



Stakeholder Communication Update

December 2017

The [Department of Health Care Services](#) (DHCS) is pleased to provide this bimonthly update of important events and actions at the Department. If you are not a subscriber and would like to receive these updates, please sign up on the DHCS [website](#). Please view the [Calendar of Events](#) for specific meetings and events, or review the [Stakeholder Engagement Directory](#) by program. You may also view our [State Plan Amendments](#) (SPA). In addition, please visit [here](#) for recent data on Medi-Cal enrollment. For questions, concerns, or suggestions, you may contact us by email at DHCSPress@dhcs.ca.gov. Be sure to follow DHCS on social media. Thank you.



Medi-Cal Children's Health Advisory Panel (MCHAP)

The next MCHAP meeting is scheduled for January 31, 2018, in Sacramento. At the November 1 meeting, DHCS Director Jennifer Kent provided the panel with updates on the latest federal and state developments. In addition, members discussed MCHAP's goals and objectives for 2018. The MCHAP is a 15-member independent statewide advisory body that advises DHCS on matters relevant to children enrolled in Medi-Cal. To view meeting information, materials, or historical documents, please visit the DHCS [website](#).

Medi-Cal Dental Stakeholder Meetings

The next Medi-Cal Dental Los Angeles Stakeholder meeting is being held today, and the next Sacramento Medi-Cal Dental Advisory Committee meeting is on December 7. DHCS will provide updates on available dental utilization data, the progress of the Dental Transformation Initiative, Medi-Cal dental benefits, and ongoing outreach efforts, among other topics. Additional stakeholder information is available on the DHCS [website](#).

Partnership for Long-Term Care Task Force

The Partnership task force meeting is scheduled for December 5 in Sacramento. DHCS' Long-Term Care Division is hosting the fourth task force meeting to discuss potential changes to the Partnership for Long-Term Care insurance program. The task force was established by Senate Bill 1384 (Chapter 487, Statutes of 2016), with the goal of implementing enhancements to the Partnership program and assisting consumers in addressing their long-term care needs. DHCS will work with other state departments, the Legislature, partner insurers, advocacy groups, and the general consumer

population to inform a collaborative conversation on the future of the Partnership. More information about the task force meetings is available on the DHCS [website](#).

DHCS Office of Family Planning Stakeholder Meeting

DHCS will convene its quarterly family planning stakeholder meeting on December 5. The meeting announcement and details are posted on DHCS' Office of Family Planning stakeholder [website](#).

Dental Transformation Initiative (DTI)

DHCS is continuing its work to notify participating safety net clinic providers of the cut-off dates for Electronic Data Interchange (EDI) testing and claims submission for Program Year (PY) 1's incentive payments under [Domain 1](#) (preventive care). The deadline to submit DTI Domain 1 encounter data for PY 1, via the paper form, is December 8. The deadline to submit via EDI is December 23. Safety net clinics submitting via the EDI process must have completed testing with Delta Dental by November 17. The final payments for PY 1 will be issued on January 31, 2018. DHCS has created several new sample claim documents to clarify how to bill for [Domain 2](#) (caries risk assessment). These claim examples are available on the Domain 2 webpage. Domain 2 outreach continues, in collaboration with Delta Dental, the California Dental Association, and other interested parties from the DTI Small Stakeholder Workgroup. The outreach includes physical office visits, letters, and phone conversations with providers. Continued Domain 3 (continuity of care) outreach efforts focus on increasing safety net clinic participation, including clinics that participate in Domain 1 and are eligible to participate in Domain 3. In early October, DHCS issued recognition awards to the top performers in all 17 counties, which totaled 46 service office locations. Also, the deadline to submit DTI Domain 3 encounter data for PY 2 via the paper form is May 1, 2018. The deadline for safety net clinics to submit claims via EDI is June 22, 2018. The next [Domain 3](#) payment is scheduled for June 2018. Finally, for [Domain 4](#), DHCS has executed 11 of the 15 Local Dental Pilot Project (LDPP) contracts; eight pilots have submitted invoices to DHCS, and payments are being distributed. Monthly teleconferences with all LDPPs continue as a standing opportunity to educate, provide technical assistance, offer support, and address concerns. Additional information about the DTI is available on the DHCS [website](#).

Private Duty Nursing (PDN) Webinar

DHCS will host a PDN services webinar on December 8. The webinar is aimed at specific providers – home health aid service providers and individual nurse providers – to explain new procedures used to determine whether private duty nursing hours are medically necessary, which is required for payment. The webinar will describe the interconnected roles of California Children's Services, Child Health and Disability Prevention Program, and Medi-Cal managed care health plans (MCP). In addition, the webinar will cover changes in the way PDN services are authorized, as well as transitioning PDN authorization functions from the Integrated Systems of Care Division to the Clinical Assurance and Administrative Support Division. A link to the webinar will be posted to the DHCS December [calendar](#) when it is available.

Home- and Community-Based Alternatives (HCBA) Waiver Solicitation for Application (SFA)

The new HCBA SFA submission deadline is December 15. DHCS has made significant structural changes to the 1915(c) Home- and Community-Based Services (HCBS) waiver, previously known as the Nursing Facility/Acute Hospital (NF/AH) waiver, which creates a new opportunity for community-based, care management organizations and long-term care service providers. DHCS released a SFA on October 4 to invite eligible organizations to apply to become HCBA “waiver agencies.” The HCBA waiver SFA requires applicants to demonstrate that they have the experience, organizational capacity, and fiscal stability to meet minimum waiver agency qualifications and to meet the needs of participants within their proposed service area over the five-year term of the waiver. Contracted waiver agencies will receive funding to perform waiver administrative functions and provide the comprehensive care management service. Current and new HCBS providers interested in expanding their business models are encouraged to submit an application. Because of the level of interest DHCS received in response to the SFA, the Department has extended the SFA application period to ensure all entities have sufficient time to assess the HCBA waiver program requirements and complete/submit the application. For more information about the HCBA waiver, please visit the DHCS [website](#). Questions about the SFA should be emailed to HCBAAlternatives@dhcs.ca.gov; please include “SFA #17-10118 – Question” in the subject line of the email.

Medical Interpretation Services

DHCS will accept feedback via email through December 29 from stakeholders to help inform the development of the Department’s scope of work (SOW) for the study required by Assembly Bill 635 (Chapter 600, Statutes of 2016). AB 635, in part, requires DHCS to work with identified stakeholders to conduct a study; identify current requirements for medical interpretation services; analyze other state Medicaid programs; recommend strategies that may be employed regarding the provision of medical interpretation services for Medi-Cal beneficiaries who are limited English proficient; and provide an update to the Legislature each year, beginning in 2017. AB 635 becomes inoperative on July 1, 2020, unless extended. If you are interested in participating in the stakeholder process and/or providing feedback on the SOW, please contact the medical interpreter services email at DHCSAB635Med@dhcs.ca.gov.

Restoration of Adult Dental Services

DHCS submitted SPA 17-027 to the Centers for Medicare & Medicaid Services (CMS) on November 8 to seek federal approval for restoring [adult optional dental benefits](#), which will include all services previously eliminated in 2009 and not restored in 2014. Effective January 1, 2018, DHCS will restore optional adult dental benefits for beneficiaries ages 21 and older with full-scope dental coverage. Restored benefits will include laboratory processed crowns, posterior root canal therapy, periodontal services, and partial dentures, including denture adjustments, repairs, and relines. The list of dental benefits is available in the Dental Provider Handbook, Section 5, Manual of Criteria, on the Denti-Cal [website](#). Dental providers may render, bill, and be reimbursed for the restored adult dental benefits. For a full list of the applicable codes, please refer to the website.

Proposition 56 Supplemental Payments

- DHCS received CMS approval on November 22 for SPA 17-031, the proposed supplemental payment categories for dental services that will include restorative, endodontic, prosthodontic, oral and maxillofacial, adjunctive, and visits and diagnostic services. The supplemental payment will be at a rate equal to 40 percent of the Dental Schedule of Maximum Allowances for the specified codes for dates of service during the period of July 1, 2017, through June 30, 2018. A copy of the SPA can be found [here](#).
- DHCS received CMS approval on November 29 for SPA 17-028, the proposed supplemental payment program for intermediate care facilities for the developmentally disabled. The supplemental payment will be calculated based upon the difference between the frozen rate at the 2008-09 65th percentile, increased by 3.7 percent per ABX 2 1 (Chapter 3, Statutes of 2016), and the unfrozen 2017-18 rate for services provided during the 2017-18 rate year. A copy of the SPA can be found [here](#).
- DHCS received CMS approval on November 30 for SPA 17-029, the supplemental payment to Family Planning, Access, Care, and Treatment (PACT) providers for Evaluation and Management (E&M) office visits. These supplemental payments are equal to 150 percent of the current Family PACT rates for specified E&M codes. The supplemental reimbursements will be given to Family PACT providers for E&M office visits rendered for comprehensive family planning services for the period of July 1, 2017, through June 30, 2018. A copy of the SPA can be found [here](#).
- DHCS continues to work with CMS to obtain approval of SPA 17-030, the proposed payment program for certain physician services rendered from July 1, 2017, to June 30, 2018. The supplemental payment amounts are fixed amounts and will be paid per claim. The payments are for new and established patient office/outpatient visits, psychiatric diagnostic evaluations, psychiatric diagnostic evaluation with medical services, and psychiatric pharmacological management services. A copy of the SPA can be found [here](#).
- On September 22, 2017, DHCS received CMS approval for an amendment to the HIV/AIDS waiver, which includes an appropriation from Proposition 56 and AB 120 to increase payment rates retroactive to July 1, 2017, for attendant care, enhanced case management, homemaker, non-emergency medical transportation, nutritional counseling, psychotherapy, and skilled nursing services.
- Effective for dates of service on or after July 1, 2017, DHCS increased reimbursement rates for two abortion Current Procedural Terminology (CPT) billing codes. The new rates affect CPT codes 59840 and 59841, which were increased to \$399.99 and \$699.92, respectively. On November 10, DHCS released a [Provider Newsflash](#) to inform providers of the new rates. All system-related changes were completed, and during the week of November 27, the fiscal intermediary (FI) began

processing new claims based on the increased rates. Providers should start receiving their increased reimbursement by December 14. For claims processed before the go-live system changes, the FI will initiate an erroneous payment correction to reevaluate claims and determine if an adjustment is needed. Providers do not have to resubmit claims.

Palliative Care (SB 1004)

Senate Bill 1004 (Chapter 574, Statutes of 2014) requires DHCS to establish standards and provide technical assistance for Medi-Cal MCPs for the delivery of palliative care services. DHCS published All Plan Letter [17-015](#), *Palliative Care and Medi-Cal Managed Care*, on October 19 to establish standards for all Medi-Cal MCPs' palliative care programs that will be implemented by January 1, 2018. DHCS continues to work closely with Medi-Cal MCPs in the implementation of their palliative care programs. Medi-Cal providers are eligible for palliative care training through the California State University, San Marcos [Institute for Palliative Care](#). For more information, please visit the DHCS [website](#).

Pediatric Palliative Care (PPC) Waiver Renewal

DHCS submitted a request to CMS on September 29 to renew the PPC waiver for an additional five-year term. DHCS previously posted the draft renewal application for a 30-day public comment period from August 4 to September 6. Through the renewal, DHCS is proposing to shift the waiver program to an organized health care delivery system model. Within this model, DHCS will contract with waiver agencies to provide one waiver service (entitled enhanced care coordination) and contract with other qualified providers to furnish the other direct waiver services. The proposed effective date for the renewal is January 1, 2018. For more information regarding the PPC waiver, please visit the DHCS [website](#).

Medi-Cal Managed Care Expansion Update

DHCS is in the final stage of implementing Aetna Better Health of California as a new Geographic Managed Care (GMC) MCP in Sacramento and San Diego counties beginning on January 1, 2018. Aetna responded to DHCS' 2015 Request for Application (RFA) to become a new MCP in the GMC model counties. In January 2016, following the RFA evaluations, Aetna was provided with a Notice of Intent to Award. DHCS then began plan readiness activities to implement Aetna as a new MCP. For information about future MCP procurements, please visit the DHCS [website](#).

California Children's Services (CCS) Advisory Group (AG) Meeting

DHCS will host the next quarterly CCS AG meeting on January 10, 2018, with stakeholders, including parents and family advocates, to discuss implementation of the Whole Child Model (WCM) and improvements to the CCS program statewide. Senate Bill 586 (Chapter 625, Statutes of 2016) authorizes DHCS to establish the WCM in 21 designated counties to incorporate CCS-covered services into County Organized Health System contracts. During the CCS AG meeting on October 4, DHCS facilitated an in-depth discussion on [All Plan Letter 17-010](#) and the WCM network certification process. DHCS shared the October through December timeline for health plan readiness, and Central California Alliance for Health shared its Family Advisory

Committee guideline. An update on the performance measures was also provided, and the narrative was posted on the CCS AG [website](#). DHCS also will convene a performance measure subcommittee to ensure technical aspects of specific programs' performance measures are derived consistently across the state. DHCS will announce the selected subcommittee participants in December 2017. The first monthly subcommittee meeting will be held in January 2018. To view CCS AG meeting agendas, presentations, the performance measure narrative, FAC guidelines, or for more WCM information, please visit the WCM [website](#).

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Performance Outcomes System (POS)

As part of its EPSDT POS, DHCS has adopted the Pediatric Symptom Checklist ([PSC-35](#)) and the Child and Adolescent Needs and Strengths ([California CANS-50](#)) tools to measure child and youth functioning. Adopting functional assessment tools to measure and report on outcomes for children and youth receiving specialty mental health services is a statutory requirement of the POS. Upon recommendation from the POS Expert Task Force, DHCS contracted with the University of California at Los Angeles (UCLA) to recommend evidence-based tools to measure children and youth functional outcomes in California. Using several criteria, UCLA recommended the PSC-35 (parent/caregiver version). In addition, DHCS determined that it would be beneficial to adopt a tool that represents the clinician's perspective of child/youth functioning formed through a collaborative assessment process that includes the youth, caregivers, and other individuals identified by the youth and family. Therefore, using the information gleaned from the UCLA study, along with stakeholder and county mental health plan input, DHCS also selected the CANS. Collection of the PSC-35 and California CANS-50 data will be [phased in](#) over a six-month period beginning on July 1, 2018. Please visit the DHCS website for additional information on the [UCLA study](#) and the implementation of the PSC-35 and CANS ([MHSUDS Information Notice 17-052](#)).

HCBS for the Developmentally Disabled (DD) Waiver Renewal

The proposed effective date for the waiver renewal is January 1, 2018. DHCS submitted a request to CMS on December 29, 2016, to renew the HCBS waiver for Californians with developmental disabilities for an additional five-year term. The waiver renewal application was posted for a 30-day public comment period from November 11 to December 11, 2016. Major changes from the previously approved waiver include the addition of housing access services, family support services, occupational therapy, physical therapy, and family/consumer training. The state has removed specialized therapeutic services from the waiver and unbundled the components, now available through extended state plan or other distinct services within the waiver. Enhanced behavioral supports homes is included as a new provider type under community living arrangement services. DHCS, in collaboration with the Department of Developmental Services (DDS), worked throughout 2017 to respond to CMS requests for additional information. For more information regarding the waiver, please visit the DDS [website](#).

Whole Person Care (WPC) Pilot Program

DHCS held the second full-day meeting of the 25 WPC lead entities on October 24. These entities are working to coordinate physical health, behavioral health, and

social services. This convening, “*Learning from Each Other: Partnerships That Improve Whole Person Care*,” included keynote speakers, plenary sessions, and multiple small group breakout sessions that allowed the lead entities to work together to discuss issues and concepts facing the pilots. Additionally, DHCS finalized the evaluation contract with UCLA for the independent evaluation of the WPC pilot program on October 17. For more information about the WPC pilot program, please visit the DHCS [website](#).

Quality Improvement (QI)

DHCS, along with its External Quality Review Organization, Health Services Advisory Group, Inc., hosted an all-day quality conference for the Medi-Cal MCPs on October 4. The theme of the conference was *Building Excellence in Quality Improvement: Leadership, Culture, and Competence*. The conference provided the MCPs with the opportunity to learn strategies for integrating quality improvement practices into their day-to-day operations and to exchange ideas with other MCPs. Featured speakers shared interventions and outcomes on how they successfully created a culture of quality within their organizations. During the conference, DHCS acknowledged the MCPs that demonstrated outstanding performance on quality measures and improved the quality of care for Medi-Cal beneficiaries in 2016. Seven awards were given based upon MCP performance on DHCS quality measures. DHCS also gave two Innovation Awards that highlight innovative interventions by the MCPs intended to improve the quality of care for Medi-Cal beneficiaries. Please visit the DHCS [website](#) for a list of the quality award winners.

Provider Application and Validation for Enrollment (PAVE) System

DHCS is marking the one-year anniversary of PAVE, the Department’s online, automated resource to enroll and revalidate fee-for-service Medi-Cal providers. The first-year results are impressive, with more than 10,000 registered PAVE users and 6,000 applications submitted through PAVE. DHCS has seen a 66 percent decrease in the number of days to process an application submitted through PAVE compared with those submitted on paper. PAVE has also resulted in a decrease in applications returned to providers, from 80 percent with paper applications to just 25 percent with PAVE applications. DHCS expects to implement the next major release, Release 3.0, in summer 2018 for the remaining [provider types](#), including optometrists, pharmacies, and Drug Medi-Cal providers. For more information, please visit the DHCS [website](#).

Program of All-Inclusive Care for the Elderly (PACE)

DHCS released a PACE policy letter on October 23 clarifying updated guidance on the application review process and timeline for new PACE organization applications and PACE expansion applications. DHCS released a draft version of the policy letter on August 30 for a two-week comment period, ending on September 13. The policy letter provides updated guidance to prospective applicants and existing PACE organizations on the criteria, process, and timeline for application review. Key impacts of this policy letter include providing specific policy direction prohibiting the delegation of operation of the PACE model to a separate entity, clarifying the review criteria for applications that request overlapping service areas, and clarifying the process and criteria to request providing independent PACE in County Organized Health System (COHS)

counties. The policy letter also clarifies that the review and approval/implementation process for incoming applications must align with the budget and rate-setting process. DHCS posted the final policy letter on the DHCS [website](#).

Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver Update

The DMC-ODS provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) criteria for substance use disorder treatment services. The final date for counties to submit an implementation plan to opt-into the DMC-ODS waiver was September 1. Forty counties from the first four phases of implementation (Phase 1: Bay Area, Phase 2: Southern California, Phase 3: Central California, and Phase 4: Northern California) have submitted implementation plans. To date, DHCS has approved 26 implementation plans (IP). Of the 40 counties with submitted IPs, eight, mostly in Northern California, are part of the Partnership Health Plan regional model, which will collaborate to provide the required DMC-ODS services. The regional model is still under DHCS review. Fiscal plans for all of the counties that have submitted IPs were received by the November 1 deadline. Phase 5: Indian Health Program-Organized Delivery System (IHP-ODS) opened on September 12. The intergovernmental agreements have been approved for San Francisco, Marin, Riverside, San Mateo, Santa Clara, Los Angeles, and Contra Costa counties through CMS, and all have begun delivering DMC-ODS services. CMS requires all residential providers to meet the ASAM requirements and obtain a DHCS-issued ASAM designation as part of their participation in the DMC-ODS. As of November 14, DHCS has issued 630 ASAM designations identifying levels of care within 422 DHCS-licensed residential facilities. DHCS is providing technical assistance via contracted services, regional meetings, county-specific sessions, tribal consultation, and webinars. More information about the DMC-ODS is available on the DHCS [website](#).

California Medication Assisted Treatment (MAT) Expansion

DHCS in July completed its review of the competitive application process for the distribution of funds to narcotic treatment program (NTP) providers for opioid treatment, consistent with the federal grants issued by the Substance Abuse and Mental Health Services Administration (SAMHSA) – State Targeted Response Opioid Grant Program. Of the \$485 million of 21st Century Cures Act-authorized funding issued by the U.S. Department of Health and Human Services to address opioid abuse, the amount allocated to California is \$90 million over two years. California's project, MAT Expansion, strategically focuses on populations with limited MAT access, including rural areas and American Indian and Native Alaskan tribal communities, and increasing statewide access to buprenorphine. The grant focuses on two projects – the California Hub and Spoke System (CA H&SS) and the Tribal MAT Project. DHCS awarded contracts to 19 providers to operate hub and spoke systems across the state. The total amount allocated for the CA H&SS is \$78 million for the two-year period. The remaining grant funds are being used to fund the Tribal MAT Project, as well as training conducted by the University of California at Los Angeles (UCLA) and the California Society of Addiction Medicine. In addition, a statewide needs assessment and a strategic plan will be developed through this project. The CA H&SS has also begun a Learning Collaborative, which is a vehicle to create the connection that is needed to have an effective network with bi-directional patient movement and team care. UCLA will

conduct an evaluation of project efforts, which will include the required federal performance measures, in addition to other data elements. More information about the MAT Expansion project, along with a list of the funded CA H&SS applications, can be viewed on the DHCS [website](#).

Processing Cases for Individuals Affected by Disasters

DHCS collaborated with federal partners and other state Medicaid programs to help people who were harmed by natural disasters to apply for Medi-Cal coverage. DHCS and its partners developed special instructions, guidance, and resources to assist individuals affected by natural disasters who are in need of Medi-Cal services. The information focused on the Medi-Cal application process, county processing reminders, provider information, and ensuring access to care for affected populations. DHCS also sent a reminder to counties to follow existing processes for counties receiving requests for inter-county transfers and individuals affected by the California wildfires. The guidance was released in All County Welfare Directors Letter [15-36](#) and Medi-Cal Eligibility Division Information Letter [17-16](#).

Form 1095-B Minimal Essential Coverage (MEC) Mailing

DHCS has begun the production/ mailing cycle for the 2017 tax year Internal Revenue Service (IRS) Form 1095-B for Medi-Cal beneficiaries. Every person, adult or child, who is or was enrolled in a Medi-Cal program that meets the requirement for MEC will receive his or her own Form 1095-B. People who are enrolled in a Medi-Cal program that does not meet the requirement for MEC will not receive a Form 1095-B. DHCS is anticipating seven weeks to complete the Form 1095-B mailing cycle, which should run through January 31, 2018. Similar to the 2016 tax year IRS Form 1095-B mailing cycle, DHCS will stagger mailings for the 12 largest counties over the full seven-week schedule. For more information about Form 1095-B, please visit the DHCS [website](#).

MEC Application

DHCS is seeking approval to expand the number of Medi-Cal beneficiaries who receive proof of MEC. Senate Bill 97 (Chapter 52, Statutes of 2017) requires DHCS, for any program under Medi-Cal that provides full-scope Medi-Cal benefits to an eligible beneficiary that is not statutorily specified in Section 5000A of the Internal Revenue Code, nor designated as MEC in federal regulations, to apply to CMS for the program to be recognized as MEC. DHCS submitted the MEC application to CMS during the week of September 25. DHCS has requested a retroactive effective date of January 1, 2017. The MEC designation will be for individuals who have state-only Medi-Cal coverage for their full-scope services, and it will not apply to individuals who are using religious exemptions, are not lawfully present, or are incarcerated. DHCS is currently in discussions with CMS about the application and any additional required documentation.

Medi-Cal Diabetes Prevention Program (DPP)

On July 10, Governor Brown signed into law SB 97 (Chapter 52, Statutes of 2017), which requires DHCS to establish the DPP within the Medi-Cal fee-for-service and managed care delivery systems, consistent with the Centers for Disease Control and Prevention's (CDC) and CMS' guidelines. DHCS will begin drafting its DPP policy and submit to CMS a SPA in 2018. The DPP curriculum will promote realistic lifestyle

changes, emphasizing weight loss through exercise, healthy eating, and behavior modification. Medi-Cal's DPP will include a core benefit consisting of 22 peer-coaching sessions over 12 months, which will be provided regardless of weight loss. In addition, participants who achieve and maintain a required minimum weight loss of 5 percent from the first core session will also be eligible to receive ongoing maintenance sessions, after the 12-month core services period, to help them continue healthy lifestyle behaviors. In addition, SB 97 requires that Medi-Cal providers offering DPP services comply with CDC guidance and obtain CDC recognition in connection with the National Diabetes Prevention Program. Currently, DHCS is working with its MCPs, the Department of Public Health, public health advocates, and other interested stakeholders to discuss policy implications and potential collaborations. To join the stakeholder listserv and to submit questions or comments, please email DHCS DPP@dhcs.ca.gov.

Medi-Cal Tribal and Designees of Indian Health Programs

DHCS presented at the biannual Medi-Cal Tribal and Designees of Indian Health Programs meeting on November 2 and provided updates on the DTI and adult dental restoration in 2018. The next meeting has not been scheduled.