

**DATE:** March 17, 2026

ALL PLAN LETTER 26-003

**TO:** ALL MEDI-CAL DENTAL MANAGED CARE PLANS

**SUBJECT:** BENEFICIARY DENTAL EXCEPTIONS AND DENTAL EXEMPTION  
REQUESTS

**PURPOSE:**

The purpose of this Dental All Plan Letter (APL) is for the Department of Health Care Services (DHCS) to provide Dental Managed Care Plans (Dental MCPs) with guidance and reporting requirements on Beneficiary Dental Exceptions (BDE) and Dental Exemption Requests (DER).

**BACKGROUND:**

Assembly Bill (AB) 1467 (Chapter 23, Statutes of 2012)<sup>1</sup> required DHCS to establish a Beneficiary Dental Exception (BDE) process for Medi-Cal members enrolled in Dental MCPs in a mandatorily enrolled dental managed care county. Dental MCPs are required to partner with DHCS and respond per contractual timelines when a Member in a mandatorily enrolled Dental MCP county submits a BDE request to opt-out of a Dental MCP and move into Medi-Cal Dental Fee-For-Service (FFS).

Additionally, state regulations<sup>2</sup> allow Members in a mandatorily enrolled Dental Managed Care (Dental MC) county to request a medical (dental) exemption from Dental MCP enrollment for up to 12 months to complete a treatment with their current Medi-Cal Dental FFS provider(s). This treatment exemption must be for a complex medical (dental) condition, must be provided by a dentist who is participating in Medi-Cal Dental FFS, and is not contracted with any of the Dental MCPs available in an eligible Member's county of residence.

---

<sup>1</sup> AB 1467 can be found here:

[https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201120120AB1467](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201120120AB1467)

<sup>2</sup> Exemptions from enrollment are set forth in Title 22 CCR section 53923.5



**POLICY:**

DHCS will collaborate with Dental MCPs on behalf of the Member to schedule an appropriate appointment within specified timeframes, based on the identified needs of the Member. The two ways to formally communicate this are through the BDE form (from or on behalf of the member) and the DER form (from the Medi-Cal Dental FFS provider).

If a request to assist the Member is submitted within the BDE or DER that is not specifically under its purview, Dental MCPs are still required to assist the Member in care coordination tasks including but not limited to: needing assistance with access services, continuing care started by the FFS provider, language assistance, transportation, and finding a Dental MCP provider.

**1. Form Submission and Requirements**

A. Beneficiary Dental Exceptions (BDE)

A BDE form<sup>3</sup> can be submitted to DHCS by the Member through mail, fax, email, and/or BDE designated telephone line. The BDE form, Member instructions, and general process can be found on DHCS' Dental MC website.<sup>4</sup>

DHCS will provide the information in an Excel spreadsheet that will be shared with the Dental MCPs on all business days for each month. Dental MCP staff will contact the Member within three (3) business days to work with the member to schedule an appointment within the applicable timeframes with the preferred provider.

If the Member does not respond to the first initial contact, the Member must be contacted one (1) additional time. If the Member is nonresponsive, a letter must be sent to the Member, notifying the member of the intent to close the case. The Member must submit a new BDE request. If the BDE is submitted via

---

<sup>3</sup> The BDE form can be found here:

[https://www.healthcareoptions.dhcs.ca.gov/content/dam/digital/united-states/california/ca-hco/download-forms/en/choice\\_dental/BDE-FORM\\_en.pdf](https://www.healthcareoptions.dhcs.ca.gov/content/dam/digital/united-states/california/ca-hco/download-forms/en/choice_dental/BDE-FORM_en.pdf)

<sup>4</sup> The BDE website can be found here:

[https://dental.dhcs.ca.gov/Members/Dental\\_Managed\\_Care/Beneficiary\\_Dental\\_Exception](https://dental.dhcs.ca.gov/Members/Dental_Managed_Care/Beneficiary_Dental_Exception)

the designated BDE phone line, a DHCS BDE representative will assist the Member with filing a request.

Appointments are coordinated with the Member, the provider, and the Dental MCP to ensure the appropriate timeframes are met and to follow-up with any questions or concerns, including any additional details.

If the Member is unable to obtain an appointment in the Dental MCP within the Timely Access timeframes, the plan shall allow an Out of Network (OON) provider relationship with the member. If the Dental MCP has difficulty scheduling an OON appointment, then the Dental MCP shall contact DHCS to discuss possible disenrollment.

B. Dental Exemption Requests

Dental Exemption Requests (DERs) are requests submitted by a Medi-Cal Dental FFS provider for Members who are mandatorily enrolled in a Dental MCP, who are receiving treatment for a complex medical (dental) condition under the supervision of an FFS dental provider who is not affiliated with any of the Dental MCPs.

Medi-Cal Dental FFS providers can complete the dental exemption form<sup>5</sup> if they believe that potentially deleterious results would occur to the member's health, or access to necessary medical (dental) services would be impeded if the Member's care would be disrupted by a change in dentists.

A Member who has been granted a medical (dental) exemption from Dental MCP enrollment may remain with the Medi-Cal Dental FFS only until the Member's medical (dental) condition has stabilized to a level that would enable the Member to change to a Dental MCP network dentist without

---

<sup>5</sup> The DER form can be found here:

<https://www.healthcareoptions.dhcs.ca.gov/content/dam/digital/united-states/california/ca-hco/documents/english/download-forms/request-for-dental-exemption-from-plan-enrollment-Request%20for%20Dental%20Exemption%20From%20Plan%20Enrollment%20Sacramento%202023.pdf>

deleterious medical (dental) effects, as determined by the member's Medi-Cal Dental FFS provider.

At any time, including during the exemption verification process, DHCS may verify the complexity, validity, and status of the Member's medical (dental) condition and treatment plan and verify that the provider is not contracted or otherwise affiliated with a Dental MCP in the Member's county of residence. DHCS may deny a request for exemption from Dental MCP enrollment or revoke an approved exemption if a provider fails to fully cooperate with DHCS's verification process. If the Member is denied an exemption, DHCS will transfer information regarding the member onto an Excel spreadsheet that will be shared with the Dental MCP on business days for each month to offer continuity of care to the member. Dental MCP staff will contact the Member within three (3) business days to work with the Member to schedule an appointment within the applicable timeframes with the preferred provider.

## **2. Timeline Requirements**

Dental MCPs are required to be responsive to DHCS, the Member, and provider to maintain compliance with contractual timelines.

BDE and DER requests must be reviewed and processed to provide Members timely care per Timely Access contractual requirements for Dental MCP Contract<sup>6</sup> or APL,<sup>7</sup> or subsequent iterations of this APL.

If the Member is not able to obtain an appointment in the Dental MCP within the Timely Access timeframes, the plan shall allow an Out of Network (OON) provider relationship with the Member. If the Dental MCP has difficulty scheduling an

---

<sup>6</sup> The Dental Managed Care Boilerplate Contract can be found here:

<https://www.dhcs.ca.gov/services/Documents/MDS/DMC-Boilerplate-Contract-2025.pdf>

<sup>7</sup> APL 18-003E can be found here:

[https://www.dhcs.ca.gov/services/Documents/MDS/2018%20DAPLs/APL\\_18-003\\_NETWORK\\_ADEQUACY\\_TIMELY\\_ACCESS\\_1-9-18.pdf](https://www.dhcs.ca.gov/services/Documents/MDS/2018%20DAPLs/APL_18-003_NETWORK_ADEQUACY_TIMELY_ACCESS_1-9-18.pdf). All APLs can be found here:  
<https://www.dhcs.ca.gov/services/Pages/DentalAllPlanLetters.aspx>

OON appointment, the Dental MCP shall contact DHCS to discuss possible disenrollment.

### 3. Case Status

Case status for BDEs and DERs must be updated as directed by DHCS with the following Case Status terms:

<b>Case Status</b>	<b>Definition</b>
In Progress	All "In Progress" BDE/DER cases are case-managed until they are closed, including cases with pending initial dental appointments and/or subsequent follow-up appointments.
Scheduled	When an appointment is scheduled, the BDE/DER case will be placed on "Scheduled" status, pending follow-up calls from Dental MCP staff to the Member after the appointment to inquire about the member's dental visit. Please add any comments regarding concerns or complications during the process.
Requestor not Available	When a Dental MCP makes appropriate attempts to reach a member or provider but is unable to be reached, the case should be marked, "Requestor not available." This will mean that the case can be re-initiated but no further attempts will be made to contact.
Closed	If the appointment was successful whether in or out of network and no additional access issues were identified, the BDE/DER case will be "Closed", indicating no further action is needed. <sup>8</sup>

### 4. Continuity of Care

Members who have submitted BDE or DER requests, who are enrolled in a mandatory Dental MC county, shall be offered Continuity of Care by the Dental MCP, if applicable, to meet the Member's needs of retaining their preferred

---

<sup>8</sup> If an out of network agreement cannot be reached, the Dental MCP shall contact DHCS regarding disenrollment. If upon consultation, the member is successfully transferred to FFS Dental, then the BDE case will be "Closed," indicating no further action is needed.

provider. Continuity of Care provisions shall apply pursuant to [APL 25-002](#)<sup>9</sup> or superseding APLs on this topic. When the Member's Continuity of Care request is honored and subsequently expires, the member may be eligible to submit another BDE or DER request.

Dental MCPs are required to consider a request for exemption from Dental MCP enrollment that is clinically denied as a request to complete a course of treatment with an existing FFS provider under Health and Safety Code (HSC) section 1373.96, and in compliance with the Dental MCP contract and any other Continuity of Care APL issued by DHCS. Dental MCPs must ensure that all Members continue to receive medically necessary Medi-Cal services and ensure new enrollees are entitled to receive Continuity of Care with their existing providers for the completion of those services to the extent authorized by law. Continuity of Care timeframes are established under HSC section 1373.96.

## 5. Reporting

Effective immediately, DHCS will provide the Dental MCPs an Excel spreadsheet reporting template on business days by 3:00 PM PST. The Dental MCPs are required to complete the template with Case Status updates and any comments, and return to DHCS the following Wednesday by 3:00 PM PST at [dmcdeliverables@dhcs.ca.gov](mailto:dmcdeliverables@dhcs.ca.gov) with the subject line "[Secure] BDE tracking week of (date)".

## REQUIREMENTS:

If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in a Dental MCP's contractually required policies and procedures (P&Ps), the plan must submit its updated P&Ps with and without Track Changes to DHCS' Medi-Cal Dental Services Division (MDSD) at [dmcdeliverables@dhcs.ca.gov](mailto:dmcdeliverables@dhcs.ca.gov) within 30 days of the release of this APL.

---

<sup>9</sup> APL 25-002 can be found here: <https://www.dhcs.ca.gov/services/Documents/MDSD/APL-25-002-Continuity-of-Care-for-DMC-Members-on-or-after-July-1-2025.pdf>

If a Dental MCP determines that no P&P changes are necessary, the Dental MCP must submit an email confirmation to [dmcdeliverables@dhcs.ca.gov](mailto:dmcdeliverables@dhcs.ca.gov) within 10 days of the release of this APL, stating that the Dental MCP's P&Ps have been reviewed and no changes are necessary. The email confirmation must include the title of this APL as well as the applicable APL release date in the subject line.

Dental MCPs are responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters.

These requirements must be communicated by each Dental MCP to all Subcontractors and Network Providers. Any failure to meet the requirements of this APL may result in a Corrective Action Plan (CAP) and/or monetary sanctions.

For additional information regarding administrative and monetary sanctions, see APL 22-009<sup>10</sup> and any superseding APLs on this topic.

If you have any questions regarding this APL, please contact the Medi-Cal Dental Services Division, at [dmcdeliverables@dhcs.ca.gov](mailto:dmcdeliverables@dhcs.ca.gov).

Sincerely,

*Original signed by:*

Dana Durham

Chief, Medi-Cal Dental Services Division  
Department of Health Care Services

---

<sup>10</sup> APL 22-009 can be found here: <https://www.dhcs.ca.gov/services/Documents/APL-22-009.pdf>