8/31/16 UPDATED FAQs: Dental Transformation Initiative
Medi-Cal 2020 Waiver

Item Number	Date Logged	Domain	Question	Organization	Response
1	2/17/2016	Domain 1	Can the State draw down funding to pay provider incentives regardless of performance on these state-level metrics? Meaning these are reporting metrics but the funding is not contingent upon achievement of any set targets.	California Association of Public Hospitals and Health Systems	Payment criteria will be based on the performance of service office locations that meet or exceed the State-predetermined number of beneficiaries receiving any preventive service. This benchmark is calculated in addition to the service office location's prior beneficiary visit data from the baseline calendar year. Once the threshold has been met, service office locations will be paid incentive payments for all services above the baseline.
2	2/17/2016	Domain 1	"The incentive payment for preventive services will equate to a payment of approximately 75% above the Schedule of Maximum Allowances (SMA) for all preventive services provided to the children above the Department pre-determined threshold for the number of beneficiaries served." Can DHCS clarify what this means? How would a provider determine what their incentive payment would be?	California Association of Public Hospitals and Health Systems	To illustrate, if a service office location provided preventative services to twenty (20) beneficiaries in the prior service year, and the benchmark for the provider to meet was designated at ten (10) new beneficiaries, upon meeting the service measure and rendering services to thirty (30) beneficiaries total, the provider would then receive an incentive payment 75% above SMA for the ten (10) additional beneficiaries the provider rendered qualifying services to (21-30). If the provider saw in this example an additional two (2) beneficiaries for a total of thirty-two (32), the provider would also be eligible to receive an incentive payment for the two additional beneficiaries totaling twelve (12) beneficiaries' services rendered qualifying for payment. DHCS is continuing to work on the calculations for this domain and is receptive to stakeholder input on other considerations.
3	3/23/2016	Domain 1	Will DHCS use some of the funding to support targeted outreach efforts for Domain 1?	Western Dental	Initiative funding will be reserved for supporting the domain's specific objectives. DHCS will leverage existing contract provisions specific to provider and beneficiary outreach to operationalize the commitments outlined in the STCs.
4	3/23/2016	Domain 1	How will the outreach plan be developed and can providers participate in outreach?	Western Dental	DHCS will leverage existing contract provisions specific to provider and beneficiary outreach to operationalize the commitments outlined in the STCs, to the extent providers are engaged in the outreach. The Department welcomes and appreciates provider participation.
5	3/23/2016	Domain 1	Will DHCS use some of the funding in Domain 1 to incentivize maintenance of preventive services for existing patients, not just incremental increases in preventive services?	Western Dental	The maintenance of preventive services for existing patients is captured through domain 3 of the DTI. However, continued baseline services are inherent in the incentive eligibility for domain 3 as well.
6	3/23/2016	Domain 1	Given the variability of provider numbers at service locations, will DHCS consider assigning target increases to individual DDSs rather than service locations?	Western Dental	In accordance with the STCs, incentive thresholds for domain 1 will be established by service office locations. In additional, service office locations' baselines are determined by the number of unduplicated beneficiaries that receive qualifying services, and not by providers.
7	5/18/2016	Domain 1	The first incentive payment will reflect achievement of predetermined between January 2016 and June 2016. I am curious when can Dental Service Office locations can apply for Domain 1? Has the deadline for applications already passed?	LDPP Webinar	All enrolled Medi-Cal dental service office locations in California are eligible to participate in Domain 1. No application or enrollment is required.

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8	5/18/2016	Domain 1	What are the 11 qualifying services for Domain 1?	LDPP Webinar	Please review the Domain 1 Fact Sheet located on the DTI webpage. http://www.dhcs.ca.gov/provgovpart/Documents/DTIDomain1Final.pdf
9	5/18/2016	Domain 1	If I see 100 exam patients a day then it seems I need to see 2 extra patients a day to meet the 2% increase for the year. Will the 75% incentive be only paid on those 2 extra exams and not on the first 100 exams?	LDPP Webinar	Incentive payments will be paid for beneficiaries 1 or more percentage points above the service office location baseline.
10	5/18/2016	Domain 1	For domain one will only new patients count for an increase in baseline or will recall exams also qualify?	LDPP Webinar	Please see preceding response.
11	5/18/2016	Domain 1	How will the data be captured for Domain 1 for offices that are FQHCs and do not bill directly to Dentical?	LDPP Webinar	The DHCS Clinic Subworkgroup recommended and DHCS agreed to submission of past and future CDT and treatment data to the Dental FI via paper or electronic submission.
12	8/22/2016	Domain 1	On the DTI Domain 1 Data Collection template on cell H2 it states, "Total number of unduplicated beneficiaries 1-20 at the time of service that received a qualifying preventive service." Am I correct that you need, in order to establish a baseline for Clinicas, is the number of visits we had for people between the ages of 1 to 20 and that were non-duplicated for the year of 2014? Meaning we can only count them once for the entire year?	Clinicas de Salud del Pueblo	Beneficiaries should be unduplicated, i.e., counted once per year, however, one beneficiary could have multiple dental service visits and receive one or more preventive services during the 2014 calendar year. All of the preventive services provided to an unduplicated beneficiary during the 2014 calendar year should be identified and included in the data collection template.
13	8/31/2016	Domain 1	Is it possible to expand a bit more how FQHC clinics will report information or can you send me information.	LDPP Budget Webinar	Please see response to item number 11 and Domain 1 and 3 Data Collection Instructions and Templates on the DTI webpage. http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx
14	8/31/2016	Domain 1	If an FQHC contracts with private dentists offices to provide dental services, how will the incentive in Domain 1 apply to the contracted dentists?	LDPP Budget Webinar	If the private dentists contracted by the FQHC are providing preventive services to Medi-Cal beneficiaries, preventive services provided to additional Medi-Cal beneficiaries above the FQHC's baseline will be incentived.
15	2/17/2016	Domain 2	"This 4-year domain will begin as a pilot in select counties and DHCS will then seek to implement on a statewide basis if the pilot is determined to be successful, subject to the availability of funding under the DTI Pool." How/when will DHCS make this call to spread?	California Association of Public Hospitals and Health Systems	DHCS will consider expansion no sooner than nine (9) months following the end of Program Year (PY) 2. The Department will analyze pilot data against the performance metrics outlined in the STCs to determine the level of success the domain achieved. Expansion in contingent on available DTI funding as well.

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16	2/17/2016	Domain 2	When does DHCS anticipate making this selection of counties? Will providers be asked to express interest to help in making this determination?	California Association of Public Hospitals and Health Systems	Pilot counties for domain 2 are being identified by DHCS through an analysis of counties with a high percentage of restorative services, a low percentage of preventive services, and indication of likely participation by enrolled service office locations. DHCS is receptive to stakeholder input on other considerations for county selection.
17	2/17/2016	Domain 2	"Dentists will receive payment for completion of a CRA and the corresponding treatment plan. Incentive payments will be made to providers for successful completion of caries treatment plan and improvement in “elevated risk” levels." Can DHCS clarify what triggers the payments?	California Association of Public Hospitals and Health Systems	Incentive payments will be made to the dentist directly. Each billed service will need to be submitted on a claim, and will be paid in accordance with the current claim submission process.
18	3/23/2016	Domain 2	How will DHCS approve dentists for participation in pilot counties?	Western Dental	Eligible dentists must enroll in the pilot by completing a no-cost Department recognized training program and submitting verification documentation.
19	3/23/2016	Domain 2	How will DHCS determine if the pilot has been “successful” and be expanded statewide?	Western Dental	Parameters are still being developed determining pilot success. Meeting or exceeding performance metrics will be the initial metric, but this is still under consideration. DHCS is receptive to stakeholder input on what "success" should look like.
20	3/23/2016	Domain 2	Would DHCS consider the AAPD Caries Risk Assessment model as the foundation for the training program to be developed by DHCS and the California Dental Association?	Western Dental	DHCS is seeking to convene a small workgroup of clinical experts to assist in the selection of the caries risk assessment tool and associated training.
21	5/18/2016	Domain 2	If my county is not selected to participate in Domain 2 I cannot opt in, correct?	LDPP Webinar	If your service office location is not located in a selected county, you will not be able to opt in.
22	5/18/2016	Domain 2	When will you announce which counties are eligible for Domains 2?	LDPP Webinar	The announcement is forthcoming.
23	5/18/2016	Domain 2	When will you announce which counties are eligible for Domains 2 and 3?	LDPP Webinar	The annoncement regarding the counties eligible for Domain 2 is forthcoming. Please review the Domain 3 Fact Sheet located on the DTI webpage. http://www.dhcs.ca.gov/provgovpart/Documents/DTIDomain3Final.pdf
24	5/18/2016	Domain 2	When will you select the approved CRA to use?	LDPP Webinar	The CRA tool selection has been completed and will be available very soon.

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25	5/31/2016	Domain 2	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.	Sonoma County Department of Health Services	This information is forthcoming.
26	5/31/2016	Domain 2	Does a tertiary surgery center qualify for incentive payment for any part of the disease management activities?	Sonoma County Department of Health Services	No. Incentive payments are related to caries risk management and completion of the treatment plan.
27	5/31/2016	Domain 2	Is there an evidence-based motivational interviewing training/curriculum identified by DHCS?	Sonoma County Department of Health Services	This information is forthcoming.
28	5/31/2016	Domain 2	How is motivational interviewing activity to be reported?	Sonoma County Department of Health Services	Motivational interviewing shall be documented in the chart and CDT codes should be included on the claim form.
29			Under Domain 2 can training on motivational interviewining be included in the application?	LDPP Budget Webinar	No. LDPP's are intended to target Medi-Cal children, ages 20 and under, in need of dental services. LDPPs will identify the oral health needs of their targeted population and propose inovations, interventions and/or strategies that would be supported through the LDPP in their application. Application will be expected to detail a pilot projects's specific goals, anticipated outcomes, data that will be used to measure whether the project is having the intended impact, and the frequency of performance metric measurements. The goals, outcomes and performance metrics for analyzing the success fo the pilot project should be consistent with and build upon the performance metrics of the DTI Domains 1, 2, and 3 and should not be wholly redundant of the approaches taken in the Domains.
30	8/31/2016	Domain 2	Dentists are only allowed 2 fluoride varnish applications in a year. With these high risk caries children, would 1-2 more FV applications be allowed in this same period of time?	LDPP Budget Webinar	Please see the Domain 2 Fact Sheet and CRA Costing posted on the DTI webpage. http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx
31	8/31/2016	Domain 2	What is the anticipated date for release of the counties selected for Domain 2?	LDPP Budget Webinar	Please review the Domain 2 Fact Sheet on the DTI webpage. http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx
32	8/31/2016	Domain 2	Can an RDHAP participate in Domain 2 if their County is selected?	LDPP Budget Webinar	No, performance of a CRA would not fall under the RDH scope of practice, however, an RDH could perform some of the services associated with CRA as a member of the dental team such as nutritional counseling, motivational interviewing, or fluoride varnish application.

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33	8/31/2016	Domain 2	I'm still confused, please clarify: Can a RDH under the general supervision of a dentist perform a CRA?	LDPP Budget Webinar	See response above.
34	8/31/2016	Domain 2	Why are FFS providers in Sacramento being excluded from Domain 2?	LDPP Budget Webinar	FFS providers in Sacramento are not excluded. Please review the Domain 2 Fact Sheet on the DTI webpage. http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx
35	8/31/2016	Domain 2	My county is selected in Domain 2 can I provide this service outside of a service office. Example can this service be provided in schools, headstart, WIC etc.	LDPP Budget Webinar	Domain 2 services must be performed at enrolled Medi-Cal dental providers service office locations.
36	8/31/2016	Domain 2	Since LA county was not selected in Domain 2, does it meet any of the domain criterias?	LDPP Budget Webinar	Yes; Domain 1 and Domain 4 if a LDPP application is submitted and awarded.
37	2/17/2016	Domain 3	"This incentive program will be available to service office locations that provide examinations to an enrolled Medi-Cal child for two, three, four, five, and six year continuous periods (per claims data). The incentive will be a flat payment for providing continuity of care to the beneficiary. Incentive payments will be made annually." Is that a flat payment per Medi-Cal child served?	California Association of Public Hospitals and Health Systems	Incentive payments will be a flat payment calculated on a per beneficiary, per year of continuous service basis. The incentive payment amount will be based on the number of years a beneficiary maintains continuity of care with the same service office location.
38	2/17/2016	Domain 3	When and how does DHCS anticipate making this selection of counties? Will providers be asked to express interest to help in making this determination?	California Association of Public Hospitals and Health Systems	Pilot counties for domain 3 are being identified by DHCS through an analysis of the average rate of returns at the county level. DHCS is receptive to stakeholder input regarding county selection for the pilots.
39	2/17/2016	Domain 3	Is it at least one exam per patient per calendar year? Or fiscal year? Or at least every 365 days?	California Association of Public Hospitals and Health Systems	Yes, it is at least one exam per calendar year.
40	2/17/2016 Updated 6/1/16	Domain 3	For instance calendar year could mean seen on 1/1/16 and again on 12/31/17, but that is nearly two years	California Association of Public Hospitals and Health Systems	Please see the Domain 3 Fact Sheet on the DTI webpage. http://www.dhcs.ca.gov/services/Documents/DTIDomain3.pdf

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41	3/23/2016	Domain 3	Would DHCS consider the continuity-of-care goals being satisfied by other dentists in the same organization but at different locations?	Western Dental	The STCs provide for incentive payments by service office locations.
42	5/18/2016	Domain 3	Will we get the names and state data for domains 3 on a regular basis to incorporate into LDPP?	LDPP Webinar	Aggregate data will be shared but beneficiaries' names will not be shared due to privacy regulations.
43	5/18/2016	Domain 3	When will you announce which counties are eligible for Domains 3?	LDPP Webinar	Domain 3 counties have been announced. Please see the Domain 3 Fact Sheet on the DTI website. http://www.dhcs.ca.gov/services/Documents/DTIDomain3.pdf
44	5/18/2016	Domain 3	My FQHC has 3 sites, for Domain 3 can the patient be seen in any of the 3 sites and be counted?	LDPP Webinar	FQHCs typically submit claims on behalf of the FQHC for all contracted service locations. If this is your current practice, the patient may be seen in any of the 3 locations.
45	5/18/2016	Domain 3	Still not clear on how baseline will work for second year. Will new baseline be based on previous year?	LDPP Webinar	Incentive payments will be a flat payment calculated on a per beneficiary, per year of continuous service basis. The incentive payment amount will be based on the number of years a beneficiary maintains continuity of care with the same service office location.
46	5/18/2016	Domain 3	For Domain 3, what if a community health center opens a new location and the patient prefers to be seen at a new location . Will the new health center receive the incentive for continous care? It is in our best interest to serve the patient by making services more convenient.	LDPP Webinar	FQHCs typically submit claims on behalf of the FQHC for all contracted service locations. If this is your current practice, the patient may be seen in any of the locations.
47	5/18/2016	Domain 3	For the continuation of care of a pediatric dental patient under the metrics for DTI- where we are tracking the continuation of preventive care of a child for years 2, 3, 4, and 5- is “a provider” tallied by the specific dentist or the specific dental practice office. For example if 1 year old patient Jane Doe has a caries assessment/exam at age 1 done by Dr. James of Smile Dental Office in San Jose. Does year 2 preventive care have to be done by Dr. James of Smile Dental Clinic of San Jose or can it be done by Dr. Smith at the same location of Smile Dental Clinic and still meet the metrics guidelines?	LDPP Webinar	Services shall be provided at the same service office location.

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48	8/8/2016	Domain 3	I'm not clear on what an exam each year means. As it relates to incentive payments. Is it at least one exam per patient per calendar year? Or fiscal year? Or at least every 365 days? For instance calendar year could mean seen on 1/1/16 and again on 12/31/17, but that is nearly two years.	Michael Jones, DDS	Please see the Domain 3 Fact Sheet on the DTI webpage. http://www.dhcs.ca.gov/services/Documents/DTIDomain3.pdf
49	8/8/2016	Domain 3	I see that San Luis Obispo County is in Domain 3. Our office is in Santa Maria which is in Santa Barbara County but on the SLO county line. If we recall patients from that county will they qualify for the incentive or does the office need to be in SLO County? If we were to move across the county line would the incentive count for all patients seen or just the ones living in SLO County?	DDS4Kids	Only service office locations in designated counties are eligible to participate in Domain 3.
50	8/8/2016	Domain 3	We have 5 dental clinics within our county. Patients can potentially go to any of these clinics for their care. Since we are 1 billing entity, I would assume that care would be considered continuous as long as they stay in our system. Is this correct?	San Mateo Medical Center	Yes, that is correct. Since you're one billing entity care would be considered continuous.
51	8/31/2016	Domain 3	For continuity of care, please confirm that any location within a FQHC network will count as the "same provider" for the purpose of Domain 3 cont of care.	LDPP Budget Webinar	Yes, any location within an FQHC network will count as the "same provider."
52	2/17/2016	Domain 4	"No single pilot may receive more than 25 percent of the annual funding amounts." Does this mean 25% of the total DTI funding or 25% of the amount set aside for the pilots? Has an amount been earmarked for the pilots?	California Association of Public Hospitals and Health Systems	The total funding for Domain 4 may not exceed 25% of the annual DTI funding. This equates to up to $185 million over the entire five year demonstration.
53	2/22/2016 Updated	Domain 4	Could you, please, advise whether DHCS has already announced submission of proposals for the Local Dental Pilot Program? If not, when and how will this announcement be made?	Associate Professor of Clinical Dentistry Dental Public Health and Pediatric Dentistry Herman Ostrow School of Dentistry of USC	DHCS has not yet announced details for the Local Dental Pilot Program application; the timeline is under development and the information will be posted on the DTI website: http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx

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54	2/26/2016	Domain 4	Humboldt County is very interested in applying for the DTI/ LDPP as part of the Medi-Cal 2020 waiver. I did listen in on the Stakeholder Advisory Committee meeting/presentation about the Waiver but did not get a clear understanding if DHCS will have an application or RFP process and what the timeline for that might be?	Oral Health Consultant-Humboldt County Public Health	DHCS will be issuing a Local Dental Pilot Program application; the timeline is under development and the information will be posted on the DTI website: http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx
55	3/10/2016	Domain 4	Will any funding be available to assist in the planning process?	President, California Health Policy Strategies L.L.C.	Expenditures associated with planning are not within the initiative's parameters.
56	3/10/2016	Domain 4	Will a local match be required? Would such a local contribution be given additional weight in the competitive process?	President, California Health Policy Strategies L.L.C.	A local match is not required. All applications will be reviewed in accordance with the criteria developed by DHCS and CMS. This criteria will be posted on the DTI website: http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx
57	3/10/2016	Domain 4	Can any county apply? Or is it limited only to rural counties?	President, California Health Policy Strategies L.L.C.	Applications for the Local Dental Pilot Programs can come from any agency/department of a county, a city and county, a consortium of counties serving a region consisting of more than one (1) county, Tribe, an Indian Health Program, UC or CSU campus. It is not only limited to rural counties.
58	3/23/2016	Domain 4	How will DHCS determine which pilots have been “successful” and would then be expanded statewide?	Western Dental	Parameters are still being developed for determining pilot's success. DHCS welcomes stakeholder input on how success will be measured. Meeting or exceeding performance metrics will be the initial metric, but this is still under consideration.
59	5/4/2016	Domain 4	If we were to partner with a Indian Reservation does that limit the participants to Indian members or does that open the availability to all eligible Medi-cal patients?	Valley Dental Consulting and Leasing	All eligible Med-Cal beneficiaries may participate.
60	5/18/2016	Domain 4	Just in case there is not enough qualified pilots will the application be reopened?	LDPP Webinar	Yes, the application may be reopened if less than 15 applicants qualify and there are funds remaining.
61	5/18/2016	Domain 4	What will you do with unspent funds if there are only a few approved LDPP applications? Will you consider a second application option?	LDPP Webinar	Please see preceding response.

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62	5/18/2016	Domain 4	If an LDPP has multiple Services proposed, can/will DHCS approve an LDPP for only a portion of the services proposed? For example, 4 services are proposed - DHCS approves only the first 3 services proposed due to overall funding limitations when approving all the 15 projects.	LDPP Webinar	DHCS wlll review applications and may send written questions/concerns to applicants for response prior to making final decisions to approve or deny applications.
63	5/18/2016	Domain 4	Are there any exceptions to age limit for the special needs population?	LDPP Webinar	No, there are no exceptions to age limits for the special needs population.
64	5/18/2016	Domain 4	The funding is limited to 25% of the annual amount of $185mm. Does that mean the cap any single lead entity can apply for is $46.25mm (i.e. 25% x $185)?	LDPP Webinar	The maximum funding for Domain 4 is $185,000,000. Funding is dependent upon the number of successful applications up to a total of 15, and the proposed projects.
65	5/18/2016	Domain 4	Are pregnant women apart of the target population?	LDPP Webinar	Women under 21 are eligible to receive LDPP services.
66	5/18/2016	Domain 4	We have a very strong collaborative in our county with many partners who are interested and seem to think that we as a "County Education Office" could be the lead to apply - we have "County" in our name, but are not part of the County, not apart of the county government structure in any way. My understanding is that our "County" would have to be willing to sign on as the lead in order to apply. Can you confirm that to answer those who persist or am I wrong?	LDPP Webinar	Your understanding is correct. Lead entities must be a county/county entity, city and county, a consortium of counties serving a region, a Tribe, an Indian Health Program, a UC or CSU.
67	5/18/2016	Domain 4	It was stated that a County can be working with a First 5 and one has to make the application. If partnership is shown, does this mean that the First 5 can be the designated Lead Entitiy as long as they are working in partnership with the County?	LDPP Webinar	A First 5 (county entity) may be designated as a lead entity.
68	5/18/2014	Domain 4	Can a County that operates a Public Health Dental Clinic (thus potentially taking part in Domain 1 and 3) apply as an LDPP Lead Entitiy?	LDPP Webinar	Lead entities must be a county/county entity, city and county, a consortium of counties serving a region, a Tribe, an Indian Health Program, a UC or CSU.

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69	5/18/2016	Domain 4	Can a stand alone FQHC apply as lead entity if it serves the entire county?	LDPP Webinar	No, a stand alone FQHC may not apply as a lead entity.
70	5/18/2016	Domain 4	Does the LDPP need to be sustainable after five years once the funding is over?	LDPP Webinar	No, the LDPP does not need to be sustainable after the five years of funding is over.
71	5/18/2016	Domain 4	Can you explain what "not wholly redundant" means?	LDPP Webinar	"Not wholly redundant" means duplicative of the efforts described in Domains 1, 2 and 3. DHCS aims to fund innovative pilots that target an identified population of Medi-Cal eligible child beneficiaries in accordance with the requirements established jointly by the Department and Centers for Medicare and Medicaid Services (CMS) and deemed appropriate to fulfill specific strategies linked to one (1) or more of the three (3) domains delineated in the Medi-Cal 2020 Waiver.
72	5/18/2016	Domain 4	The target population is up to the 21st birthday, right? So the entire year of age 20, correct?	LDPP Webinar	Correct.
73	5/18/2016	Domain 4	Is there a page limit for the application?	LDPP Webinar	No, there is no page limit for the application.
74	5/18/2016	Domain 4	Why would a County, City and County, Tribe or UC or CSU have to be the lead agencies, none of them in this county know anything about dental or know anything about how spending money effectively.	LDPP Webinar	Please see the Medi-Cal 2020 Special Terms and Conditions. This is a requirement for participation.
75	5/18/2016	Domain 4	Would the service office location also be considered a contract dental site (contracted with an FQHC)?	LDPP Webinar	The service office location is the FQHC.
76	5/18/2016	Domain 4	Are there guidelines for cost and revenue sharing?	LDPP Webinar	No, there aren't any guidelines for cost and revenue sharing.
77	5/18/2016	Domain 4	Will there be future webinars addressing any pertinant LDPP updates?	LDPP Webinar	Yes, there will be future webinars addressing pertinant LDPP updates.
78	5/18/2016	Domain 4	When will the pilot selection criteria be available?	LDPP Webinar	The LDPP selection criteria was posted on June 1, 2016, and is included in the application on the DTI website

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79	5/18/2016	Domain 4	What consists a workforce development? allied health professionals, Comunity Health Workers?	LDPP Webinar	Workforce development could include allied health professionals and community health workers.
80	5/18/2016	Domain 4	Who will receive the actual incentive monies? The lead agency or the actual Dental-Cal partner providers?	LDPP Webinar	If incentives are proposed, the lead entity would receive and distribute incentives in accordance with the LDPP awardee's application.
81	5/18/2016	Domain 4	Of the up to 15 counties chosen will there be a certain percent of large counties and a ceratin percent of small counties or could you possibly choose 15 large counties and zero small counites?	LDPP Webinar	County size is not a selection criteria. Selection will be based upon the criteria defined in the application, and could include a consortium of counties, a rural or urban area, a small, medium or large county, depending upon the application and proposed pilot project.
82	5/18/2016	Domain 4	We are a large county with multiple county programs working on oral health. Can one county program be the lead and the other county programs be considered participating agencies?	LDPP Webinar	Lead entities are described in the Medi-Cal 2020 Waiver and the LDPP application. Lead entities must be a county/county entity, city and county, a consortium of counties serving a region, a Tribe, an Indian Health Program, a UC or CSU.
83	5/18/2016	Domain 4	Can an LDPP focus on a specific age group, such as under age 11, while leaving open the ability to serve all children age 20 and under?	LDPP Webinar	LDPP applicants must identify at-risk Medi-Cal children, up to age 20, who reside in the designated geographic area/region where the LDPP will operate.
84	5/18/2016	Domain 4	Clarify that LDPP must collect, analyze all data from dental providers participating in the DTI project.	LDPP Webinar	Data collection is dependant upon your LDPP proposal.
85	5/18/2016	Domain 4	Would an LDPP be able to propose a loan repayment progran to atttract dentist to work in practices (e.g. community health centers) that particpate in the Denti-Cal/Medi-Cal program?	LDPP Webinar	No, an LDPP may not propse a loan repayment program to attract dentists to work in practices that partcpate in the Denti-Cal/Medi-Cal program.
86	5/18/2016	Domain 4	If the $740M increases as a result of good results from any/all of the other 3 domains, will the amount available for LDPPs increase proportionately?	LDPP Webinar	Increases in available funding are not under consideration at this time.

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87	5/18/2016	Domain 4	If an LDPP is working in Domain 1 with particpating partners, and it is determined that their patients need to have fluoride varnishes evey 3 months, which is currently not covered by DentiCal, then can the LDPP make payments to those dentists to incentivize this practice?	LDPP Webinar	The LDPP application requires information about the innovation that will be implemented and tested under the LDPP in order to consider whether payments to dentists to incentivize fluoride varnishes evey 3 months could be reimbursed by the LDPP.
88	5/18/2016	Domain 4	Is DHCS interested in directly reimbursing community health workers for preventive servcies that they can legally provide: motivational interviewing, case managment, "enabling services"?	LDPP Webinar	The STCs do not permit DHCS to directly reimburse community health workers for preventive servcies such as: motivational interviewing, case managment, or "enabling services".
89	5/31/2016	Domain 4	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?	Alameda County Department of Public Health	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.
90	5/31/2016	Domain 4	Can relevant costs go to a design and implementation of a culturally informed comprehensive care coordination program including software and training development?	Alameda County Department of Public Health	See response above.
91	5/31/2016	Domain 4	Are funds available to engage technical assistance regarding data collection, analysis and evaluation and to further improve data collection systems?	Alameda County Department of Public Health	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.
92	5/31/2016	Domain 4	Will DHCS provide a list of the acceptable CDT codes for approved preventive and restorative procedures under the DTI?	Alameda County Department of Public Health	Please review the Domain 1 Fact Sheet located on the DTI webpage. http://www.dhcs.ca.gov/provgovpart/Documents/DTIDomain1Final.pdf. Restorative procedures are not incentivized under the waiver.
93	5/31/2016	Domain 4	Are funds available to subcontract services as well as fund positions within county?	Alameda County Department of Public Health	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.

Item Number	Date Logged	Domain	Question	Organization	Response
94	5/31/2016	Domain 4	Will there be guidelines and information on assisting Denti-Cal providers in enrollment and billing?	Alameda County Department of Public Health	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.
95	5/31/2016	Domain 4	Would the LDPP application include prenatal oral health efforts and family level interventions?	Alameda County Department of Public Health	No. Target populations for the LDPP application include children under 21 enrolled in Medi-Cal.
96	5/31/2016	Domain 4	Do dental providers need to choose between (a) Participating in incentive programs via Project 1, 2, 3 or (b) Participating in Project 4 (LDPP)?	Children and Families Comission of Orange County	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 complete required training and opt in may participate in Domain 2 (Carries Risk Assessment and Disease Management), and/or become a participating entity in Domain 4 (LDPP).
97	5/31/2016	Domain 4	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?	Children and Families Comission of Orange County	Baseline metrics will be based upon claims data and service office locations for Domains 1, 2 and 3.
98	5/31/2016	Domain 4	Will baseline year metrics be available by service area/target population to interested LDPP applicant entities prior to proposal submissions?	Children and Families Comission of Orange County	Baseline data for Domain 1 will be available by state and county by July 2016.
99	5/31/2016	Domain 4	Can LDPPs implement other payment methodologies in addition to the established incentive payments related to each specific domain?	Children and Families Comission of Orange County	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.
100	5/31/2016	Domain 4	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?	Children and Families Comission of Orange County	Yes, with the exception of mobile units 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.
101	5/31/2016	Domain 4	Can pregnant women be included in the LDPP's target populations?	Children and Families Comission of Orange County	Target populations for the LDPP application include children under 21 enrolled in Medi-Cal.

Item Number	Date Logged	Domain	Question	Organization	Response
102	5/31/2016	Domain 4	What are the requirements for grant administration?	Children and Families Comission of Orange County	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.
103	5/31/2016	Domain 4	LDPP Funding: Please define what can be included as "infrastructure" funding (e.g. dentist salary)?	Contra Costa Health Services	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; however, budgets should not include services reimbursable with Medi-Cal or other federal funding sources.
104	5/31/2016	Domain 4	Will capital/equipment costs be allowed?	Unknown	Yes, equipment expenses may be allowed, however, approval of such equipment expenses are dependent upon the proposed project.
105	5/31/2016	Domain 4	Can funds be used to deliver a Medi-Cal dental service to Denti-Cal recipients in a nonbillable setting?	Unknown	No, duplication of effort/supplantation cannot be funded.
106	5/31/2016	Domain 4	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?	Contra Costa Health Services	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.
107	5/31/2016	Domain 4	If we are determined to have multiple service locations, can we implement an LDPP for only select service office locations?	Unknown	Yes, a LDPP project could be implemented in select locations.
108	5/31/2016	Domain 4	For Domain 1, is an LDPP expected to enroll new children in Medi-Cal?	County of Lake Public Health Services	No.
109	5/31/2016	Domain 4	For Domain 1, is an LDPP allowed to enroll new children in Medi-Cal?	County of Lake Public Health Services	No.
110	5/31/2016	Domain 4	Can an LDPP purchase or lease a van to transport children to care?	County of Lake Public Health Services	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.
111	5/31/2016	Domain 4	Does the LDPP only pertain to rural areas?	First 5 San Diego	No, a LDPP may focus on urban or rural areas, a region, a county or a group of counties.

Item Number	Date Logged	Domain	Question	Organization	Response
112	5/31/2016	Domain 4	Must the LDPP include a Tribe/Indian health program?	First 5 San Diego	No, the LDPP is not required to include a Tribe/Indian health program.
113	5/31/2016	Domain 4	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?	First 5 San Diego	Yes, entities may participate in more than one LDPP application, apply on their own and/or participate in a different application with another entity/LDPP.
114	5/31/2016	Domain 4	Will dentists/clinic who participate in the LDPP receive incentive payment for their services in addition to any benefits received via the pilot project?	Sonoma County Department of Health Services	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.
115	5/31/2016	Domain 4	Will fluoride varnish be eligible for incentive payments if applied by medical providers as part of a medical/dental integration strategy?	Sonoma County Department of Health Services	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.
116	5/31/2016	Domain 4	Exams: please provide a definition/code for dental exams.	Sonoma County Department of Health Services	CDT codes D0120, D0145, D0150.
117	5/31/2016	Domain 4	Must exams include radiographs?	Sonoma County Department of Health Services	Radiographs are not required for exams (CDT codes D0120, D0145, D0150).
118	5/31/2016	Domain 4	Please provide detailed information on the protocols for the use of antimicrobials in children.	Sonoma County Department of Health Services	This information is forthcoming.
119	5/31/2016	Domain 4	What is meant by “behavior modification”? What are the outcomes and how are they to be reported?	Sonoma County Department of Health Services	This information is forthcoming.

Item Number	Date Logged	Domain	Question	Organization	Response
120	5/31/2016	Domain 4	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?	Sonoma County Department of Health Services	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.
121	5/31/2016	Domain 4	What is the incentive for children to receive the CRA and all or most the ensuing disease management care with the medical/dental home?	Sonoma County Department of Health Services	This information is forthcoming.
122	5/31/2016	Domain 4	Will CMS provide reports to counties ER claims data related to dental diagnoses?	Sonoma County Department of Health Services	No.
123	5/31/2016	Domain 4	Will CMS report to counties all claiming data for those participating in the LDPP?	Sonoma County Department of Health Services	No.
124	5/31/2016	Domain 4	Will letters of commitment be required from each of the participating agencies?	Sonoma County Department of Health Services	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.
125	6/27/2016	Domain 4	Would funding for teledentistry equipment qualify for LDPP?	LDPP Webinar	The goals of Domain 4 are to increase dental prevention; caries risk assessment and disease management; and continuity of care among Medi-Cal children through innovative pilot projects implemented by alternative programs, potentially using strategies focused on urban or rural areas, care models, delivery systems, workforce, integration of oral health into primary care, local case management initiatives and/or education. To the extent the proposed LDPP innovation that will be tested is viable and requires funding for equipment, including but not limited to teledentistry equipment to be successful, DHCS may consider approval of funding for equipment as long as the LDPP proposal meets the application requirements to further the goals of one or more of the dental domains or other measures closely tied to the domains. DHCS will not approve the purchase of mobile vans. Please note equipment purchased/reimbursed with state and federal funds shall only be used for the performance of this grant agreement and may require return to DHCS at the termination of the agreement.
126	6/27/2016	Domain 4	In contrast to a mobile van, which is not an eligible expense, would equipment such as would be used for teledentistry (e.g., portable exam chair, portable x-ray, and intraoral cameras) be acceptable budget items?	LDPP Webinar	See response above.

Item Number	Date Logged	Domain	Question	Organization	Response
127	6/27/2016	Domain 4	We do not have teledentistry in our County and would like to pilot this approach. What aspects of teledentistry would be fundable as part of an LDPP? Would we be able to fund equipment or expansion efforts to support increased access to providers through teledentistry?	LDPP Webinar	See response above.
128	6/27/2016	Domain 4	Are there any limits on the use of funding for "equipment" - can it include portable dental equipment? Such as a mobile van? If not, the application lists equipment as a category in the funding request. Can you clarify?	LDPP Webinar	See response above.
129	6/27/2016	Domain 4	Could we target a Mixteco-focused population using an existing mobile dental unit, triingual translators, develop an educational book (all pictures because of no written Mixtecan language, age appropriate), getting MICOP (a large local Mixteco and immigrant community service population involved)? We have 20,000 Mixtecos in our county because of the agriculture.	LDPP Webinar	LDPP applications must identify and assess the unmet need of at-risk enrolled **Medi-Cal** children, up to age 20, who reside in the geographic area/region where the LDPP will operate to test the LDPP's proposed innovation and further the goals of one or more of the dental domains or other measures closely tied to the domains. To the extent the applicant's assessment identifies unmet need in the "Mixteco" population, DHCS may consider approval of funding provided the LDPP proposal meets the application requirements and the proposed LDPP innovation that will be tested is viable. Proposed interventions for the target population should not be wholly redundant of the DTI domains or duplicative of existing Medi-Cal, state or federally funded services.
130	6/27/2016	Domain 4	Also, our local CSU has no dental program, but it does have a BS in Health Sciences with an emphasis in health informatics. Can we offer an internship for seniors to help with collecting and analyzing performance metrics?	LDPP Webinar	Internships for seniors to assist a LDPP with data collection, analyses, and reporting of LDPP interventions and/or strategies may be considered by DHCS to the extent the LDPP proposal meets the application requirements to further the goals of one or more of the dental domains or other measures closely tied to the domains and to the extent the proposed LDPP innovation that will be tested is viable and requires funding for internships for students to be successful.
131	6/27/2016	Domain 4	Will LDPPs be able to provide funding to colleges to train workforce?	LDPP Webinar	No, LDPPs will not be able to provide funding to colleges to train workforce.

Item Number	Date Logged	Domain	Question	Organization	Response
132	6/27/2016	Domain 4	We are working to develop a telephone application to track patient appointment dates, services and personal self-management plans developed through motivational interviews. Will the development of such an application be allowed in the LDPP budget?	LDPP Webinar	To the extent the proposed LDPP innovation that will be tested requires funding for development of a telephone application to track patient appointment dates, services and personal self-management plans developed through motivational interviews or EHR modification and integration, DHCS may consider approval of the application as long as the LDPP proposal meets the application requirements to further the goals of one or more of the dental domains or other measures closely tied to the domains and to the extent the proposed LDPP innovation that will be tested is viable. Please note proposed interventions should not be duplicative of existing Medi-Cal, state or federally funded initiatives. In addition, please note software purchased/reimbursed with state and federal funds shall only be used for the performance of this grant agreement and becomes the property of DHCS at the termination of the agreement.
133	6/27/2016	Domain 4	Can funding be used for staff time to modify our EHR to integrate other programs into our EHR?	LDPP Webinar	See response above.
134	6/27/2016	Domain 4	Will LDPP's be able to provide payments to providers to employ case managers?	LDPP Webinar	Payments to providers to employ case managers or pay for staff to expand educational outreach to the target population may be considered by DHCS to the extent the LDPP proposal meets the application requirements and provided the proposed LDPP innovation that will be tested is viable and requires funding of case managers or expand educational outreach to be successful. Proposed interventions should not be wholly redundant of the DTI domains or duplicative of existing Medi-Cal, state or federally funded services.
135	6/27/2016	Domain 4	Can you please clarify if funds will cover the cost of staff to expand educational outreach to the target population?	LDPP Webinar	See response above.
136	6/27/2016	Domain 4	Re: Toothbrushes, what is the nature of them that precludes inclusion for funding?	LDPP Webinar	The purchase and distribution of toothbrushes may be considered by DHCS to the extent the LDPP proposal meets the application requirements and provided the proposed LDPP innovation that will be tested is viable and requires the purchase and distribution of toothbrushes to be successful. Proposed interventions should not be wholly redundant of the DTI domains or duplicative of existing Medi-Cal, state or federally funded services.
137	6/29/2016	Domain 4	Can the County draw down matching Title XIX funds from Federal Government based on the dollar amount we would receive from the DTI/LDPP grant, if awarded?	Kern County	No. The DTI funding is independent of other funding sources, so, unfortunately this is not an option to draw down matching funds.

Item Number	Date Logged	Domain	Question	Organization	Response
138	7/12/2016	Domain 4	Can we propose provider incentives based on the number of children enrolled in Medi-Cal who receive a preventative dental service? For example, each time the provider in our pilot provides a preventative Medi-Cal service to an enrolled Medi-Cal child they would get a specified dollar amount. Since the guidance says Doman 4 needs to support the other domains but not be wholly redundant, I want to see if you would consider this to be redundant?	Contra Costa Health Services	No, this would be considered a duplication of Domain 1.
139	7/12/2016	Domain 4	Can we propose a provider incentive to be paid to a non-Medi-Cal provider who provides oral hygiene instruction or nutritional counseling to a child or parent of a child enrolled in Medi-Cal? For example, an RDH not enrolled as a Medi-Cal provider gets an incentive each time they provide oral hygiene instruction or nutritional counseling to a child or parent to increase oral health literacy.	Contra Costa Health Services	No, this would be a duplication of existing Medi-Cal covered services.
140	8/3/2016	Domain 4	Will you be sending an LDPP Budget Excel document or should we create one on our own? The Word document can easily lead to mistakes.	First 5 San Joaquin	No, we will not be providing an Excel document.
141	8/8/2016	Domain 4	I just heard today that you may be releasing budget forms. PLEASE allow us to use the ones we have since we've spent a lot of time putting together budgets and budget narratives to match our form.	First 5 San Joaquin	LDPP applicants shall use the budget template posted on the DHCS DTI webpage. http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx
142	8/8/2016	Domain 4	For data that is parallel to the Domains 1, 2, and 3 goals, how can counties access the data that becomes available to DHCS? Providers will submit claims to DHCS, but it is not clear how that same data can be provided to people in the counties managing the LDPPs. In particular, will it be possible for the counties to receive this data for the children in their target populations in their pilot projects as opposed to all the children in the county?	University of Pacific	DHCS is developing aggregate data reports of demographic information, dental and emergency services provided to eligible Medi-Cal beneficiaries 20 and under by county that will be posted on the DHCS DTI webpage.

Item Number	Date Logged	Domain	Question	Organization	Response
143	8/8/2016	Domain 4	There is a desire in some counties to track correlated data such as the number of children in the target population of the pilot project who utilize a hospital emergency department or operating room for preventable dental conditions. Again, the desire is to be able to have this data for the children in their target populations in their pilot projects as opposed to all the children in the county?	University of Pacific	See response above.
144	8/8/2016	Domain 4	I am with an FQHC in Southern California. We have a number of dentists under contract with us. Would their services and the patients they see count within a proposed program in Domain 4?	Borrego Health	No, this would be considered duplicative of existing Medi-Cal services.
145	8/8/2016	Domain 4	Will DHCS allow for potential budget revisions after Year 1 of the LDPP	Oral Health Consultant	Yes, DHCS will allow budget revisions, however, this requires a contract amendment.
146	8/8/2016	Domain 4	In the June 14 webinar it was stated that "incentives" were expected to make up a large share of the Local Dental Pilot Program budgets. Can you explain what the expectation is for LDPP to pay incentives separate from the incentives the State will pay for Domains 1-3?	Riverside University Health System	DHCS has no recollection of this statement.
147	8/8/2016	Domain 4	In one of the LDPP webinars, DHCS said that the LDPP funds cannot be used for a mobile dental clinic. Can we use the funding to pay for a staff person to do care coordination to link Denti-Cal children to a new mobile dental clinic. No LDPP funds would be used to support the mobile dental clinic staffing or operations. Provider incentives would be based on the number of children who are referred to the mobile dental clinic and seen in the clinic for preventative care.	Contra Costa Health Services	To the extent proposed activities do not duplicate effort or supplant existing care coordination activities performed and reimbursed through Medicaid, funding could be used. For example, many counties are reimbursed for comprehensive care coordination through CHDP as well as other targeted case management activities. Medi-Cal Managed Care organizations are responsible and reimbursed by Medi-Cal for the provision of care coordination.
148	8/8/2016	Domain 4	After the DTI Webinar on June 14th I feel like DHCS really needs to make clear what are going to be considered "allowable expenses" under the LDPP's.	Oral Health Consultant	Please see the LDPP Budget Template, Budget Sample and Budget Sample on the DTI webpage. http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx

Item Number	Date Logged	Domain	Question	Organization	Response
149	8/10/2016	Domain 4	The list of Denti-Cal providers that you provided for our county have been called and there are very few left that take Denti-Cal or take new patients. Can we propose a pilot to build Denti-Cal provider infrastructure so that we will have more providers in the county?	VCHCA Consultant	To the extent this activity does not duplicate effort or supplant existing activities performed and reimbursed through Medicaid, funding could be used to build provider infrastructure.
150	8/10/2016	Domain 4	Can the Priority Element for Bonus Points in Collaboration be in the form of a new public dental clinic operated by the project onsite at a CSU?	VCHCA Consultant	Bonus points for collaboration require collaboration with at least one participating Tribe, Indian Health Program, UC or CSU campus in the geographic areas where the pilot operates.
151	8/10/2016	Domain 4	What are the "required" participating entities (page 3, #3). They are not listed in the application, fact sheet, STCs, or JJ. The priority bonus point entities are listed, but differently in different places.	VCHCA Consultant	Those entities required to successfully implement the applicant's proposed LDPP innovation.
152	8/10/2016	Domain 4	Can I take the table format out of Section 1.2 and put in regular text listing all four requirements of each entity? The last column will be extraordinarily long otherwise.	VCHCA Consultant	You can, however, we prefer that applicants use the table.

Item Number	Date Logged	Domain	Question	Organization	Response
153	8/10/2016	Domain 4	In section 3.2, what does the underlined phrase mean? "The goals, outcomes and performance metrics for analyzing the success of the pilot project should be consistent with and build upon the performance metrics of the three (3) DTI domains and should not be wholly redundant of the approaches taken in these domains." So, I'm reading this to be that if you have a project in Domain 1, for example, you wouldn't just have a metric of: a. Health Initiative Goal: To increase the utilization of children ages one (1) through twenty (20) enrolled in Medi-Cal who receive any preventive dental service, by at least ten (10) percentage points over a five (5) year period. 2020 is the five year target date for California. b. Access to Care Increase the number of actively participating providers in each county who provide preventative services. How would you "build upon" this? Can you give an example?	VCHCA Consultant	The applicant's proposed LDPP innovation(s) should be consistent with and build upon the DTI demonstration goals, outcomes and performance metrics identified for each of the DTI domains in the Medi-Cal 2020 Waiver Special Terms and Conditions (beginning on page 68) at: http://www.dhcs.ca.gov/provgovpart/Documents/MC2020_FINAL_STC_12-30-15.pdf For example, the proposed LDPP innovation may contribute to a greater increase in Medi-Cal beneficiaries under 21's access to preventive services thereby building upon Domain 1 efforts to increase the percentage of children receiving preventive services by more than ten (10) percentage points for Domain 1 over the term of the LDPP.
154	8/10/2016	Domain 4	In review criterion 3.2, it says: "Describe infrastructure needed to implement the planned interventions taking into consideration what is feasible given timelines for implementation and ability to achieve planned goal(s) of the LDPP." Are there required timelines for implementation? I didn't see any.	VCHCA Consultant	LDPP implementation activities are expected to begin on or about February 15, 2017. DHCS is updating the timeline and will post the revised version soon.
155	8/10/2016	Domain 4	7. In review criterion in Section 5, you say: Provides detail of the total funding amount requested, by Demonstration Years for each deliverable requested, including baseline data collection, infrastructure, interventions, and outcomes. a. Are these the categories you want us to use? b. Are you expecting us to do pay for outcomes like in WPC? c. Are you paying us for baseline as in WPC? No. I didn't see that in the write-ups	VCHCA Consultant	a. No. Please see LDPP Budget Template at http://www.dhcs.ca.gov/provgovpart/Documents/LDPPBudgetTemplate.pdf b. No. c. No. d. Yes, please see: http://www.dhcs.ca.gov/provgovpart/Documents/LDPPBudgetTemplate.pdf

Item Number	Date Logged	Domain	Question	Organization	Response
156	8/10/2016	Domain 4	a. Is section 5.2 the budget spreadsheet? b. Can we attach an Excel spreadsheet? Please see: c. Is Section 5.3 the Budget Narrative? i.e., cost basis for each item by year and a description of what activities are being accomplished by whom. d. For section 5.3 (which I think is the budget narrative) do you want four full years with all of the information repeated (i.e, five descriptions of what the Project Director does), or condensed into one	VCHCA Consultant	a. No. b. Please see: http://www.dhcs.ca.gov/provgovpart/Documents/LDPPBudgetTemplate.pdf c. Yes. d. Yes, four years with all of the applicable information repeated.
157	8/10/2016	Domain 4	On the Domain 4 Fact Sheet, page 3, what is TF, GF, and FF?	VCHCA Consultant	Total Funds, General Funds and Federal Funds.
158	8/10/2016	Domain 4	Are you going to have a budget webinar?	VCHCA Consultant	August 18, 2016 at 10 am PST.
159	8/12/2016	Domain 4	I have been reviewing the eligibility for the program for Kern Medical in Bakersfield California. We recently became our own Hospital Authority, and were wondering what this means for us and this program. Other facilities have approached us wonder if we would be a lead, we were wondering if we would be the best for this or another county department.	Kern Medical	Kern Medical would not fall within the parameters of a lead entity for the purposes of the DTI LDPP. A lead entity could work with your facility but it could not be the stand alone applicant.

Item Number	Date Logged	Domain	Question	Organization	Response
160	8//22/2016	Domain 4	I would like to verify that the following activities would be allowable and fundable: a. Project manager and care coordinator salaries (new staff) to support a new combined Medical-Dental Well Child Check Initiative (Clinicas' bills through Denti-Cal FQHC PPS). The initiative would begin at Clinicas' sites with medical & dental co-located, then would graduate to other Clinicas' medical sites, followed by expanding the initiative to RHCs and contracting private practice dentists in the final years of the project. The goal will be to coordinate back-to-back medical & dental appointments whenever feasible, to reduce barriers experienced by the target population (e.g. transportation).	Clinicas de Salud del Pueblo, Inc.	This may be considered duplicative of existing services. Medi-Cal providers are required to perform periodic assessments of children under 21 in accordance with the American Academy of Pediatrics "Bright Futures Periodicity Schedule" https://www.aap.org/en-us/Documents/periodicity_schedule.pdf and USPSTF recommendations. Assess if the child has a dental home. If no dental home is identified, perform a risk assessment (http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf) and refer to a dental home. If primary water source is deficient in fluoride, consider oral fluoride supplementation. Recommend brushing with fluoride toothpaste in the proper dosage for age. See 2009 AAP statement "Oral Health Risk Assessment Timing and Establishment of the Dental Home" (http://pediatrics.aappublications.org/content/111/5/1113.full), 2014 clinical report "Fluoride Use in Caries Prevention in the Primary Care Setting" (http://pediatrics.aappublications.org/content/134/3/626), and 2014 AAP statement "Maintaining and Improving the Oral Health of Young Children (http://pediatrics.aappublications.org/content/134/6/1224.full)." See also USPSTF recommendations: (http://www.uspreventiveservicestaskforce.org/uspstf/uspsdnch.htm). Once teeth are present, fluoride varnish may be applied to all children every 3-6 months in the primary care or dental office. Indications for fluoride use are noted in the 2014 AAP clinical report "Fluoride Use in Caries Prevention in the Primary Care Setting" (http://pediatrics.aappublications.org/content/134/3/626).
161	8/22/2016	Domain 4	I would like to verify that the following activities would be allowable and fundable: b. Tele-dentistry equipment and development of a program to connect Clinicas' most rural medical sites with Dental Clinic staff for oral health education during medical visits (a non-billable visit as no oral exam would take place).	Clinicas de Salud del Pueblo, Inc.	This may be considered duplicative of existing services. Oral health education is required at every oral examination.

Item Number	Date Logged	Domain	Question	Organization	Response
162	8/22/2016	Domain 4	I would like to verify that the following activities would be allowable and fundable: c .A Migrant Health Education program that brings Clinicas' Dental Clinic staff to community-based partner organizations and their clients (e.g. Migrant Head Start) to offer evening seminars for families with children 0-20 that include oral health education and peer-led discussion of important topics, such as sealants, healthy diet, brushing & flossing, and preventive care. Part of the budget would include healthy snacks for participants and incentives for attending all seminars in the series (such as electric tooth brushes or comparable oral hygiene package.	Clinicas de Salud del Pueblo, Inc.	This may be considered duplicative of existing services. Oral health education is required at every oral examination. To the extent this outreach activity results in a new beneficiary dental appointment for preventive services, it may be considered.
163	8/22/2016	Domain 4	Given the number of counties participating and the fact that we all have different indirect rates, which one are we allowed to use? Understanding the rate cannot exceed 20%, possible options we could think of are: If at least one of the counties has an approved federal indirect rate, do we use that one?	Butte County Public Health	Indirect costs are limited to the lower of 20% Total Personnel Salary excluding Fringe Benefits or indirect costs computed based on the lead entity's approved federal indirect cost rate or methodology.
164	8/22/2016	Domain 4	Can you clarify the question asked during the webinar about whether an LDPP can provide case management in LA County? We are in L.A. County, and our project has as a large component community outreach to identify children who do not	Herman Ostrow School of Dentistry of USC	Please see responses to questions above.
165	8/22/2016	Domain 4	We will be participating as a subcontractor and have prepared a budget for our participation in the program. Are our indirect costs limited to 20% of our direct salaries? If so, is that total direct salaries only or is it the total of direct salaries and burden?	Healthy Smiles for Kids of Orange County	Indirect costs are limited to the lower of 20% Total Personnel Salary excluding Fringe Benefits or indirect costs computed based on the lead entity's approved federal indirect cost rate or methodology. Additionally, budgets should not include costs for salaries/services reimbursable with Medi-Cal or other federal funding resources.
166	8/22/2016	Domain 4	If we have a State approved indirect rate that exceeds 20% indirect costs, are we still limited to the 20%?	Sonoma County Department of Health Services	See response above.

Item Number	Date Logged	Domain	Question	Organization	Response
167	8/22/2016	Domain 4	We have included COLA in our LDPP budget-as this reflects our county's MOUs. Is this allowed?	Sonoma County Department of Health Services	Yes, a COLA is allowed.
168	8/22/2016	Domain 4	In the fact sheet, http://www.dhcs.ca.gov/provgovpart/Documents/DTIDomain4.pdf, under the question: What is the frequency of payment and who will the incentive be paid to? It says incentive payments would only be provided to enrolled Medi-Cal dental service locations. Just want to clarification as to what those locations are.	CHEAC	Dental service office locations are defined as 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 STC 105, page 68 of 307).
169	8/31/2016	Domain 4	If a county is not selected for domain 2 but the LDPP proposal includes caries risk assessment, and fluoride varnish outside of the current frequency limitations (e.g., two additional fluoride varnishes based on high caries risk) can those services be reimbursed from LDPP funding since they are not technically covered by denti-cal currently?	LDPP Budget Webinar	No. LDPP's are intended to target Medi-Cal children, ages 20 and under, in need of dental services. LDPPs will identify the oral health needs of their targeted population and propose inovations, interventions and/or strategies that would be supported through the LDPP in their application. Application will be expected to detail a pilot projects's specific goals, anticipated outcomes, data that will be used to measure whether the project is having the intended impact, and the frequency of performance metric measurements. The goals, outcomes and performance metrics for analyzing the success fo the pilot project should be consistent with and build upon the performance metrics of the DTI Domains 1, 2, and 3 and should not be wholly redundant of the approaches taken in the Domains.
170	8/31/2016	Domain 4	Can LDPP funds be used to provide silver diamine fluoride?	LDPP Budget Webinar	No, funds cannot be used to provide silve diamine flouride. Please see response above.
171	8/31/2016	Domain 4	Allowable Fringe benefits do not include sick and vacation days? Why? That's a requirement for employees.	LDPP Budget Webinar	Please review the Budget Instruction on the DTI website. http://www.dhcs.ca.gov/provgovpart/Documents/LDPPBudgetInstructions.pdf
172	8/31/2016	Domain 4	Canyou explain again how sick and vacation days are a disallowable cost?	LDPP Budget Webinar	See response above.

Item Number	Date Logged	Domain	Question	Organization	Response
173	8/31/2016	Domain 4	Can you please reference the OMB Circular number and the section number that disallows sick leave, vacation, etc?	LDPP Budget Webinar	See response above.
174	8/31/2016	Domain 4	On budgets - if multiple counties, do you want detail about each of the Counties plans? i.e, do you want to see budget detail for each county.	LDPP Budget Webinar	Applications for the LDPP can come from a county, a city and county, a consortium of counties serving a region consisting of more than one (1) county, Tribe, an Indian Health Program, Uc or CSU campus. Each application must designate a Lead Entity that will be responsible for coordinating the LDPP and be the single point fo contact for DHCS and CMS. The LDPP application must identify other entities that will particpate in the LDPP. Participating entities should represent a diverse set of key local community partners, educational entities, Medi-Cal providers, and stakeholders. Participating entities may be included in the budget submitted by the Lead Entity or as a subcontractor of the Lead Entity.
175	8/31/2016	Domain 4	If an application is based on key collaborating partners, these are Key partners which may have their own subcontractors. Does DHCS consider the key collaborating partners "subcontractors"?	LDPP Budget Webinar	See response above.
176	8/31/2016	Domain 4	Would you please clarify your definition of “Collaborating Partner” vs “Subcontractor”?	LDPP Budget Webinar	See response above.
177	8/31/2016	Domain 4	How are you defining Collaborating entity as opposed to a Subcontractor? If our Lead has a subcontract with a key partner, like a First 5, to cover their staff costs. Should that be shown in the main budget? Who then goes under subcontracts?	LDPP Budget Webinar	See response above.
178	8/31/2016	Domain 4	Please describe the differences for budget purposes between a collaborator and a subcontractor. For example in a county that has both a UC, state university and county health department, can one entity be the lead or must they be collaborators?	LDPP Budget Webinar	See response above.

Item Number	Date Logged	Domain	Question	Organization	Response
179	8/31/2016	Domain 4	To follow-up can one of these entities be a subcontractor of the other, or must they be collaborators in a LDPP?	LDPP Budget Webinar	A subcontractor of the Lead Entity would be considered a participating entity.
180	8/31/2016	Domain 4	Am I misunderstanding? Are subcontractors NOT considered partcipating entites?	LDPP Budget Webinar	See response above.
181	8/31/2016	Domain 4	Do subcontractors get listed on the partcipating entites list - section 1.2?	LDPP Budget Webinar	Yes, subcontractors should be listed in Section 1.2.
182	8/31/2016	Domain 4	If prime contractor will be reimbursing a collaborative partner for, say personnel, would the collaborative partner's expenses be listed in main budget or under Subcontractor?	LDPP Budget Webinar	Please clarify your question. Is the "prime contractor" the lead entity as defined in the LDPP application? Is the collaborative partner a "participating entity as defined in the LDPP?
183	8/31/2016	Domain 4	Can a participating and/or collaborative entity subcontract for implementation of activities. if the lead provides funding to the participating and/or collabortive partner?	LDPP Budget Webinar	A participating entity can subcontract for implementation of activities.
184	8/31/2016	Domain 4	To clarify regarding subcontractors (domain 4), for a regional proposal, is an individual county in the region considered a subcontractor? And if so, those individual counties cannot enter in to subcontracts with other parties?	LDPP Budget Webinar	A consortium of counties serving a region consisting of more than one county is considered as a Lead Entity. Each LDPP application must designate the Lead Entity and a contact person that will be responsible for coordinating the LDPP and be the single point of contact for DHCS and CMS

Item Number	Date Logged	Domain	Question	Organization	Response
185	8/31/2016	Domain 4	Many agencies cannot go out to bid to obtain a subcontractor until funding is in place. An estimated total budget for a subcontractor, with a maximum amount, may be the only informaiton available until that competitive bid process is done after grant funds are awarded. This makes providing specific information for a subcontractos budget a problem. How should a lead agency handle this in their budget preparation?	LDPP Budget Webinar	Please review the Budget Instruction on the DTI website. http://www.dhcs.ca.gov/provgovpart/Documents/LDPPBudgetInstructions.pdf
186	8/31/2016	Domain 4	Regarding Exhibit B, Attachment I-II on Subcontract Budgets and Budget Detail, it states that "Prime Contractors are to put out to bid all subcontract services exceeding $5,000" and in the absence of this that applicants need to justify the reason for making a sole or single source contract award. When the original DHCS application was released, this stipulation was not stated in the application. Based on the original application and due date, discussions with our proposed subcontractors ensued and work plans and commitments were established. How should we handle this given the new requirement to put subcontracts out to bid that was recently released with the budget information?	LDPP Budget Webinar	See response above.
187	8/31/2016	Domain 4	If no Federal Indirect Cost rate is established for a county can CDPH rate be used up to 20%	LDPP Budget Webinar	No. Indirect costs are limited to the lower of 20% Total Personnel Salary excluding Fringe Benefits or indirect costs computed based on the lead entity's approved federal indirect cost rate or methodology.

Item Number	Date Logged	Domain	Question	Organization	Response
188	8/31/2016	Domain 4	If the prime (Lead) has a federal indirect cost but is including in the LDPP budget the personnel cost of collaborating partners, the indirect cost would be a compulation of the Leads indirect cost and the indirect of its partners correct?	LDPP Budget Webinar	See response above.
189	8/31/2016	Domain 4	Please verify that for counties that do not have a federally approved indirect cost rate, that we are to use our CDPH approved rate, as long as it does not exceed 20%	LDPP Budget Webinar	See response above.
190	8/31/2016	Domain 4	The budget guidance states that "indirect costs are limited to the lower of 20% of total personnel salary excluding fringe benefits or indirect cost computed based on the organization's approved federal indirect cost rate or methodology." OMB Uniform Guidance indicates that when federal dollars are involved, an organization should be able to use its approved federal indirect cost rate. However, some organizations may have a federal rate higher than 20% of personnel salary. Shouldn't these organizations be able to use their approved federal rate for this grant even if it is higher than 20% of personnel salary? Please advise.	LDPP Budget Webinar	See response above. Also see Budget Instructions on the DTI webpage http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx
191	8/31/2016	Domain 4	For LDPP counties applying to Domain 1 and 3, can they get aggregate county level data regarding the preventive services and continuity of care from DHCS on a yearly basis for the purpose of evaluation?	LDPP Budget Webinar	DHCS is developing aggregate data reports of demographic information, dental and emergency services provided to eligible Medi-Cal beneficiaries 20 and under by county that will be posted on the DHCS DTI webpage.
192	8/31/2016	Domain 4	Has the process of budget allocation and release to LDPPparticiants been clarified? At the beginning, yearly, direct lump sum or after claiming?	LDPP Budget Webinar	Payments will be issued after receipt of invoices.

Item Number	Date Logged	Domain	Question	Organization	Response
193	8/31/2016	Domain 4	If not participating in Domain 2 and 3, can providers be given an incentive under an LDPP application for certain services??	LDPP Budget Webinar	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.
194	8/31/2016	Domain 4	For Domain 4, can you estimate an average size of an award? Also, are there any limitations on the budgets per year to execute the LDPP's?	LDPP Budget Webinar	The maximum funding for Domain 4 is $185,000,000. Funding is dependent upon the number of successful applications up to a total of 15, and the proposed projects.
195	8/31/2016	Domain 4	The evaluaton slides discussed using measures in Domain 2, of emergency room use and general anesthesia and facility fees for the targeted population. If an LDDP wants to use the same measures, but the target population for the LDDP is a susbset of the county population, can the LDDP obtain this data from DHCS for only the target population. For example - could a list of Medi-Cal numbers for children in the target population be submitted and obtain that ER and GA data specifically for the target population.	LDPP Budget Webinar	DHCS is developing aggregate data reports of demographic information, dental and emergency services provided to eligible Medi-Cal beneficiaries 20 and under by county that will be posted on the DHCS DTI webpage.
196	8/31/2016	Domain 4	Can quality improvement infrastructure (example staff and training for providers and FQHCs) be included in the application to support care continutiy, data collection, and monioring of metrics?	LDPP Budget Webinar	To the extent this activity does not duplicate effort or supplant existing education and quality improvement activities performed and reimbursed through Medicaid, funding could be used for staff and training for quality improvement infrastructure as long as the activities are consistent with and build upon the performance metrics of the DTI Domains 1, 2, and 3.
197	8/31/2016	Domain 4	Please review the rules about subcontracts and prime contracts---especially what was said about the need to RFP.	LDPP Budget Webinar	Please review the Budget Instructions on the DTI webpage. http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx
198	8/31/2016	Domain 4	Are incentive payments apart of the Medi-Cal annual reconcillation process?	LDPP Budget Webinar	Incentive payments are not included in the annual Medi-Cal reconcillation process.

Item Number	Date Logged	Domain	Question	Organization	Response
199	8/31/2016	Domain 4	Please clarify, as an FQHC do we not have to submit a budget for Domain 1,2 or 3 but for 4 we do?	LDPP Budget Webinar	A Lead Entity's LDPP application for Domain 4 requires submission of a budget.
200	8/31/2016	Domain 4	So do I understand that anything that is reimbursed by M/Cal is not covered for an incentive payment?	LDPP Budget Webinar	Covered and non-covered services eligible for incentive payments are described in the Domain Fact Sheets. Please see the Domain Fact sheets on the DTI webpage. http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx Proposed interventions for the target population should not be wholly redundant of the DTI domains or duplicative of existing Medi-Cal, state or federally funded services.
201	8/31/2016	Domain 4	I'm sorry. Case Management is vital. Are you saying that Sacramento and Los Angeles are the only counties being deemed as having Medi-Cal Managed Care receipents and not counties with single managed care plans?	LDPP Budget Webinar	LDPP applications shall include unique innovations, interventions, and/or strategies that build upon the performance metrics of the DTI Domains 1, 2, and 3 and may focus on urban or rural areas, care models, delivery systems, workforce, and/or integration of oral health into primary care, local case management initiatives, education, or other concepts that will be tested and evaluated for success. Interventions for the target population should not be wholly redundant of the DTI domains or duplicative of existing Medi-Cal, state or federally funded services. Applications shall describe how care coordination will be implemented including what each entity will be responsible for, and how the care coordination will be seamless to the beneficiary, taking into consideration other care coordination efforts by other pilot projects and/or other entities and how duplication of effort will be avoided. Examples of care coordination may include addressing appointment compliance barriers; coordination of oral health services across multiple providers, provider types, specialties, health care settings, health care organizations, and payment systems; motivational interviewing; and/or education to improve oral health literacy.
202	8/31/2016	Domain 4	Please confirm that Fresno was not selected for domain 2 and is it possible that if a Domain 4, LPDD is not submitted for 1 or more of the selected counties could additional counties be included?	LDPP Budget Webinar	Please see the Domain Fact sheets on the DTI webpage. http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx Submission of an LDPP application is not dependent upon selection for participation in Domains 2, or 3.
203	8/31/2016	Domain 4	For the 5 county consortium that asked the earlier question about the budget, one county is the lead entity and other 4 are partners for the delivery of services in their counties. Can you verify that the other 4 counties would not be considered as subcontractors for the purpose of developing the budget?	LDPP Budget Webinar	The 4 counties would be considered participating entities.

Item Number	Date Logged	Domain	Question	Organization	Response
204	8/31/2016	Domain 4	Verifying that a consortium of counties is considered as a Lead Entity, and one county can serve as the administrative entity for the contract?	LDPP Budget Webinar	A consortium of counties serving a region consisting of more than one county is considered as a Lead Entity. Each LDPP application must designate the Lead Entity and a contact person that will be responsible for coordinating the LDPP and be the single point of contact for DHCS and CMS
205	8/31/2016	Domain 4	1. Exhibit B, Page 3, 3rd Paragraph: Be prepared to explain how the projected costs were calculated and remember that subcontractor tasks must appear in the Scope of Work. What Scope of Work? Where is that required? 2. Budget Sample, Title: What is attachment I, and what is attachment II? I don't see the differentiation. How many attachments are there supposed to be? 4. Section 5: Which sub-section of Section 5 does the budget template address? Section 5.2? Should it go in the project narrative in-line, or as an attachment? 5. Section 5.3: Is section 5.3 the budget narrative? Or do you just want it linked to specific activities? Do you want the budget detailed here? (i.e., quantity x cost = $XXX and what it is used for.)	LDPP Budget Webinar	1. A Scope of Work will be developed and included with an LDPP awardee's contract. 2. Attachment 1 is year 1 of the LDPP; Attachment 2 is year 2; etc. There will be a budget attachment for each year of the LDPP. 4. Please see response to item number 145. 5. Please see response to item number 145.
206	8/31/2016	Domain 4	Is there any other changes to the July 28 application revision besides the date?	LDPP Budget Webinar	Dates and the timeline were revised.
207	8/31/2016	Domain 4	You want one project for each year AND a TOTAL budget? If so can you put those instrucitons in writing?	LDPP Budget Webinar	Budgets should be prepared for each year of the award. Year one of the budget should be identified as Exhibit B Attachment I; year two of the budget should be identified as Exhibit B Attachment II; etc. A TOTAL budget is not requested or required.
208	8/31/2016	Domain 4	There does not appear to be a template or instruciotns for a TOTAL budget. Can we design our own template at our own discretion?	LDPP Budget Webinar	See response above.

Item Number	Date Logged	Domain	Question	Organization	Response
209	8/31/2016	Domain 4	How many letters of interest to partcipate on Domain 4 have you received?	LDPP Budget Webinar	Please see the Voluntary Letters of Intent document on the DTI webpage. http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx
210	8/31/2016	Domain 4	Has County-level baseline data been shared for data points to be used in percentage increase in LDPP?	LDPP Budget Webinar	Please see the baseline documents on the DTI Webpage. http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx Additional baseline information is forthcoming.
211	8/31/2016	Domain 4	How can we get baseline claims data for dental services renederd to this population in santa clara county and how can we see what dentists are submiiting claims for the target population for 2014 and 2015 ?	LDPP Budget Webinar	See response above.
212	8/31/2016	Domain 4	Can we duplicate your Word budget form in Excel so it adds figures up accurately? -There isn't a lot of detail in the Subcontractor Section. Can we replicate it so it has all the same categories as the main entity's budget? -Can we represent indirect costs on a subcontractor's personnel/salaries? If so, how and where should that be represented?	LDPP Budget Webinar	Yes, you can duplicate the Budget in Excel. The Subcontractor Section replicates the Budget Line Items. Indirect costs on the Subcontrator Section should be included as described in the Budget Instructions and included as indicated on the Budget Template.
213	8/31/2016	Domain 4	Can we represent indirect costs on a subcontractor's personnel/salaries? If so, how and where should that be represented?	LDPP Budget Webinar	Please see the Budget Instructions on the DTI webpage. http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx
214	8/31/2016	Domain 4	Could you expand on your suggested methodology for budget section 5.3 in terms of estimating expected impact? Additioanlly, could you differentiate between deliverables and outcomes?	LDPP Budget Webinar	LDPP applicants shall provide the total annual requested budget amount and link it to the expected value(s) or impact(s) that will be achieved each demonstration year (e.g., the performance of specific activities, interventions, supports and services, and/or outcomes) of the LDPP. Examples of deliverables include data collection, analyses, data sharing and reporting. Examples of outcomes include increases in preventive services rates, continuity of care, or reductions is assessed caries risk from high to moderate.

Item Number	Date Logged	Domain	Question	Organization	Response
215	8/31/2016	Domain 4	Please confirm -- case management is already a covered cost, correct? would care coordination be duplicative (i.e., navigator of sorts that would provide linkage to dental home and ensure services are provided.	LDPP Budget Webinar	LDPP applications shall include unique innovations, interventions, and/or strategies that build upon the performance metrics of the DTI Domains 1, 2, and 3 and may focus on urban or rural areas, care models, delivery systems, workforce, and/or integration of oral health into primary care, local case management initiatives, education, or other concepts that will be tested and evaluated for success. Interventions for the target population should not be wholly redundant of the DTI domains or duplicative of existing Medi-Cal, state or federally funded services. Applications shall describe how care coordination will be implemented including what each entity will be responsible for, and how the care coordination will be seamless to the beneficiary, taking into consideration other care coordination efforts by other pilot projects and/or other entities and how duplication of effort will be avoided. Examples of care coordination may include addressing appointment compliance barriers; coordination of oral health services across multiple providers, provider types, specialties, health care settings, health care organizations, and payment systems; motivational interviewing; and/or education to improve oral health literacy.
216	8/31/2016	Domain 4	Can we purchase the following with these funds: parental incentives, rental of space in a dental operatory, food for meetings, trainings for coalition members?	LDPP Budget Webinar	In order to consider whether purchases as described can occur, DHCS must review the LDPP application, including the innovation that will be implemented and tested under the LDPP. To the extent the described purchases are necessary to support the LDPP innovation, intervention and or strategies to further the goals of one or more of the DTI Domains or other measures closely tied to the domains, the purchases will be considered.
217	8/31/2016	Domain 4	Confirming that there should be no subcontracts on subcontracts? Your budget sample notes a program evaluation subcontractor?	LDPP Budget Webinar	There should be no subcontracts on subcontracts. The Budget Template and Budget Sample has been revised and reposted on the DTI webpage.
218	8/31/2016	Domain 4	What is the State's predetermined benchmark for new service locations for Domain 1 in San Diego County? (Ot when will we know that?) Thanks.	LDPP Budget Webinar	Please see the Domain 1 Fact Sheet on the DTI webpage. http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx
219	8/31/2016	Domain 4	I see that the Data Collection Instructions for Domain 1 ask that the data be submitted by August 22, 2016. How hard a deadline is that?	LDPP Budget Webinar	The extended deadline is September 6, 2016. Please see the Domain 1 Data Requirements on the DTI webpage. http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx

Item Number	Date Logged	Domain	Question	Organization	Response
220	2/17/2016	Program Overview	What can we expect in terms of stakeholder engagement opportunities and the planning process for DTI implementation?	California Association of Public Hospitals and Health Systems	DHCS is convening a Dental Transformation Initiative (DTI) small workgroup to collaborate with the department on the initial planning and implementation efforts that are needed to ensure the success of the DTI. Input from these efforts will inform DHCS workproducts that will be shared with the larger stakeholder community. A stakeholder webinar will be conducted on April 8, 2016. Input at this webinar will be solicited and welcomed.
221	2/17/2016	Program Overview	Will DHCS be doing any webinars specific to the DTI? A new/dedicated webpage or email address to exchange info?	California Association of Public Hospitals and Health Systems	Yes, DHCS will host an initial DTI stakeholder webinar on April 8th, 2016. The DTI webpage can be found at the following link: http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx. Any questions or concerns can be submitted to the dti@dhcs.ca.gov inbox.
222	2/17/2016	Program Overview	Will DHCS provide definition/guidance on what counts as “preventive services”?	California Association of Public Hospitals and Health Systems	CDT codes D1000-D1999.
223	2/17/2016	Program Overview	Will each domain and the pilots be on different timelines? Start up and end same times?	California Association of Public Hospitals and Health Systems	Timelines are still being finalized but domains will have different start up and end times. The anticipated start date for domains 1 and 3 is January 1, 2016. Domains 2 and 4 are both January 1, 2017.
224	2/17/2016	Program Overview	Are the $148M and $740M total or federal share amounts? Is the additional $10M total or federal share?	California Association of Public Hospitals and Health Systems	The $148M and $740M is a total amount that includes both federal and state funds. The additional $10M will be similarly funded.
225	2/17/2016	Program Overview	Have any decisions been made about how much of the total funding will go towards each of the domains and the pilot? If not, when does DHCS anticipate that happening?	California Association of Public Hospitals and Health Systems	DHCS is finalizing total funding amounts for the domains and pilots. DHCS anticipates to have this finalized in the coming month.
226	2/17/2016	Program Overview	For Domains 1-3, when will information be available about how much incentive funding individual service locations can earn? Can DHCS say more about the significance of using service locations as opposed to individual Denti-Cal providers to qualify for payment?	California Association of Public Hospitals and Health Systems	DHCS is currently in the process of determining incentive payments based on what each domain is trying to accomplish. DHCS expects to have this information finalized in the coming month and it will be posted on the DTI website once available. Due to the variations between billing and rendering providers, for the purposes of domain 1, DHCS opted to utilize service office locations to capture the best data.

Item Number	Date Logged	Domain	Question	Organization	Response
227	2/17/2016	Program Overview	FQHCs are only called out in Domain 1 as explicitly being able to receive the incentive payments. Does that mean they are not eligible to participate in and receive funding from the other domains?	California Association of Public Hospitals and Health Systems	FQHC's can participate and receive incentives from domains 2 and 3 in select counties in accordance with the terms and conditions of each domain.
228	2/17/2016	Program Overview	Can providers participate in one year but not another? For e.g. what if a clinic starts up dental in 2018 when the incentive programs are already underway.	California Association of Public Hospitals and Health Systems	Providers will be authorized to participate in the domain(s) at any time during the Demonstration period; however, incentive payments will be contingent upon providers meeting the criteria outlined in the STCs.
229	3/9/2016	Program Overview	Can you please clarify if the DTI pilots' RFP, will include: Case Management of children into Denti-Cal services? Compliance by guardians is one of the biggest barriers to getting kids into care, once they have been screened either by their Med-iCal provider, or by a school based screening. Even with school based dental services, a big issue is getting consent forms completed and returned.	Oral Health Consultant San Francisco Department of Public Health	Although these will not be directly reimbursable through the DTI, all of the domains are focused on increasing access to care and continuity of care.
230	3/9/2016	Program Overview	Can you please clarify if the DTI pilots' RFP, will include: Fluoride Varnish initiative - to pilot getting more Denti-Cal eligible children provided with preventive Fluoride Varnish during the CHDP Medi-Cal well child medical visits.	Oral Health Consultant San Francisco Department of Public Health	Domains 1, 2 and 3 are targeted to increase the utilization of preventive services for children. Domain 1 allows for incentive payments to service office locations for the provision of fluoride varnish services over existing baselines.
231	3/9/2016	Program Overview	Can you please clarify if the DTI pilots' RFP, will include: Sealants in the School - to pilot creative ways to get sustainable programs of school based sealant programs increased in elementary schools.	Oral Health Consultant San Francisco Department of Public Health	Please see previous response. Domain 4 does offer the opportunity for pilots for this so long as the pilot meets one or more of the stated goals for domains 1-3.
232	5/18/2016	Program Overview	Will the dental plans in Sacramento County be able to share data with the County? Will DHCS also share data with the selected contractors?	LDPP Webinar	DHCS will share aggregate data relating to population demographics and dental services provided to the DTI target populations.
233	5/18/2016	Program Overview	Due to delayed start, will DTI funding not spent in 2016 roll over into other years of the waiver?	LDPP Webinar	Yes, funding will roll over into other years of the waiver.
234	5/18/2016	Program Overview	Has DHCS identified how much funding will be dedicated to each domain within the DTI yet?	LDPP Webinar	Yes. This information is available on the DTI website.

Item Number	Date Logged	Domain	Question	Organization	Response
235	5/18/2016	Program Overview	How will services by Mobile Health Centers be evaluated in Domain 1-3?	LDPP Webinar	It is unlikely that any service office location will participate in all domains. However, collection of performance metrics for participating providers will likely be derived from claims data.
236	5/18/2016	Program Overview	Have you said what the provider incentives will be? Will vary depending on the CDT code/claims?	LDPP Webinar	Descriptions of incentives for Domains 1 and 3 are included in the Domain Fact Sheets posted on the DTI webpage. Incentives for Domain 2 are forthcoming.
237	5/31/2016	Program Overview	How will the data pertaining to Domains 1 and 3 be collected and can the County get utilization data and list of providers?	Alameda County Department of Public Health	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.
238	5/31/2016	Program Overview	Will the list of identified dentists be shared with the County Public Health Department?	Alameda County Department of Public Health	A list of enrolled Fee-For-Service Medi-Cal dental provider by county is available on the DTI webpage.
239	8/8/2016	Program Overview	Is it possible to get the service utilization rates for Riverside and San Bernardino counties for child beneficiaries in the Medi-Cal Dental Program for 2014 or 2015? Is it possible to have this information for both Fee-for Service and by centers and clinics?	The Children's Partnership	DHCS is developing aggregate data reports of demographic information, dental and emergency services provided to eligible Medi-Cal beneficiaries 20 and under by county that will be posted on the DHCS DTI webpage.
240	8/8/2016	Program Overview	Any update on how FQHCs will participate in the DTI domains 1-3?	California Association of Public Hospitals and Health Systems	Please see Domains 1, 2 and 3 Fact Sheets and related documents posted on the DTI webpage.
241	8/22/2016	Program Overview	We are an FQHC and our dental providers currently complete the PECOS application for MediCare enrollment. None of our medical or dental providers currently enroll with Medi/Denti-Cal separately. We were recently informed that we may need to start to enroll our dentists with Denti-Cal. My questions are as follows: 1. Do we have to enroll dental providers into Denti-Cal or Medi-Cal if PECOS is completed as an FQHC in order to participate in DTI? 2.Do we have to enroll dental providers into Denti-Cal or Medi-Cal if PECOS is completed as an FQHC for purposes of prescribing medication?	AltaMed	1. No, you do not have to enroll your dentists into Denti-Cal if PECOS is completed as an FQHC in order to particpate in the DTI. 2. This question is not applicable to the DTI.

Item Number	Date Logged	Domain	Question	Organization	Response
242	8/31/2016	Program Overview	Can you please define what a Safety Net Clinic is, is this a FQHC?	LDPP Budget Webinar	Safety Net Clinics include Federally Qualified Health Clinics, Rural Health Clinics and Indian Health Services Clinics.
243	8/31/2016	Program Overview	Can DHCS send out an email to the mailing list when the FAQs are updated?	LDPP Budget Webinar	DHCS provides updates to all participants of the DTI listserve. Subscribe on the DTI webpage if you wish to be added to the DTI Stakeholder email list. http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx
244	8/31/2016	Program Overview	For the CHDP dental services provided by PCPs, we can request incentive payments for PCPs, correct?	LDPP Budget Webinar	This could be considered duplicative of existing services reimbursed by Medi-Cal.
245	8/31/2016	Program Overview	Which counties are in which domains?	LDPP Budget Webinar	Please see the Domain Fact Sheets on the DTI webpage. http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx
246	8/31/2016	Program Overview	How do private practice dentist fit into the initiative? What domains can we be included in?	LDPP Budget Webinar	All enrolled Medi-Cal Dental Providers may participate in Domain 1. Participation in Domains 2 and 3 is dependent upon the county of your service office location. Please see the Domain Fact sheets on the DTI webpage. http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx