Processing System (CHAMPS) under the adult dental benefit plan titled ADNTL-MC. The Program Enrollment Type (PET) will be DHP-MCDN.

Dental services for beneficiaries who are not enrolled in a MHP will continue to be provided through the Medicaid FFS program.

Dental services for beneficiaries under 21 years of age, including pregnant women, are not impacted and will continue to receive dental coverage through the HKD program.

Transitional Information for Providers and Beneficiaries

Provider Information

Dental providers in the Delta Dental of Michigan network may continue treating Medicaid beneficiaries who have transitioned to the new HAD benefit plan and accept their new coverage. Providers will continue to be reimbursed for eligible covered services delivered prior to January 1, 2027, by the beneficiary's MHP.

The HAD Plan must maintain continuity of care with the beneficiary's current dental provider. If a beneficiary is in the middle of ongoing treatment and discontinuing the treatment would cause the beneficiary to suffer serious detriment to their oral health, the provider or the beneficiary may request "continuity of care" from the dental health plan to continue treatment. Services previously authorized by the MHP must continue at the authorized amount, scope and duration until one of the following occurs:

- The authorized course of treatment is completed; or
- An appropriate alternative provider is arranged, when applicable.

Prior authorizations approved by an MHP before January 1, 2027, will be honored by the beneficiary's HAD Plan for 90 days from the date of enrollment.

Beneficiary Information

Beneficiaries enrolled in the HAD benefit will receive written notification of the upcoming change from MDHHS. Beneficiaries already receiving services from a Delta Dental of Michigan provider under their MHP dental plan may continue to see their dental provider under the new HAD Plan.

Beneficiaries may call Michigan ENROLLS toll-free at 1-800-975-7630. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. The office hours are Monday through Friday 8 AM to 7 PM.