Letter of Interest Questions and DHCS Responses

- If implemented as a County-wide viable workforce, could funding for the pilot be applied for the development of curriculum and training and payment of oral health community health workers?

To the extent this activity does not duplicate effort or supplant existing health education and care coordination activities performed and reimbursed through Medicaid, funding could be used for the development of curriculum and training and payment to health workers or to design and/or to design and implement a proposed project's software and training. For example, many counties are reimbursed for comprehensive care coordination through CHDP as well as other targeted case management activities. Medi-Cal enrolled Primary Care Physicians are responsible and reimbursed by Medi-Cal for the provision of health education, including oral health education. Applicants are encouraged to build upon and coordinate with existing systems and infrastructure.

- Can relevant costs go to a design and implementation of a culturally informed comprehensive care coordination program including software and training development?

See response above.

- Are funds available to engage technical assistance regarding data collection, analysis and evaluation and to further improve data collection systems?

To the extent that technical assistance regarding data collection, analysis and evaluation is necessary to support ongoing monitoring of the participating entities project performance and progress reporting of the LDPP innovations, interventions, and/or strategies to measure whether the project(s) is having the intended impact, funds may be available.

- Will DHCS provide a list of the acceptable CDT codes for approved preventive and restorative procedures under the DTI?

A list of acceptable CDT codes for approved preventive services is forthcoming. Restorative procedures are not incentivized under the waiver.

- Are funds available to subcontract services as well as fund positions within county?

Funds are available to subcontract services or county positions to the extent the services and personnel are necessary to support the proposed pilot project(s). However, budgets should not include costs for services reimbursable with Medi-Cal or other federal funding resources.

- Will there be guidelines and information on assisting Denti-Cal providers in enrollment and billing?

Assisting Denti-Cal providers with enrollment and/or billing is an existing function of the Dental Fiscal Intermediary. If proposed, these activities would be viewed as duplication of effort and could not be approved.

- How will the data pertaining to Domains 1 and 3 be collected and can the County get utilization data and list of providers?

Aggregate data pertaining to Domains 1 and 3 will be collected via enrolled Medi-Cal dental providers' submitted claims for reimbursement and may be shared, as applicable, with participating counties.

- Will the list of identified dentists be shared with the County Public Health Department?

A list of enrolled Fee-For-Service Medi-Cal dental providers by county is available on the DTI webpage.

- Would the LDPP application include prenatal oral health efforts and family level interventions?

No. Target populations for the LDPP application include children under 21 enrolled in Medi-Cal.

- Do dental providers need to choose between (a) Participating in incentive programs via Project 1, 2, 3 or (b) Participating in Project 4 (LDPP)?

All enrolled Medi-Cal providers statewide are able to participate in Domain 1 (Preventive Services), all enrolled Medi-Cal providers in select counties are able to participate in Domain 3 (Continuity of Care), and enrolled Medi-Cal providers in select counties who opt into and complete required training may participate in Domain 2 (Carries Risk Assessment and Disease Management), and/or become a participating entity in Domain 4 (LDPP).

- Will baseline year metrics be based on claims data specific to the utilization of the enrollee, or on services provided by service office locations, or both?

Baseline metrics will be based upon claims data and service office locations for Domains 1, 2 and 3.

- Will baseline year metrics be available by service area/target population to interested LDPP applicant entities prior to proposal submissions?

Baseline data for Domain 1 will be available by state and county by July 2016.

- Can LDPPs implement other payment methodologies in addition to the established incentive payments related to each specific domain?

To the extent other payment methodologies do not duplicate effort or supplant existing activities performed and reimbursed through Medicaid or other federal funding or incentive payments applicable to the specific domains, project funding requests could include other payment methodologies. Budgets should not include costs for services reimbursable with Medi-Cal or other federal funding resources.

- Can LDPPs propose to use program funding to support costs related to alternative service delivery infrastructure, such as mobile units, portable equipment, teledentistry, and electronic health record systems?

Yes, with the exception of electronic health record systems and to the extent the LDPP funding request supports the costs related to alternative service delivery infrastructure for the proposed project(s) innovation, intervention and/or strategies.

- Can pregnant women be included in the LDPP's target populations?

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Target populations for the LDPP application include children under 21 enrolled in Medi-Cal.

- What are the requirements for grant administration?

In accordance with State of California's Medi-Cal 2020 section 1115 waiver, the organization submitting the application and designated as lead entity (administering the grant) must be a county, a city and county, a consortium of counties serving a region consisting of more than one county, a Tribe, an Indian Health program, UC or CSU campus.

- LDPP Funding: Please define what can be included as "infrastructure" funding (e.g. dentist salary)?

A dentist salary could be proposed, however, it would not be considered "infrastructure" funding. A dentist's salary would be considered a personnel cost in a funding request.

- Will capital/equipment costs be allowed?

Yes, equipment expenses may be allowed, however, approval of such equipment expenses are dependent upon the proposed project.

- Can funds be used to deliver a Medi-Cal dental service to Denti-Cal recipients in a nonbillable setting?

No, duplication of effort/supplantation cannot be funded.

- Service office location: We are a large entity with multiple clinic locations and a separate pay-to address. How do we determine what a service office location is for our system?

The service office location is the business or "pay-to address" where services are rendered by the provider (which may be an individual, partnership, group, association, corporation, institution, or entity that provides dental services. See: California Medi-Cal 2020 Demonstration, page 68 of 307.

- If we are determined to have multiple service locations, can we implement an LDPP for only select service office locations?

Yes, a LDPP project could be implemented in select locations.

- For Domain 1, is an LDPP expected to enroll new children in Medi-Cal?

No.

- For Domain 1, is an LDPP allowed to enroll new children in Medi-Cal?

No.

- Is an LDPP allowed to purchase equipment? If yes, how will "equipment" be defined?

Yes, to the extent equipment is required to implement a project, equipment expenses should be included in a funding request.

- Can an LDPP purchase or lease a van to transport children to care?

No, existing Medi-Cal benefits (transportation services) are available to Medi-Cal beneficiaries so the purchase of a van for transportation would be considered duplication of effort/supplantation.

- Does the LDPP only pertain to rural areas?

No, a LDPP may focus on urban or rural areas, a region, a county or a group of counties.

- Must the LDPP include a Tribe/Indian health program?

No, the LDPP is not required to include a Tribe/Indian health program.

- Are entities allowed to participate in more than one LDPP application? For example, if a tribal authority, can they apply on their own AND participate in a different application with another entity/LDPP plan?

Yes entities may participate in more than one LDPP application and apply on their own and participate in a different application with another entity/LDPP.

- Does a tertiary surgery center qualify for incentive payment for any part of the disease management activities?

No. Incentive payments are related to caries risk management and completion of the treatment plan.

- Is there an evidence-based motivational interviewing training/curriculum identified by DHCS?

This information is forthcoming.

- How is motivational interviewing activity to be reported?

Motivational interviewing shall be documented in the chart and CDT codes should be included on the claim form.

- Will dentists/clinic who participate in the LDPP receive incentive payment for their services in addition to any benefits received via the pilot project?

To the extent the pilot project payment methodologies do not duplicate effort or supplant existing activities performed and reimbursed through Medicaid or incentive payments related to a specific domain, funding could be used to implement other payment methodologies. Budgets should not include costs for services reimbursable with Medi-Cal or other federal funding resources.

- Are funds for the pilot project available for sub-contracts?

Funds are available to subcontract services to the extent the services are necessary to support the proposed pilot project(s). However, budgets should not include costs for services reimbursable with Medi-Cal or other federal funding resources.

- Will fluoride varnish be eligible for incentive payments if applied by medical providers as part of a medical/dental integration strategy?

Incentive payments for medical providers for fluoride varnish application is not included in the waiver, however, a LDPP project might include incentive payments to medical providers for application of fluoride varnish to test whether this strategy may improve oral health outcomes.

- Exams: please provide a definition/code for dental exams.

CDT codes D0120, D0145, D0150.

- Must exams include radiographs?

Radiographs are not required for exams (CDT codes D0120, D0145, D0150).

- Please provide detailed information on the protocols for the use of antimicrobials in children.

This information is forthcoming.

- What is meant by "behavior modification"? What are the outcomes and how are they to be reported?

This information is forthcoming.

- We would like to explore the development of a community dental health worker curriculum for the Santa Rosa Junior College as a sustainable mechanism to ensure high-quality, standard training. Is the sort of activity permissible under the pilot project?

To the extent this activity does not duplicate effort or supplant existing health education and care coordination activities performed and reimbursed through Medicaid, funding could be used for the development of curriculum and training to health workers. For example, many counties are reimbursed for comprehensive care coordination through CHDP as well as other targeted case management activities.

What is the incentive for children to receive the CRA and all or most the ensuing disease management care with the medical/dental home?

This information is forthcoming.

- Are there guidelines for phone applications for portable dental "records" or patient plans?

Please clarify this question.

- Will CMS provide reports to counties ER claims data related to dental diagnoses?

No.

- Will CMS report to counties all claiming data for those participating in the LDPP?

No.

- Which CRA is to be used, and how will the classification be standardized? Currently dentists need to complete a history and make an assessment based on both the response to the history and a brief visual exam.

This information is forthcoming.

- Will the clinics be provided with a list of CMS codes for preventive and for restorative services?

A list of acceptable CDT codes for approved preventive services is forthcoming. Restorative procedures are not incentivized under the waiver.

- Will letters of commitment be required from each of the participating agencies?

Yes, as part of the application submission, attach letters of support from participating entities and other relevant entities/stakeholders indicating their agreement to participate in and/or support the LDPP.

- What is the time frame for submission of the application once the RFP is released?

60 days after release of the LDPP application, or August 1, 2016.

- What is the funding cycle for Domain 2? When start and when end?

This information is forthcoming.