

Follow-Up Items from February 17, 2022, SAC and BH-SAC Webinar

Director's Update

1. *Andy Imparato, Disability Rights California:* Can you explain the budget changes for the Medi-Cal program for working people with disabilities, and how you will promote that to the disability community?

DHCS Response: *Jacey Cooper, DHCS:* DHCS will reduce premiums to zero for all Medi-Cal beneficiaries subject to a premium. I can send you the entire list of details. This was in place during the public health emergency (PHE), and we are proposing that it continue.

DHCS Follow-Up: Effective July 1, 2022, DHCS is proposing to reduce premiums for the Optional Targeted Low-Income Children's Program, 250 Percent Working Disabled Program, and the Children's Health Insurance Program. The proposal allows DHCS to not impose premiums or to reinstate premiums for any impacted state fiscal year via the Medi-Cal Local Assistance Estimate, which is considered during the annual budget process. [View the Trailer Bill Language here.](#)

2. *Kristen Golden Testa, The Children's Partnership/100% Campaign:* We appreciate the vaccine data for Medi-Cal versus California and the breakdown by race. Can you provide a breakdown for children's COVID-19 vaccinations by race?

DHCS Response: *Jacey Cooper, DHCS:* Yes, we are happy to provide the breakdown for children and race.

DHCS Follow-Up: This breakdown for children's COVID-19 vaccinations by race will be included in [future data reports](#), starting with the mid-May 2022 report.

Quality/Equity Roadmap Measures

3. *Brianna Pittman-Spencer, California Dental Association*: Will Medi-Cal MCPs be reporting on fluoride varnish? There are many places and providers who can provide fluoride varnish, and it will be important to capture all of the services and not incentivize duplication. I am glad to see the two dental prevention accountability measures in both delivery systems. How will the fee-for-service (FFS) system meet those goals? Lastly, because of COVID-19 and provider shutdowns, care levels were lower in 2020, and that is being used as the baseline year. How might the lower utilization that year affect increases over time?

DHCS Response: *Michelle Baass, DHCS*: I will follow up with responses to your questions.

DHCS Follow-Up: For measurement year 2022 (reporting year 2023), plans will be reporting on topical fluoride varnish (see item #24 in the Managed Care Accountability Set: <https://www.dhcs.ca.gov/Documents/MCQMD/MY2022-RY2023-MCAS.pdf>).

The FFS delivery system will meet those goals through incentivizing dental providers to serve the Medi-Cal population with [California Advancing and Innovating Medi-Cal \(CalAIM\)](#) provider supplemental payments and Proposition 56 supplemental payments, coupled with targeted provider and member outreach and continuous monitoring of dental utilization. The dental Administrative Services Organization contractor performs targeted outreach to Medi-Cal members to educate children and adults about the importance of oral health, establishing a dental home, and their dental benefits. These outreach efforts include the [Smile, CA](#) campaign, which includes videos/materials targeted to young children to teach them and their parents about oral health care, and Facebook live presentations to increase awareness about available dental benefits.

DHCS continuously queries data and monitors utilization of all 13 dental performance measures for any that need improvement to achieve targeted goals. These data are available on the Medi-Cal [Dental Data Reports](#) webpage.

The lower utilization during 2020 was due to impacts of the COVID-19 PHE and various county guidelines to curb the spread of COVID-19. Although communities are going back to normal operations, the PHE is still in effect and may be impacting providers and members. However, the number of claims/Treatment Authorization Requests processed from 2021 to date are back to normal (pre-COVID) amounts. As of February 2022, the annual dental visit for children and adult shows an increase from 2020 at 40.87% to 2021 at 44.88% for children and from 2020 at 20.97% to 2021 at 23.34% for adults. DHCS expects dental utilization to continue increasing over time.

CalAIM Updates

4. *Stephanie Sonnenshine, Central California Alliance for Health*: Previously, there were discussions about feasibility assessments that DHCS would undertake for the D-SNP expansion. Can you share anything on that assessment? My other question is about funding through PATH for collaborative planning and implementation and technical assistance to providers. I see that applications will be in quarter three. I am looking for details so that, as plans are thinking through how to partner in the community, we know what DHCS will focus on and what partners will have access to, so we support, but do not duplicate efforts.

DHCS Response: *Jacey Cooper, DHCS*: DHCS is working on the feasibility study for non-CCI counties to implement D-SNP. I will need to follow up to get information to you and all the plans. On PATH funding, we will make sure we are communicating how this will roll out.

DHCS Follow-Up: DHCS is in the process of conducting a D-SNP feasibility assessment, which includes gathering information from health plans as well as conducting independent analyses for some regions. DHCS has contacted all Medi-Cal plans in non-CCI counties to request input for this assessment.

DHCS is working diligently to refine protocols with CMS, so many of the operational, monitoring, and funding mechanics have not been released to the public. On April 15, DHCS released the Invitation for Proposal for the Third-Party Administrator, and the follow up bulletins with questions and answers were released on April 27 and April 29. All final guidance for the different PATH initiatives will be posted on the [PATH webpage](#). DHCS is also working on the Collaborative Planning and Implementation Initiative Guidance, which will be posted later this spring.