

DENTAL TRANSFORMATION INITIATIVE CARIES RISK ASSESSMENT AND DISEASE MANAGEMENT PILOT OPT-IN ATTESTATION FORM

The goals for this four-year Domain are to assess caries risk and to manage the disease of caries using preventive services and non-invasive treatment approaches instead of more invasive and costly restorative procedures, targeting Medi-Cal eligible children ages six and under.

Dental providers enrolled as a rendering provider for Medi-Cal Dental Fee-For-Service (FFS), Dental Managed Care (DMC), and/or Safety Net Clinics (SNC) who treat Medi-Cal beneficiaries at a service office location within one of the 11 pilot counties are eligible to opt-in to this Domain provided they agree to the terms set forth herein. The Department of Health Care Services (DHCS) offers continuous “open enrollment” for enrolled Medi-Cal dental providers to opt-in to participate in this Domain.

Dental providers that elect to “opt in” or participate in this domain will be entitled to incentive payments as set forth in the Medi-Cal 2020 Demonstration Waiver, Dental Transformation Initiative, Special Terms and Conditions #107 and Attachment JJ:

- Receipt of a bundled incentive payment for the use and completion of the standardized Caries Risk Assessment (CRA) tool, development of a treatment plan, nutritional counseling, and motivational interviewing. Prophylaxis, application of topical fluoride varnish, application of interim caries arresting medication application (for children assessed at high risk) and oral evaluation will be reimbursed using existing claim/encounter processes.
 - Incentive payments will be made in accordance with the frequency of service as determined by the assessed risk level.
 - The following procedures will be incorporated in the department-determined treatment plans for targeted beneficiaries: CRA bundle package (which will globally include behavior modification through nutritional counseling and motivational interviewing, as well as a CRA), application of topical fluoride varnish, prophylaxis, and oral evaluations.
 - The following CDT codes are global to the CRA, and shall be performed at the time of the CRA: CRA low, medium or high risk (D0601, D0602, and D0603), nutritional counseling (D1310) and motivational interview (D9993).
 - Additionally, dental providers may apply and submit claims or encounter data for interim caries arresting medication (D1354) for children (high risk only) at the time of the visit once every six months, if appropriate for the child.
- Depending upon assessed risk levels, reimbursement for additional dental services may occur based on the prescribed frequencies within designated intervals that may exceed standard frequency limitations outlined in the Denti-Cal Manual of Criteria (MOC).

Return completed form and copy of CRA course completion to:

Medi-Cal Dental Program
Provider Enrollment
P.O. Box 15609
Sacramento, CA 95852-0609
Denti-CalEnrollmentDept@delta.org

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Attestation

I certify that, as a dental provider participating in the Dental Transformation Initiative (DTI) Domain 2 Caries Risk Assessment (CRA) and Disease Management pilot, I agree to the following conditions:

- Submit claims data to the dental fiscal intermediary (Denti-Cal) or DHCS approved means of encounter data with specific Current Dental Terminology (CDT) code information.
- Submission of claims/encounter data are only to be submitted for services performed within one of the 11 pilot counties.
- Complete the DHCS approved CRA training and submit a certificate of completion for the training with this attestation.
- Utilize the department approved standardized CRA form to ensure uniform application of the CRA and risk level determinations.

☐ CRA Training certificate of completion attached¹.

☐ I hereby certify that all information provided in this application is true and accurate to the best of my knowledge, and that this document has been agreed upon based on a thorough understanding of the DTI Domain 2 Caries Risk Assessment and Disease Management pilot program participation requirements as specified in the Medi-Cal 2020 Waiver Special Terms and Condition #107 and Attachment JJ.

Printed Name of Dental Provider _____

Signature of Dental Provider _____ **Date**²: _____

Type 1 NPI³: _____ Dental License: _____

Certification Date: _____

Contact Address⁴:

Email: _____ Telephone Number: _____

¹ The CRA training may be submitted at a later date for those providers opting-in in the month of January, 2017

² The Opt-In Form should be submitted within seven days of signing

³ The Type 1 NPI is the provider level NPI

⁴ Please indicate the address where Delta can mail the confirmation letters