



Phase 1: Establishing State Oral Health Leadership and Optimize Existing Resources

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 (ending 12/31/20)
- 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
- Completed a 3rd grade surveillance state-wide

- Through 5-year grant agreements with 59 LHJs, supports the development of dental public health programs based on community needs assessments, which have now entered the implementation phase
- In consultation with California Department of Public Health and CDA, issued guidance to dental practitioners for the provision of care during the COVID-19 pandemic

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 (DTI) 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: CDA has completed 16 CDA Cares events, the last event occurring in San Bernardino, September 27- 28, 2019. 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. Due to the COVID-19 pandemic, the event scheduled for Long Beach on July 17-18, 2020 has been cancelled and the next event has not yet been scheduled.

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 resulted 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.



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 a 5-year Department of Health Care Services (DHCS) Dental Transformation Initiative pilot program (2015-2020). The details of these two programs and CDA’s advocacy are described here and under Phase 2, Objective 2: *Expand early prevention through reimbursement incentives.*

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:

- o Knee-to-knee assessment
- o Caries risk assessment
- o Chronic disease management for caries
- o Motivational interviewing
- o 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](#).

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.

The “Medi-Cal 2020” 1115 waiver, which includes the DTI, will expire at the end of 2020. Due to the COVID-19 pandemic, in May 2020 DHCS requested a one-year extension of the existing 1115 waiver from CMS. If approved, the DTI incentives and programs will continue through 2021.

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; and for the details of the authorizing legislation, including requirements for participating dentists and allied dental team members visit: http://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201320140AB1174&search_keywords=virtual+dental+home

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 the Medi-Cal Dental Program (also known as Denti-Cal) providers over the first two years. 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

June 2020 (continued)



- o Additional incentives for the top 26 most utilized CDT codes, including adult dental preventive services and some diagnostic services.
- o Forty percent rate supplement for periodontal services and orthodontia.
- o Increased reimbursement to support the additional time needed to treat individuals with special health care needs.
- o 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), has bolstered the program with an additional \$750 million (since 2015), to increase the Medi-Cal Dental Program network of dentists and the provision of dental services to children ages 0-20 through incentives in four pilot programs ("domains") as follows:

DTI Domains	Total Payments as of February 2020
Domain 1 Preventive Services	\$208 million
Domain 2 Caries Risk Assessment	\$72.6 million
Domain 3 Continuity of Care	\$35.2 million
Domain 4 Local Dental Pilot Projects (LDPPs)	\$53.5 million
Total	\$369.3 million

Domain 1 – Increase Preventive Services Utilization: The goal of this domain 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. All providers of Medi-Cal Dental services were automatically enrolled in this DTI domain. Data from the first three years of the DTI indicate an increase in the preventive dental services utilization rate for children ages one through twenty by 8.06 percentage points from CY 2014 to CY 2018. The number of providers rendering preventive dental services to children went up 4.93 percentage points in that time.

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 and was expanded to 29 counties in 2019. Providers take the CDA-developed course, TYKE, and then complete opt-in with DHCS. As of March 7, 2020, 2,794 Medi-Cal dental providers have opted in to participate in Domain 2. The counties with the highest number of participating providers are Fresno, Kern, Los Angeles, Orange, and San Diego. Initial data from the first three years of this program were very positive. Children ages zero through six who received a CRA, in any of the three risk categories, had a significantly higher increase of preventive dental services compared to the control group (children in the same counties who received restorative services but no CRA). Effective January 1, 2019, DHCS expanded to an additional eighteen counties, bringing the total to 29 pilot counties. This expansion is causing a dramatic increase in the number of providers participating in this pilot.

Domain 3 – Continuity of Care: This domain provides incentive payments to providers who continuously see the same Medi-Cal beneficiaries year-after-year. From CY 2015 to CY 2018, across the 17 pilot counties, the percentage of children ages 20 and under receiving two-year continuity of care increased by 3.26 percentage points. Three-year continuity of care increased by 2.59 percentage points. Four-year continuity of care increased by 2.61 percentage points. Due to initial success of the pilot, DHCS expanded it in 2019 from 17 counties to 36 counties. Incentive payments are distributed once per year.

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.

Significant investment in the Medi-Cal Dental program since 2015 has resulted in an increased program enrollment of over 1500 dentists.

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

NOTE: The progress made in recent years from the DTI and Prop 56 supplemental payments are at risk due to a severe budget crisis created by the Covid-19 pandemic. CDA's budget advocacy seeks to protect the progress made on these Medi-Cal Dental rate successes and also on the CalHealthCares grant and loan repayment programs.



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.

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, for the first time, allows a provider in the Medi-Cal Dental Program to receive reimbursement for extra time that is required when treating 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, 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 has been engaged.

Acknowledging the need and pressures in the system for change, 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 was presented to the 2019 house.

NOTE: Adult dental services in the Medi-Cal Dental program are optional services (not required by federal law) putting these services at risk for elimination due to state budget crisis caused by the Covid-19 pandemic. CDA's budget advocacy seeks to protect access to dental services for adult Medi-Cal beneficiaries.