



# DHCS Stakeholder Webinar – Dental Transformation Initiative

## Medi-Cal 2020 Waiver

**\*Webinar is updated to reflect LDPP Application June 16, 2016 v2.0\***

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June 14, 2016



# General Information Update



# Review June 16, 2016 LDPP Application Revisions



# Local Dental Pilot Project Application

- The applicant will designate the Lead Entity of the LDPP and must complete and sign the entire application.
- The goals of the Domain are to increase dental prevention services; caries risk assessment and disease management, and continuity of care among Medi-Cal children through the implementation of innovative strategies.
- The specific innovations that will be tested, strategies, target populations, budget, payment methodologies, and participating entities shall be proposed by the entity submitting the application for participation.
- DHCS shall approve only those applications that meet the requirements to further the goals of one (1) or more of the three (3) following dental domains or other measures closely tied to the domains:
  - Increase preventive services utilization for children;
  - Increase caries risk assessment and disease management; and
  - Increase continuity of care



# Local Dental Pilot Project Application

- LDPPs are intended to target Medi-Cal beneficiaries in need of dental services.
- LDPPs will identify the oral health needs of their population and propose interventions that would be supported through the LDPP in their application.
- The goals, anticipated outcomes and performance metrics for analyzing the success of the pilot project(s) should be consistent with and build upon the performance metrics for Domains 1, 2 and 3.
- LDPPs projects must be complimentary and not wholly redundant with the efforts described in the aforementioned domains.
- LDPPs should include the potential for regional or statewide expansion.



# Local Dental Pilot Project Application

- Lead Entities
  - A county/county entity, a city and county, a consortium of counties serving a region consisting of more than one (1) county, a Tribe, an Indian Health Program, a University of California (UC) or California State University (CSU) campus.
- DHCS is discussing with CMS the potential use of “county entities” (i.e. First 5s) as a lead entity for an LDPP.
- Lead entities must be able to enter into a contract and make payments to LDPP participants.
- Please complete the LDPP application and return it to [DTI@DHCS.CA.GOV](mailto:DTI@DHCS.CA.GOV) **no later than 5:00 pm PT on August 16, 2016.**



## Local Dental Pilot Project Application Timeline

Deliverable/Activity	Date
1. DHCS releases draft LDPP program Request for Applications (RFA) for public comment	May 13, 2016
2. DHCS conducts webinar to review LDPP application and respond to questions from potential applicants/interested entities	May 18, 2016
3. Public comments on LDPP application due to DHCS	May 20, 2016
4. DHCS releases final Revised LDPP RFA and selection criteria (Appendix A)	June 16, 2016
5. LDPP applications due to DHCS	August 16, 2016
6. DHCS completes application review and sends written questions/concerns to applicants	September 15, 2016
7. LDPP responds to DHCS questions/concerns	October 1, 2016
8. DHCS makes final decisions on approved LDPP applications	October 31, 2016
9. DHCS notifies CMS of final decisions on approved LDPP applications	October 31, 2016
10. DHCS notifies applicants of LDPP selection final decisions	October 31, 2016
11. Lead LDPP entity provides formal acceptance to DHCS	November 30, 2016
12. LDPP programs commence	January 1, 2017



# Local Dental Pilot Project Application

- LDPP pilot projects must identify at-risk Medi-Cal children ages 0-20 that reside in the geographic area and assess their unmet need to test innovations to increase utilization of preventive services; caries risk assessment and disease management and continuity of care.
- Pilot projects may focus on one or more target populations.
- Services and Care Coordination
  - Care Coordination examples may include, but are not limited to: 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.
  - Explain how pilot projects will work together to meet the goals envisioned under the DTI.



# Selection Criteria



## Overview

- The LDPP application evaluation is a competitive process that will result in the selection of qualified pilots based on the quality and scope of their application.
- The application score will be factored into determining the funding amount for each pilot.
- DHCS will conduct the evaluation process in two phases:
  - Quality and Scope of Application
  - Funding Decision
- LDPP applications that do not meet the basic requirements of the Special Terms and Conditions (STCs) and DHCS application guidance will be disqualified.



# Quality and Scope of Application



## Quality and Scope of Application

- LDPP pilot applications will be assigned a numerical score of up to 105 points based on the quality and scope of the application.
- Applications must achieve a minimum score of 77 points to be considered for participation in the LDPP pilot.
- Applications that achieve the minimum score and also include priority program elements will receive bonus points that may increase their possibility of participation.
- Applications must receive a pass score on all “**Pass/Fail**” criteria to be considered for participation.



## Quality and Scope of Application

- Multiple DHCS reviewers will score applications and then assign a total average score.
- Highest Possible Score by Application Section
  - Section 1: LDPP Lead Entity and Participating Entity Information - **10 points**
  - Section 2: General Information and Target Population(s) - **20 points**
  - Section 3: Services, Interventions, Care Coordination, and Data Sharing - **35 points**
  - Section 4: Progress Reports and Ongoing Monitoring- **30 points**
  - Section 5: Financing - **10 points**
  - Section 6: Attestations and Certification - **Pass/Fail**



## Section 1: LDPP Lead Entity and Participating Entity Information – 10 points

- 1.1 Lead Entity Information: Pass/Fail
- 1.2 Participating Entities: 5 points
  - Meets participating entity requirements as outlined in STC 109.
  - Information is complete.
  - Explanation of role in LDPP pilot is clear.
  - Has a diverse set of participating entities and key partners/stakeholders that are appropriate given the targeted population(s) and proposed strategies.
  - Fail = LDPP pilot does not meet the participating entity requirements or participating entities are not appropriate given the target population and strategies.
- 1.3 Letters of Participation/Support: Pass/Fail



## Section 1: LDPP Lead Entity and Participating Entity Information – 10 points

- 1.4 Collaboration Plan: 5 points
  - Describes a clear and comprehensive plan for collaboration, integration and communication between participating entities.
  - Describes mechanisms planned to minimize silos.
  - Provides clear plan to communicate state pilot requirements from the lead entity to participating entities.
  - Ability to provide learnings for potential future local efforts beyond the term of this demonstration.
  - Describes how the pilot infrastructure and interventions may be sustained in absence of federal and state funding following the end of the pilot.
  - Provides for a structure and process for decision making.
  - Outlines a clear plan to convene regular meetings amongst the lead entity and participating providers/entities/relevant stakeholders.
  - Identifies a main point of contact to support and coordinate with participating entities



## Section 2: General Information and Target Population – 20 points

- 2.1 Target Population: 20 points
  - Demonstrates community need for LDPP pilot.
  - LDPP pilot design is comprehensive, cohesive and well-designed to achieve goals.
  - Demonstrates how the LDPP pilot will address community and target population needs.
  - Scope is ambitious but realistic/achievable.
  - Meets requirements outlined in STCs 106 - 108.
  - Extent of scope and number of people in LDPP target population(s) and target population cap(s), if applicable.
  - Target population(s) is/are appropriate given participating entities and strategies.
  - Quality of methodology used to define target population(s).
  - Provides a plan for beneficiary identification and outreach.



## Section 3: Services, Interventions, Care Coordination and Data Sharing- 35 points

- 3.1 Services and Care Coordination: 10 points (28.5%)
  - Clear description of how care coordination will be implemented including what each participating entity will be responsible for, how community linkages with participating entities will occur and how such coordination will further the goals of the LDPP pilot project(s).
  - Leverages and connects existing community infrastructure with the LDPP pilot project(s).
  - Builds new infrastructure between lead and participating entities.



## Section 3: Services, Interventions, Care Coordination and Data Sharing- 35 points

- 3.2 Innovations, Interventions, and Strategies: 10 points (28.5%)
  - Meets requirements as outlined in the DTI STCs.
  - Appropriateness of services and interventions for target population(s).
  - Comprehensive approach of services, interventions, and strategies.
  - Likelihood that interventions will be achievable and successful in improving dental health outcomes for target population(s).
  - Alignment with other concurrent initiatives being implemented in the region (e.g., does the applicant articulate a vision of how pieces fit together).
  - Extent of infrastructure needed to implement intervention, demonstrating complete consideration of the infrastructure needs to support the pilot.
  - Tests new innovations, interventions, and strategies for the target population(s) and is not redundant of approaches taken in the three DTI domains.



## Section 3: Services, Interventions, Care Coordination and Data Sharing- 35 points

- 3.3 Accountability: 10 points (28.5%)
- Describes project monitoring plan and frequency of monitoring.
- Clearly presents quality improvement plan and how project activities will be adjusted and modified to meet project goals.
- Details methods to ensure compliance with agreement with DHCS and requirements of STC 109 and Attachment JJ.
- Creates systems of accountability to assure targeted population receives timely, medically necessary care.



## Section 3: Services, Interventions, Care Coordination and Data Sharing- 35 points

- 3.4 Data Sharing: 5 points (14%)
  - Creates sustainable infrastructure to support data sharing between entities and identifies existing resources for data sharing and existing gaps.
  - Increases care coordination across lead and participating entities.
  - Data sharing processes and expectations (or process to identify them) are clearly presented.
  - Reasonableness and quality of timeline and implementation plan to develop necessary infrastructure.
  - Quality of data governance structure and approach.



## Section 4: Progress Reports and Ongoing Monitoring– 30 points

- 4.1 LDPP Monitoring: 15 points (50%)
  - Identifies performance measures for each type of participating entity and the LDPP pilot itself, including short-term process measures and ongoing outcome measures; grouped by Demonstration Year, including an annual target benchmark.
  - Demonstrates comprehensive plan for collecting, tracking, and documenting metrics.
  - Quality of plan to conduct ongoing monitoring and make adjustments as needed.
  - Comprehensive plan for providing technical assistance, imposing corrective action and terminating if poor performance is identified and continues.



## Section 4: LDPP Monitoring, Data Analysis and Reporting – 30 points

- 4.2 Data Analysis and Reporting: 15 points (50%)
  - Clear and high-quality plan for ongoing data collection, reporting, and analysis of interventions and strategies.
  - Clear plan for using analysis for sustainability planning.



## Section 5 Financing – 10 points (7 point minimum required score)

- Amount of the funding requests in relation to proposed LDPP pilot activities.
- Detail of the total funding amount requested, by Demonstration Years for each deliverable requested, including baseline data collection, infrastructure, interventions, and outcomes.
- Describes a comprehensive approach to flow of funds, how reimbursement will take place and oversight and monitoring of payment.
- Provides reasonable methodology for establishing the budget request.
- Clear description or diagram explaining how the payment process will function.
- Alignment with/leverage of other funding sources.



## Section 6: Attestation and Certification – Pass/Fail

- Pass = Applicant checked box and provided signature.
- Fail = Applicant did not check box and/or did not include a signature.  
Applicant may not participate in a LDPP pilot unless Section 6 receives a score of “Pass.”
  - Bonus points will be awarded to applications that include priority elements
  - LDPP applications may qualify to receive bonus points if they include certain priority program elements in their LDPP pilot. Applicants must achieve a minimum numerical score of 77 points (NOT including bonus points) in order to participate in the LDPP pilot. These LDPP pilots may then qualify for bonus points.
- Priority Elements that Receive Bonus Points:
  - Collaboration: At least one or more participating Tribe, Indian Health Program, UC or CSU campus in the geographic areas where the pilot operates (**maximum of 5 points**).
  - Community partners: More than two participating key community partners in the geographic areas where the pilot operates (**maximum of 5 points**).
  - Interventions – use of creative workforce strategies and/or creative financing/innovative incentive payment models (**maximum of 5 points**)



# Funding Decision



## Funding Allocation

- Funding will be determined based on the funding request and application financing responses, comparisons to similarly-sized pilots, and an assessment of available funds relative to applications received.



## Funding Request and Quality of Financing Application Responses

- Assessed and scored according to the Application Section 5 “Financing” scoring criteria, including the annual budget amount requested for each individual item for which funding is requested.
- Including baseline data collection, infrastructure, interventions, and outcomes.
- DHCS will determine the appropriateness of the funding request given the scope and ambitiousness of the pilot, how well the applicant demonstrates the soundness of their approach, the clarity of the governance structure, presence of oversight mechanisms and internal controls to ensure payment and accountability related to participating entities, the needs of the target population, the complexity of the interventions, and to ensure that payments are not duplicative of payments for existing services.



## Other Criteria

- Comparisons to similarly-sized pilots
  - Funding requests from similarly-sized LDPP applications will be compared based on pilot scope, design, and funding requested.
- Assessment of Available Funding
  - DHCS will then assess the availability of funds relative to the applications received. If assigned funding amounts exceed the maximum available, either funding amounts for approved pilots will be reduced to meet the funding limitations. The ability to scale down will be taken into consideration.



## Exhibit A: HIPAA Business Associate Addendum (non-UC & UC)

- DHCS data sharing agreement



## For More Information

- DHCS Webpage dedicated to DTI publications, FAQs and public information:  
<http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx>



# Comments/Questions

Please email [DTI@dhcs.ca.gov](mailto:DTI@dhcs.ca.gov)  
for questions or comments.

