1. **State oral health infrastructure:** Shortly after his arrival in California in 2015, our state dental director, Jay Kumar, DDS, MPH, led a large group of stakeholders in developing the California Oral Health Plan (COHP), a 10-year strategic roadmap that includes a two-year implementation plan to improve the oral health of all Californians. The plan, which aligns well with the objectives of CDA’s access report, Phased Strategies for Reducing the Barriers to Dental Care in California now serves as a roadmap for the state Office of Oral Health (OOH) and local health jurisdictions (LHJ) oral health programs.

   Since its inception, the oral health program, under Dr. Kumar’s leadership has:
   - Implemented a four-year Health Resources and Services Administration (HRSA) grant for Perinatal and Infant Oral Health Quality Improvement (PIOHQI) in Sonoma county (ended this year)
   - Supported continued community water fluoridation implementation in Santa Clara and helped advocacy to re-fund the water fluoridation program in Santa Maria
   - Promoted data collection and reporting for the Kindergarten Oral Health Assessment (AB 1433), including updating the SCOHR online data reporting system
   - Engaged with other chronic disease programs within the Department of Public Health on a three-year project to reinvigorate the Rethink Your Drink campaign to promote and disseminate effective oral health messages
   - Contracted with UCSF to provide technical assistance to local health departments as they build dental public health infrastructure and programs
   - Initiated a health literacy project with UC Berkeley and ADA to develop a literacy toolkit for dentists
   - Developed tobacco cessation education for dentists in conjunction with CDA, offering these resources at CDA Presents, on cda.org, and in the Journal of the California Dental Association
   - Launched the oral health plan state-wide through two oral health summits, held in Sacramento and Los Angeles
   - Initiated 3rd grade surveillance state-wide
   - Entered into grant agreements with 59 LHJs to develop public health programs based on an assessment of needs.

2. **Expand capacity within dental public health & safety net expansion of dental services:** These two objectives come together in CDA’s work on connecting and supporting clinics and dentists to establish contracting arrangements to provide dental care to clinic patients. This arrangement facilitates private dentists to assist clinics in meeting the dental care needs of clinic patients by receiving clinic patients and providing needed care in the dentist’s office location. CDA continues to be a resource to dentists and clinics interested in this contracting arrangement.

   Further, the Virtual Dental Home has significantly increased the number of people receiving dental care through the dental safety net, as many of the Local Dental Pilot Projects developed through the Department of Health Care Services’ (DHCS) Dental Transformation Initiative have engaged community clinics in utilizing this telehealth model and are now providing dental services to Medi-Cal members in community sites such as schools and Head Starts.

3. **Volunteer provision of care coordination:** As of September 2019, CDA has completed 16 CDA Cares events, the last event occurring in San Bernardino, September 27-28. That event provided $1.46 million worth of dental services to 1,626 people with the help of 1,418 volunteers. This brings the total impact of CDA Cares to $25.12 million in services provided to 30,186 people, with the help of 26,828 volunteers. The next event is scheduled in Long Beach on July 17-18, 2020.

4. **Complete Fluoridation in San Jose:** In Santa Clara, the implementation of San Jose’s first fluoridation project began in December 2016 at the Santa Teresa Water Treatment Plant. This landmark event results from the concerted efforts of many, including the Santa Clara Valley Water District (SCVWD), the Santa Clara County Dental Society, and CDAF. Water fluoridation projects will continue, now under the leadership of the Santa Clara Department of Public Health, supported by Prop 56 funds distributed by the state oral health program.

5. **Expand capacity to provide children’s care, especially to young children:** Significant resources have been directed to the Medi-Cal Dental Program through Prop. 56 funded supplemental payments and DHCS’ DTI pilot program.

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In January 2017, CDA released an online course for general dentists who wish to increase their knowledge and confidence to care for infants and young children. CDA is offering the course at no cost to members and non-members and thousands have already completed the course. Known as TYKE (Treating Young Kids Every Day), the 2-hour course includes information and instruction on:

- Knee-to-knee assessment
- Caries risk assessment
- Chronic disease management for caries
- Motivational interviewing
- Goal setting

The DHCS implemented Domain 2 of the DTI in January 2017 (see Phase 2, Objective 2 for details). This domain, which uses caries risk assessment (CRA) and a chronic disease management model of preventive services and minimally-invasive treatment approaches to reduce caries incidence and severity for children ages 0–5, requires participating dentists to receive a standardized CRA training to participate. CDA worked closely with DHCS and the state dental director to ensure TYKE satisfies Domain 2 training requirements. TYKE can be accessed here.

Further, this year, CDA again sponsored legislation that would have required the Medi-Cal Dental Program to reimburse for dental caries treatment using Silver Diamine Fluoride, as the benefits of SDF are well established for very young children, people with disabilities, and the frail elderly, who may not be able to tolerate definitive dental treatment. Unfortunately, Governor Gavin Newsom vetoed this legislation and stated that changes to Medi-Cal benefits, such as this, should be handled in the budget process.

Additionally, DHCS has 13 operational Local Dental Pilot Projects in Domain 4 of the DTI. These projects engage multiple local stakeholders to increase dental care to previously non-utilizing children, with the goal of reducing disease incidence and severity. Many of these projects are implementing a series of initiatives to achieve this goal, including virtual dental homes, infant oral health referrals from pediatricians to dentists, care coordinators, and prevention programs in schools, Head Start and WIC programs, and more.

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**Phase 2: Focusing on Prevention and Early Intervention for Children**

1. **Utilize Proven Technology:** The Virtual Dental Home model of dental care uses technology to connect allied dental team members located at community sites, such as Head Starts, schools, and long-term care facilities, with dentists in offices or clinics, to facilitate the provision of comprehensive dental care to children and adults who face barriers to accessing that care in traditional service locations.

   In this model, an allied team member collects diagnostic records in the community site that are later accessed and reviewed by the dentist in an office or clinic location. The dentist uses these records for diagnosis and treatment planning and works with the allied team member to ensure the patient receives necessary care. Studies on this model show that nearly 2/3 of the children seen in community sites can be kept healthy with regular preventive care and do not require transportation to the dental office for these services or for more complex restorative care.

   The Virtual Dental Home care model has been expanded significantly over the last few years as part of the DTI’s Local Dental Pilot Projects. This model is also expanding to other states, including Colorado, Hawaii and Oregon.

   For more information on the Virtual Dental Home, visit: [http://www.cda.org/Portals/0/journal/journal_072012.pdf](http://www.cda.org/Portals/0/journal/journal_072012.pdf); and for the details of the authorizing legislation, including requirements for participating dentists and allied dental team members visit: [http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB1174](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB1174)

2. **Expand early prevention through reimbursement incentives:** CDA has been a consistent advocate with the legislature and DHCS on the importance of adequate reimbursement, a robust dental provider network, and incentives for caring for young children.

   Working with the State Legislature and the Governor, CDA was able to secure an unprecedented $350 million dollars of the Proposition 56 funds to provide supplemental funding to Medi-Cal Dental Program (also known as Denti-Cal) providers over the first two years since the voters passed the increased tobacco tax. With federal matching dollars, these funds will total nearly $900 million in enhanced reimbursements for Medi-Cal enrolled providers. In the first year of Prop 56 (2017-18), DHCS created supplemental payments of an additional 40% across hundreds of codes. In the second year (2018-19), DHCS added additional supplemental payments for the following:

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Activity Update
October 2019 (continued)

• Additional incentives for the top 26 most utilized CDT codes, including adult dental preventive services and some diagnostic services.
• Forty percent rate supplement for periodontal services and orthodontia.
• Increased reimbursement to support the additional time needed to treat individuals with special health care needs.
• Increasing reimbursement for general anesthesia and IV sedation to create parity with medical providers.

Additionally, the DTI, which was funded by the Center for Medicare and Medicaid Services (CMS), is bringing in an additional $750 million over 5 years (2015-2020), to increase the Denti-Cal network of dentists and the provision of dental services to children ages 0-20 through incentives in four pilot programs (“domains”). These two program initiatives have resulted in an increased enrollment of nearly 1000 new dentists.

Three years into DTI implementation, DHCS reports the following progress:

Domain 1 – Increase Preventive Services Utilization:
The goal of this pilot study is to increase statewide proportion of children ages 1-20 enrolled in Medi-Cal who receive a preventive dental service by 10 percentage points over a five year-period. Data from the first program year (CY 2016) showed a 4.64% increase in children’s utilization of preventive services. In program year 2 (CY 2017) showed an additional 3% increase in utilization of preventive dental services in Medi-Cal children. After years of stagnation in utilization data, increases of up to 7% utilization in a program of this size represent up to a million more children receiving dental care each year.

Domain 2 – Caries Risk Assessment:
This domain uses a Caries Risk Assessment model to reimburse participating dentists a bundled incentive payment for completion of the approved CRA, treatment plan, nutritional counseling and motivational interviewing at designated intervals depending upon assessed risk levels. This domain began as a pilot in 11 counties in Feb 2017. Providers take the CDA-developed course, TYKE, and then complete opt-in with DHCS.

Domain 3 – Continuity of Care:
This domain provides incentive payments to providers in 17 pilot counties who continuously see the same Medi-Cal beneficiaries year-after-year. Incentive payments are distributed once per year. From CY 2015 to CY 2016, across the 17 pilot counties, the percentage of children receiving continuity of care from the same service office location increased by 2.6 percentage points. From CY 2014 to CY 2016 utilization of preventive dental services increased 7.46 percent in Domain 3 counties, and 3.74 percent in non-Domain 3 counties. In the first two program years, DHCS paid $21.7 million in incentive payments to providers.

Domain 4 – Local Dental Pilot Projects:
The goal for Domain 4 is to address one or more of the other three domains through alternative programs, potentially using strategies focused on rural areas, including local case management initiatives and education partnerships. Thirteen Local Dental Pilot Projects are operational and expected to expend $150 million over the duration of the waiver period.

Details of the DTI are at: http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx

3. Protecting Community Water Fluoridation (CWF):
2018 saw an effort in Santa Maria to discontinue CWF, which began in that community in 2004, by defunding it in the budget. Astute dentists noticed this action and began coordinated advocacy to reinstate program funding. Supported by the state office of oral health, local public health and the local dental component, that effort was successful. Fluoridated water should begin flowing again to Santa Maria residents in January 2019.

Further, as one of the goals of the state oral health plan is to increase the number of Californians who have access to CWF, a portion of the $30 million allocated annually to the state oral health program has been set aside for local projects and CWF is identified as a qualifying project. Additionally, UCSF, which is contracted with the State Office of Oral Health to provide technical assistance to local health departments, is also providing assistance to communities interested in CWF. CDA remains an engaged leader in this work as well.

Phase 3: Delivery System Innovation

1. Adult Dental Care: Access to dental care for elders has been and continues to be a challenge in California and around the country. Medicaid does cover adults in California.

The Medicaid program is a children’s program, funded jointly by the federal government and states; adult benefits are optional. Though California’s Medi-Cal Dental program has included adult dental benefits for most of its 50-plus years of existence, coverage has been inconsistent. In 2009, the California legislature eliminated nonemergency adult dental services, retaining only the option to be relieved from pain and infection through tooth
extraction. In 2014, adult services were partially restored, allowing for fillings, but not periodontal care, partials, or posterior endodontics or crowns. CDA, along with other advocates, worked with legislators to bring back the full set of adult dental benefits in 2017-2018 budget, effective January 2018.

This was very positive news for California’s most vulnerable seniors, followed by better news with budget allocations in 2017 and again in 2018-19 that, supported by Prop 56 tobacco tax revenue provided supplemental reimbursement on adult dental services. Also effective July 2018 was the addition of a code for behavior management (D9920) which allows, for the first time in Denti-Cal, a provider to receive reimbursement for extra time that is required when treating many patients with special healthcare needs. This can include, for example, extra time required to accommodate physical or behavioral needs of patients with Alzheimer’s disease.

With regard to Medicare, a federally funded and administered healthcare program, dental services are extremely limited, covering only those considered medically necessary for the treatment of other medical conditions – such as instances where a kidney transplant patient, for example, needs to be free of dental infections prior to transplant surgery.

Recognition that there is a coming wave of baby boomers who have had dental benefits, but are concerned about losing them when they retire from the workforce, and data showing that many elders forgo needed care because of the cost, has led to significant advocacy to establish a dental benefit within Medicare - a national conversation in which CDA have been engaged.

Acknowledging the need and pressures in the system, the 2018 CDA House of Delegates, through Resolution 19-2018-H, established a task force to explore the issues relevant to the inclusion of dental benefits into the Medicare Program. That report will be presented to the 2019 house.