



Local Dental Pilot Project Application

Application Due Date: August 15, 2016

Revised June 14, 2016

General Instructions

Thank you for your interest in applying to participate in the Local Dental Pilot Project (LDPP) that is part of the State of California's Medi-Cal 2020 section 1115 waiver. In order to apply, the organization that is submitting the application must be one of the eligible entities as enumerated in the special terms and conditions (STCs) of the Medi-Cal 2020 section 1115 waiver, will designate a Lead Entity of the LDPP, and must complete and sign the entire application. Prior to completing this application, it is strongly suggested that applicants carefully review the STCs that govern the Medi-Cal 2020 section 1115 waiver, specifically the Dental Transformation Initiative (DTI), which is available on the Department of Health Care Services (DHCS) website at: <http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx>. Other types of organizations not described in the special terms and conditions (STCs) may participate in the LDPP as a participating entity, as long as the organization has gained the sponsorship and is working with an approved applicant.

- [Current Medi-Cal 2020 Special Terms and Conditions \(STCs\)](#)
- *See STCs 104-109 and Attachment JJ for information relevant to the DTI.*

LDPP applicants may sponsor a single pilot project or multiple different pilot projects to test a variety of innovations aimed at meeting the goals of this domain. 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. Progress toward reaching pilot project(s) goals and objectives will be measured, tracked and reported by selected LDPPs with the potential for regional and/or statewide expansion of pilot project(s) demonstrating a positive impact on the oral health of the targeted Medi-Cal child populations. The specific innovation that will be tested, strategies, target population(s), 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 or more of the three following dental domains or other measures closely tied to the domains:

1. Increase preventive services utilization for children;
2. Increase caries risk assessment and disease management; and
3. Increase continuity of care

LDPPs are intended to target Medi-Cal child beneficiaries, ages twenty (20) and under, in need of dental services. LDPPs will identify the oral health needs of their targeted population and propose innovations, interventions and/or strategies that would be supported through the LDPP in their application. Applications will be expected to detail a pilot project'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 of 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 aforementioned domains. LDPPs should consider the potential for statewide expansion, although some pilot projects may affect rural areas or only children in tribal communities.

Please complete the LDPP application and return it to DTI@DHCS.CA.GOV no later than 5:00 pm PT on August 15, 2016. Incomplete applications will not be considered. DHCS reserves the right to suspend or terminate an LDPP at any time if the enumerated goals are not met, corrective action has been imposed and not addressed, and/or poor performance continues despite corrective action.

In order for this application to be considered complete for purposes of submission, all components of the application must be completed, the application must be signed, and two attachments must be included:

1. (Required) Letters of Participation Agreements and/or Support for all participating entities.
2. (Required) A funding diagram illustrating how the requested funds would flow from DHCS to the Lead Entity and how the funds would be distributed among participating entities.
3. (Optional) A description of any requested requirement exceptions. For example: If a Lead Entity cannot reach agreement with a required participating entity.

Applications will be reviewed and selected based on the criteria and process outlined in **Appendix A**.

The application review process and timing is as follows:

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 14, 2016
5. LDPP applications due to DHCS	August 15, 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

Section 1: LDPP Lead Entity and Participating Entity Information

The purpose of this section is to provide information about the LDPP application and the designation of the Lead Entity and the other entities that will be participating in the LDPP.

Applicant Description

DHCS will accept applications for LDPPs from a county, 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.

Lead Entity Description

The LDPP Lead Entity, which must be a county/county entity¹, 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. Each LDPP application must designate the Lead Entity that will be responsible for coordinating the LDPP and be the single point of contact for DHCS and the Centers for Medicare and Medicaid Services (CMS). (STC 109.a)

Participating Entity Description

In addition to designating a Lead Entity, the LDPP application must identify other entities that will participate in the LDPP. Participating entities should represent a diverse set of key local community partners, educational entities, Medi-Cal providers, and stakeholders demonstrating community support and collaboration including Tribes and Indian health programs, with incentives related to goals and metrics of the overall proposal.

1.1 LDPP Lead Entity and Contact Person (STC 109.a)

Organization Name	
Type of Entity	<input type="checkbox"/> County <input type="checkbox"/> County Entity ¹ <input type="checkbox"/> City and County <input type="checkbox"/> Tribe <input type="checkbox"/> Indian Health Program <input type="checkbox"/> UC or CSU campus <input type="checkbox"/> Consortium of counties serving a region consisting of more than one county
Contact Person	
Title	
Telephone	
Email Address	
Mailing Address	

1.2 Participating Entities

Identify the participating entities in the LDPP, describe who they are, and explain their role in the LDPP. LDPP applicants may sponsor a single pilot project or multiple different pilot projects to test a variety of

¹ DHCS is discussing with the federal Centers for Medicare and Medicaid Services regarding the use of a “county entity” as a Lead Entity for LDPPs. Updates on the outcome of the discussions will be posted in subsequent LDPP application FAQs.

innovations aimed at meeting the goals of this domain. Please add additional rows as needed to the chart below.

Organization Name and Address	Description of Organization	Contact Name, Title, Telephone and Email	Role in LDPP
1.			
2.			
3.			
4.			
5.			
6.			

1.3 Letters of Participation

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. Letters of support/participation should be on official letterhead and should clearly state its role with and/or support of the LDPP. (Attachment JJ.299.b.x)

1.4 Collaboration Plan

Describe a collaboration plan that includes participating entities and details how decisions will be made. Include information on how communication among the Lead Entity and the participating entities will occur, how silos will be minimized and how issues will be resolved. (Attachment JJ.299.b.ii)

Section 2: General Information and Target Population

The purpose of this section is to provide general information about the LDPP, the needs for the project and the target population.

LDPP Target Population Description

LDPP pilot projects must identify at-risk Medi-Cal children, up to age 20, who reside in the designated geographic area/region where the LDPP will operate and assess their unmet need to test innovations to increase prevention; carries risk assessment and disease management, and continuity of care. Pilot projects may focus on one or more target populations. Proposed interventions should not be wholly redundant of the DTI domains or duplicative of existing Medi-Cal services.

2.1 Target Population

The target population shall be identified through a needs assessment that was conducted to identify the target population(s), and include an estimated number of Medi-Cal beneficiaries to be served. The Lead Entity shall describe the needs assessment that was conducted and the data used. If the LDPP plans to have any enrollment caps for part or all of the pilot project(s), please provide information on the rationale for and level of the proposed cap for the target population(s). (Attachment JJ.299.b.iii)

Section 3: Services, Interventions, Care Coordination and Data Sharing

The purpose of this section is to provide information about the pilot project(s) that will be implemented and tested under the LDPP. These unique innovations, interventions, and/or strategies may focus on urban or rural areas, care models, delivery systems, workforce, integration of oral health into primary care, local case management initiatives, education or other concepts that will be tested and evaluated for success. Applicants will describe how care may be coordinated and how data will be analyzed, shared and utilized by the participating entities. For purposes of reimbursement to participating providers, pilot projects cannot include payment for Medi-Cal covered services or expenditures that are directly reimbursed by the Medi-Cal Denti-Cal program for the target population in the geographic area(s) where the pilot project(s) is being implemented.

3.1 Services and Care Coordination

Describe the pilot project(s) that will operate under the LDPP. Describe the Medi-Cal Denti-Cal provider network that will deliver dental services. If applicable, 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. For purposes of the LDPP, care coordination can be reimbursed using the funding awarded. If applicable, explain how pilot projects will work together to meet the goals envisioned under the DTI. (Attachment JJ.299.b.iv)

3.2 Innovations, Interventions and Strategies

Describe the specific pilot project innovations, interventions and/or strategies that will be implemented and tested under the LDPP for the targeted population(s), including a quality improvement plan.

Applications are expected to detail a pilot project'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 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. Applications should describe how the quality improvement plan will be incorporated to adjust, modify and learn from the pilot project activities implemented under the LDPP. (Attachment JJ.299.b.vi and b.viii)

3.3 Accountability

Describe how pilot projects will be monitored and the frequency of monitoring. Describe the quality improvement plan, how it will be used to adjust and modify pilot project activities and the frequency of quality improvement activities. Describe how the LDPP Lead Entity will assure compliance with its agreement with DHCS that specifies the requirements of the LDPP with STC109 and Attachment JJ of the Medi-Cal 2020 Waiver Special Terms and Conditions. Describe how the Lead Entity and participating entities will be accountable for ensuring that the targeted population receives timely, medically necessary care. (Attachment JJ.299.b.v)

3.4 Data Sharing

Describe how data sharing will occur between the LDPP and participating entities, including what data will be shared with whom and how data sharing will evolve over the life of the pilot. Indicate anticipated challenges and strategies the LDPP will employ to manage the challenges. (Attachment JJ.299.b.vii)

Section 4: Progress Reports and Ongoing Monitoring

The purpose of this section is to provide information on the progress reports the LDPP will use for ongoing monitoring of the participating entities performance.

Progress Reports Description

The LDPP shall submit quarterly and annual reports as agreed upon by DHCS and CMS upon approval of the LDPP. Continuation of the LDPP may be contingent on timely submission of all required reports.

4.1 LDPP Monitoring

Describe the Lead Entity's plan to conduct ongoing monitoring of the pilot projects and to make subsequent adjustments if poor performance or other issues are identified. This should include a process to provide technical assistance, impose corrective action and termination from the LDPP if poor performance is identified or continues. (Attachment JJ.299.b.ix)

4.2 Data Analysis and Reporting

Describe the plan for ongoing data collection, analyses, and reporting of the LDPP innovations, interventions, and/or strategies. Identify data that will be used to measure whether the project is

having the intended impact, the source of the data, and the frequency of specific performance metric measurements and reporting. Describe how the data will be analyzed.

Section 5: Financing

Funding and Budget Description

Financing for up to 15 LDPPs is contingent upon the structure and design of approved applications and is limited to a maximum of twenty-five (25) percent of the annual funding limits – up to \$185 million in total funds over the duration of the LDPP. The Department intends to begin this effort in a variety of select locations and subject to the demonstrated success of pilot project(s) and the availability of funding under the initiative, may seek to implement on a regional and/or statewide basis any pilot project(s) determined to be successful. The incentive funding available for preventive services, caries risk assessment and disease management, and continuity of care provided within this domain will not exceed the amount apportioned from the DTI pool for Domains 1, 2, and 3 for the applicable Demonstration Year. Incentive funding is payable only to enrolled Medi-Cal dental service locations.

5.1 Financing Structure

Describe the financing structure of the LDPP, including a description of how and to whom payments will be distributed. (AttachmentJJ.299.b.xi)

5.2 Funding Request

Specify the total requested annual dollar amount for each of the Demonstration Years. Include the amounts for each element of funding that is proposed, including personnel costs, fringe benefits, operating expenses, equipment expenses, subcontractor expenses, travel expenses, other and indirect costs. The funding request shall exclude covered services reimbursable by Medi-Cal Dental or other federal funding resources. The requested funding cannot supplant existing efforts that are currently being funded with Medi-Cal funds or locally funded projects for other sources. (AttachmentJJ.299.b.xi)

5.3 Budget

Provide the total annual requested budget amount and link it to 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. (Attachment JJ.299.b.xii)

Section 6: Attestations and Certification

6.1 Attestation

I certify that, as the representative of the LDPP Lead Entity, the Lead Entity agrees to the following conditions:

- The LDPP Lead Entity will assure appropriate participation in regular Learning Collaboratives to share best practices among participating entities, in accordance with STC 109.

- The LDPP Lead Entity will enter into an agreement with DHCS that specifies the requirements of the LDPP with STC109 and Attachment JJ of the Medi-Cal 2020 Waiver Special Terms and Conditions.
- The LDPP Lead Entity shall submit quarterly and annual reports in a manner specified by DHCS and CMS. Continuation of the LDPP may be contingent on timely submission of the quarterly and annual reports.
- The LDPP Lead Entity will report and submit timely and complete data to DHCS in a format specified by the State and as defined in the LDPP's individual agreement with the State. Incomplete and/or untimely data submissions may lead to a financial penalty after multiple occurrences and technical assistance is provided by the State.
- The LDPP Lead Entity will assure participation in program evaluation activities and will agree to provide data to measure the success of key activities of the work plan throughout the duration of the project.

I hereby certify that all information provided in this application is true and accurate to the best of my knowledge, and that this application has been completed based on a thorough understanding of program participation requirements as specified in the Medi-Cal 2020 Waiver Special Terms and Conditions and Attachment JJ of said waiver.

Signature of LDPP Lead Entity Representative **Date**

Appendix A: Application Selection Criteria

The Local Dental Pilot Project (LDPP) pilot application evaluation is a competitive process that will result in the selection of qualified LDPP pilots based on the quality and scope of their application. The application score will be factored into determining the funding amount for each LDPP pilot. The Department of Health Care Services (DHCS) will conduct the evaluation process in two phases: (1) Quality and Scope of Application and (2) Funding Decision. LDPP pilot applications that do not meet the basic requirements of the Special Terms and Conditions (STCs) and DHCS application guidance will be disqualified.

Overview

1) **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 that 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 eligible to participate.

2) **Funding Decision.** The funding amount for each LDPP pilot will be determined based upon a combination of the funding request score and supporting financing information provided; comparisons to similarly-sized pilots based on specified county demographic and program design elements; and a final assessment of available funding relative to applications received.

Section 1: Quality and Scope of Application

A. Numerical Scores

Scoring criteria will help DHCS assess whether applications meet the LDPP pilot goals and requirements outlined in Medi-Cal 2020 Demonstration’s STCs.

Each application will be assigned a numerical score based on a possible total of 105 points. Applicants must achieve a ***minimum score of 77 points*** to be considered to participate in the LDPP pilot. DHCS will use a reviewing panel to score applications and will assign an average total score to each application.

Highest Possible Score by Application Section	
Section	Score
Section 1: LDPP Lead Entity and Participating Entity Information	5 points
Section 2: General Information and Target Population	25 points
Section 3: Services, Interventions, Care Coordination, and Data Sharing	35 points
Section 4: LDPP Monitoring, Data Analysis and Reporting	30 points
Section 5: Financing	10 points
Section 6: Attestations and Certification	Pass/Fail
Total Possible Points	105

B. Scoring Criteria

Each application section will be scored based on the criteria specified below:

Section 1: LDPP Lead Entity and Participating Entity Information - 5 points

• 1.1 Lead Entity Information: Pass/Fail

- Pass = Organization submitting the application meets lead entity requirements, and all required information is provided.
- Fail = Lead entity does not meet lead entity requirements, and/or not all information is provided as required. The lead entity will be contacted and informed that they do not qualify as a lead entity.

• 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.
- Points may be reduced if exemption is needed due to non-participation as opposed to non-availability of a participating entity (even if approved).
- Fail = LDPP pilot does not meet the participating entity requirements and does not request an exemption (or exemption is not approved), or participating entities are not appropriate given the target population(s) and strategies.

• 1.3 Letters of Participation from Participating Pilot Entities and Letters of and Support from Participating Providers and other Relevant Stakeholders: Pass/Fail

- Pass = All letters provided.
- Fail = Not all letters provided.

Section 2: General Information and Target Population - 25 points

• 2.1 Geographic Area and Target Population Needs: 10 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.

• 2.2 Communication Plan: 5 points

- Describes a clear and comprehensive plan for collaboration, integration and communication between entities.
- Mechanisms planned to minimize silos.
- 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.
- Explain 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.
- Identifies a main point of contact to support and coordinate with participating entities.

• **2.3 Target Population(s): 10 points**

- 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, Interventions and Care Coordination: 25 points**

- Meets requirements as outlined in the DTI STCs.
- Demonstrates appropriateness of services and interventions for target population(s).
- Describes a 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).
- Describes 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.
- Tests new interventions and strategies for the target population(s).

Care Coordination:

- Provides a 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.

• **3.2 Data Sharing: 10 points**

- 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.
- Clearly presents data sharing processes and expectations for what data is to be shared and means for protecting the data.
- Reasonableness and quality of timeline and implementation plan to develop necessary infrastructure.
- Quality of data governance structure and approach.

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

• **4.1 LDPP Monitoring: 15 points**

- 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.

• **4.2 Data Analysis and Reporting: 15 points**

- Describes a clear and high-quality plan for ongoing data collection, reporting, and analysis of interventions and strategies.
- Describes a clear plan for using analysis for sustainability planning.

Section 5: Financing - 10 points (7 point minimum required score)

- Demonstrate reasonableness of the amount of the funding request in relation to proposed LDPP pilot activities
- Provides detail of the funding amount requested for each deliverable requested, including baseline data collection, infrastructure, interventions, and outcomes.
- Describes a comprehensive approach how to flow funds, how reimbursement will take place and oversight and monitoring of payment.
- 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: Attestations and Certification-Pass/Fail

- Pass = Applicant checks box and provides signature.
- Fail = Applicant does not check box and/or does not include a signature. Applicant may not participate in a LDPP pilot unless Section 6 receives a score of “Pass.”

Bonus Points: Awarded to Applications That Include Priority Elements

LDPP pilot 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 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:** Innovative interventions (**maximum of 5 points**)
 - Creative interventions, such as creative workforce strategies (e.g., effective use of community health workers); appropriately targeting digital health tools or other health information technology solutions; and engaging extensively with community partners.
 - Creative financing/use of innovative incentive payment models that will help inform the use of value-based purchasing in the future.

Section 2: Funding Decision

A. Funding Allocation Will Be Determined Based on Three Factors

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 Decision Criteria

1) Funding request and quality of financing application responses.

The funding request and the financing application responses will be assessed and scored according to the Application Section 5 “Financing” scoring criteria listed above, 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 ensure that payments are not duplicative of payments for existing services.

2) Comparisons to similarly-sized pilots.

Funding requests from similarly-sized LDPP applications will be compared based on pilot scope, design, and funding requested.

3) Assessment of Available Funding.

DHCS will 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 or some pilots will not be approved.