

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

Webinar Tips

- » Please use either a computer or phone for audio connection.
- » Please mute your line when not speaking.
- » MCHAP members are required to turn on their cameras during the meeting.
- » Registered attendees will be able to make oral comments during the public comment period.
- » For questions or comments, email MCHAP@dhcs.ca.gov.



Welcome, Roll Call, and Today's Agenda

Mike Weiss, M.D., Chair

Director's Update

Michelle Baass, Director

Election of 2025 Chairperson

Michelle Baass, Director

Behavioral Health Transformation Update

Aaron Toyama, Assistant Project Executive, Health Care Programs

Agenda

- » Behavioral Health Transformation Milestones
- » Integrated Plan
- » Early Intervention
- » Policy Manual
- » Bond Behavioral Health Continuum Infrastructure Program (BHCIP)
- » Other Resources
- » Feedback and Discussion

Behavioral Health Transformation Milestones



Behavioral Health Transformation Milestones

2024

- » Ongoing partner engagement, including **public listening sessions**, to inform policy creation.
- » Released Requests for Applications (RFA) for **Bond BHCIP Round 1: Launch Ready** - up to \$3.3 billion in funding will leverage BHCIP.

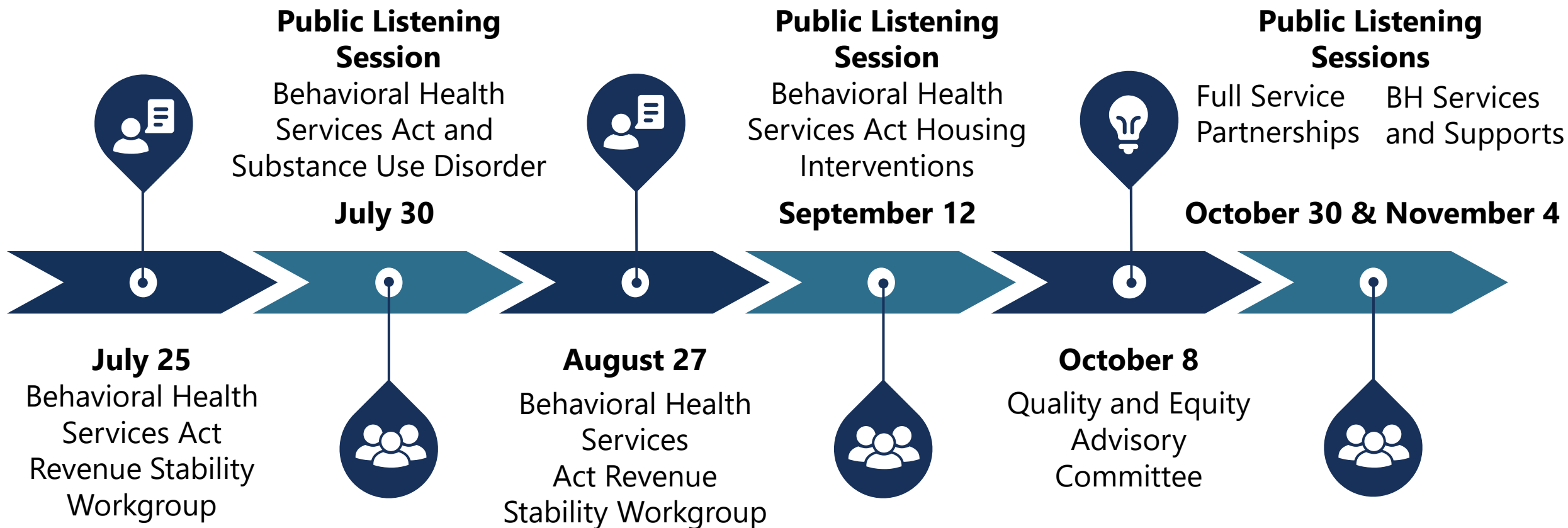
2025

- » Release **policy and guidance in phases**, starting with policy and guidance for the three-year integrated plans.
- » Announce awards for **Bond BHCIP Round 1: Launch Ready**.
- » Release **Bond BHCIP Round 2: Unmet Needs** RFA.

2026

- » Announce awards for **Bond BHCIP Round 2: Unmet Needs**.
- » New integrated plans, fiscal transparency, and data reporting requirements **go live** in July (for the next three-year cycle).

Stakeholder Engagement



Find past recordings and theme reports on the [Behavioral Health Transformation](#) webpage.

Quality and Equity Advisory Committee (QEAC)

- » **Goal:** Help shape strategies and measures for Behavioral Health Transformation in California and nationwide.
- » 98 Applications*
- » QEAC members provide feedback on proposed measures, discuss challenges and barriers and offer potential solutions, and provide input on recommendations for next steps.
- » View materials and future meeting dates on the DHCS Behavioral Health Transformation [Stakeholder Engagement webpage](#).



**Note: the application is now closed. Members have been selected, but future meetings will be open to the public.*

Phased Approach to Population Behavioral Health and Behavioral Health Goals

DHCS seeks support and collaboration from counties, providers, managed care plans (MCPs), and other stakeholders to achieve behavioral health goals.

- » Stakeholders have multiple opportunities to provide **input on behavioral health goals**.
- » County accountability under Behavioral Health Transformation will be established later and be based on measures that counties can directly impact with county-funded behavioral health interventions, again with stakeholder input.
- » DHCS will roll out the behavioral health goals in the following phased approach:
 1. **Establish statewide behavioral health goals with stakeholder input.**
 2. Identify measures to track the state's progress on these goals.
 3. Collaborate with counties to align their initiatives to help the state improve on these goals.
 4. Develop a framework that will monitor programs across delivery systems (behavioral health and managed care). Counties will be held accountable only for measures related to the goals they can realistically impact.

Integrated Plan



Integrated Plan for Behavioral Health Services and Outcomes

| | Three-Year County Integrated Plan |
|---------------------|---|
| Purpose | Prospective plan and budget for all county behavioral health services. |
| Goals | <ul style="list-style-type: none">• Collect local and aggregate information on all behavioral health services delivered statewide.• Increase transparency and accountability in county reporting, and ensure counties are efficiently using federal dollars.• Conduct robust data analysis across counties, services, and funding streams, and identify gaps in service delivery. |
| Timing | Developed every three years. First one due on June 30, 2026. |
| Key Elements | Prospective budget in disaggregated mental health and substance use disorder (SUD) continuum of care frameworks for all county behavioral health funding sources. |

See [Welfare and Institutions Code \(WIC\) 5963.02 \(SB 326, Section 109\)](#)

Overview of Required Data Reporting Elements: County Behavioral Health Needs

Includes statutorily required data elements for counties to include in the Integrated Plan and/or Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR).

- » Number of individuals experiencing homelessness and chronic homelessness.
- » Number of eligible adults and older adults experiencing homelessness and incarceration.
- » Number of eligible **children** and **youth** and number involved in the child welfare system.
- » Number of individuals leaving institutional settings.
- » Adults ages 21 and older experiencing mental illness, SUD, and co-occurring mental health and SUDs.
- » **Children** and **youth** experiencing mental illness, SUD, and co-occurring mental health and SUDs.

Key Stakeholder Groups

WIC 5963.03(a)(1): Each Integrated Plan shall be developed with local stakeholders, including, but not limited to, all of the following:

Bold = Newly Added

- » Eligible adults and older adults.
- » Providers of mental health and **SUD treatment services.**
- » Higher education partners.
- » **Local public health jurisdictions.**
- » **Labor representative organizations.**
- » Veterans.
- » Families of eligible children and **youth**, eligible adults, and eligible older adults.
- » Representatives from veteran's organizations.
- » Health care organizations, including hospitals.
- » Health care service plans, including MCPs.
- » **Disability insurers.**
- » **Tribal and Indian Health Program designees.**
- » Youths, youth mental health, or **SUD organizations.**
- » **The five most populous cities in counties with a population greater than 200,000.**
- » **Area agencies on aging.**
- » **Independent living centers.**
- » Local educational agencies.
- » Public safety partners, including county juvenile justice agencies.
- » **Continuums of care, including representatives from the homeless service provider community.**
- » County social services and child welfare agencies.
- » **Regional Centers**
- » **Emergency medical services.**
- » **Early childhood organizations.**
- » **Community-based organizations (CBO) serving culturally and linguistically diverse constituents.**

Priority Populations

Eligible adults and older adults who are:

- » Chronically homeless or experiencing homelessness or are at risk of homelessness.
- » In, or are at risk of being in, the justice system.
- » Reentering the community from prison or jail.
- » At risk of conservatorship.
- » At risk of institutionalization.

Eligible children and youth who are:

- » Chronically homeless or experiencing homelessness or are at risk of homelessness.
- » In, or at risk of being in, the juvenile justice system.
- » Reentering the community from a youth correctional facility.
- » In the child welfare system.
- » At risk of institutionalization.

Housing Interventions

Per WIC § 5830, Housing Interventions may include:

- » Rental subsidies.
- » Operating subsidies.
- » Shared housing (including recovery housing).
- » **Family housing.**
- » Nonfederal share for transitional rent.
- » Other housing supports, as defined by DHCS, including Community Supports services.
- » Capital development projects.
- » Project-based housing assistance, including master leasing.

Early Intervention



Defining Population Based-Prevention and Early Intervention

Population-Based Prevention under the California Department of Public Health (CDPH)

- » Targets a whole population, not just those at risk.
- » Aims to prevent a mental health or SUD from ever developing.

Behavioral Health Services Act/Behavioral Health Services and Supports Early Intervention under DHCS

- » Targets people at risk of or showing early signs of a mental health or SUD.
- » Aims to prevent mental health or SUDs from becoming severe and disabling.

Early Intervention Funds for Children and Youth

Behavioral Health Services Act strengthens the prioritization of resources to serve children and youth through its dedicated allocation of Early Intervention funds.

51% of Early Intervention funds must be used for children and youth 25 years of age or younger



Early Intervention funds must **prioritize childhood trauma** to deal with the early origins of mental health and SUD needs, including strategies focused on:

- » Youth experiencing homelessness.
- » Justice-involved youth.
- » Child welfare-involved youth with a history of trauma.
- » Other populations at risk of developing serious emotional disturbance or SUDs.
- » Children and youth in populations with identified disparities in behavioral health outcomes (WIC Sections 5840 and 5892).

Early Intervention Strategies

Early Intervention strategies may include, but are not limited to:

- » Outreach
- » Counseling
- » Family, Peer, and Individual Skill Building
- » Screenings
- » Referrals
- » Brief Intervention
- » Direct Care
- » Case management

The following strategies should **NOT be included when provided on a **population-wide** basis:**

- » Health Education
- » Public Stigma Reduction Campaigns
- » Policy and Systems Change
- » Social Marketing
- » Community organizing
- » Coalition-building
- » Collaborative Care
- » Surveillance

Policy Manual



Behavioral Health Transformation Policy Manual



Instead of releasing multiple Behavioral Health Information Notices, DHCS will release a policy manual that will contain all policy guidance related to Behavioral Health Transformation.



The policy manual will be released in modules. The first module will include policy needed for counties to develop their Integrated Plan.



The first policy manual draft module will be released for public comment at the end of 2024, with more modules released throughout 2025.

Policy Manual Module Timeline

Module 1 will be released for public comment at the **end of 2024**, and Module 2 will be released in **2025**.

Module 1 and 2 topics may include:

- » Policy Manual Introduction
- » Behavioral Health Transformation Introduction
- » Target Populations
- » County Reporting Process
- » Continuum of Care
- » Population Health Goals
- » Community Planning Process
- » Eligible and Priority Populations
- » Housing Interventions + Exemptions
- » Full Service Partnership (FSP) + Exemptions
- » Allocation Methodology
- » Revenue Stability
- » Behavioral Health Services and Supports - Allowable Services and Supports/Behavioral Health Services and Supports - Early Intervention
- » Local Prudent Reserve
- » Reversion Policy
- » Transition from Mental Health Services Act to Behavioral Health Services Act
- » Maximizing non-Behavioral Health Services Act Sources of Funding
- » Documentation Redesign
- » Funding Transfer Requests
- » Funding Allowances

Bond BHCIP Guidance



Bond BHCIP Round 1: Launch Ready

- » May 14, 2024: DHCS released the [Bond BHCIP Program Update](#), which will provide up to **\$4.4 billion** in funding for mental health and SUD facilities statewide.
- » The [Bond BHCIP Round 1 Request for Applications](#) posted in **July 2024**.
 - \$1.5 billion open only to counties, cities, and Tribal entities (\$30 million minimum to be awarded to Tribal entities).
 - \$1.8 billion open to counties, cities, and Tribal entities, as well as nonprofit and for-profit organizations.
- » Bond BHCIP Round 1 Funds will be awarded in **spring 2025**.

Additional Resources

Behavioral Health Transformation Website and Monthly Newsletter

- » Explore the [DHCS](#) website to discover additional information and access resources.
- » Please sign up on the DHCS [website](#) to receive monthly Behavioral Health Transformation updates.

Public Listening Sessions

- » Attend public listening sessions to provide feedback on Behavioral Health Transformation-related topics.
- » Registration links will be posted on the [Behavioral Health Transformation website](#), along with recordings, once available.

Bond BHCIP Round 1: Launch Ready

- » Visit the [BHCIP website](#) to access the application and to learn more.
- » Please send any other questions to bondbhcipround1@ahpnet.com.

Questions and Feedback

- » Please send any other questions or feedback about Behavioral Health Transformation to BHTInfo@dhcs.ca.gov.



Questions?

A Retrospective on Medi-Cal's Strategy to Support Health and Opportunity for Children and Families

Pamela Riley, Assistant Deputy Director and Chief Health Equity Officer, Quality and Population Health Management

Medi-Cal's Strategy to Support Health and Opportunity for Children and Families

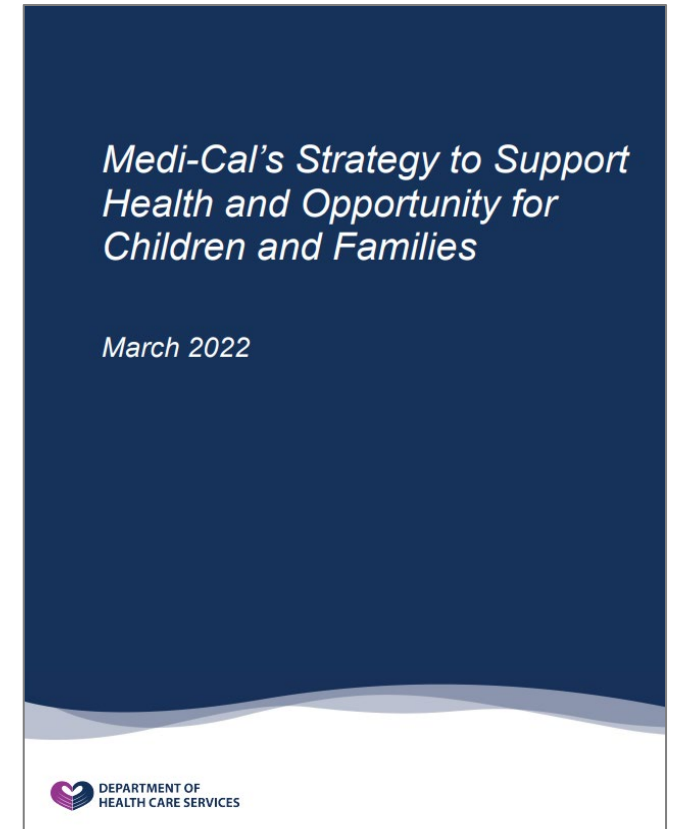


Forward-looking policy agenda for children and families enrolled in Medi-Cal that unifies the common threads of **existing and newly proposed child and family health initiatives.**



Eight action areas with detailed **key initiatives** that are designed to:

- » Solidify **coverage** for children.
- » Promote **whole-child and family-based care.**
- » Strengthen **leadership and accountability.**
- » Implement evidence-based initiatives.



Access [Medi-Cal's Strategy to Support Health and Opportunity for Children and Families](#)

Medi-Cal's Strategy to Support Health and Opportunity for Children and Families

1. Implement a new **leadership structure** and **engagement** approach.
2. Strengthen the **coverage** base for California's children.
3. Fortify the pediatric **preventive and primary care** foundation.
4. Strengthen access to pediatric **vaccinations**.
5. Enhance **accountability** for high-quality and equitable care.
6. Apply a **family-centered** approach.
7. Address the child and adolescent **behavioral health** crisis.
8. Next steps on the **foster care** model of care.

Implement a New Leadership Structure and Engagement Approach



Identify a DHCS **child health champion**



Stakeholder
engagement



DHCS **Medi-Cal
Member Advisory
Committee (MMAC)**

Strengthen the Coverage Base for California's Children and Families



Expand Children's
**Presumptive
Eligibility**



**Premium
elimination** for
children



**Postpartum
coverage
extension**

Fortify the Pediatric Preventive and Primary Care Foundation: Increase Awareness of EPSDT Benefits

- » Federal law enacted in 1967 established the **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)** requirement, which requires that comprehensive age-appropriate health care services be provided to all Medi-Cal enrolled children and youth up to age 21.
- » Requires preventive screening, diagnostic services, and treatment services.
- » Screenings, coverage requirements, and definition of medical necessity for children enrolled in Medi-Cal are more robust than they are for adult care.

Goal of EPSDT

Ensure that children get the

Right Care

at the

Right Time

in the

Right Place

Medi-Cal for Kids and Teens (EPSDT) Outreach and Education

- » DHCS refers to the EPSDT benefit as **Medi-Cal for Kids & Teens.**
- » DHCS developed [resources](#) to **support family and provider understanding of benefits:**
 - Child and teen/young adult brochures
 - Know your Medi-Cal rights letter
 - Provider training



Strengthen Access to Pediatric Vaccinations

- » Coordinate with CDPH to improve Medi-Cal member access to vaccines through the Vaccines for Children program.



Enhance Accountability for High-Quality and Equitable Care: Increase Managed Care Pediatric and Maternity Care Performance Standards

| Domains | Managed Care Accountability Set Measures |
|---------------------|--|
| Children's Health | <ul style="list-style-type: none">• Child and Adolescent Well-Care Visits• Childhood Immunization Status• Developmental Screening in the First Three Years of Life• Immunizations for Adolescents• Lead Screening in Children• Topical Fluoride for Children• Well-Child Visits in the First 15 Months (Six or More)• Well-Child Visits for Ages 15 Months to 30 Months (Two or More Visits) |
| Reproductive Health | <ul style="list-style-type: none">• Breast Cancer Screening• Cervical Cancer Screening• Chlamydia Screening in Women• Prenatal and Postpartum Care: Postpartum Care• Prenatal and Postpartum Care: Timeliness of Prenatal Care |

Apply a Family-Centered Approach: Implementation of Family-Centered Benefits



Dyadic care
benefit



Doula
benefit



**Community
Health Worker**
benefit

Expanding Enhanced Care Management (ECM) for Children and Youth

- » ECM is **person-centered, community-based care management** provided to the highest-need Medi-Cal members.
- » Members with complex needs have a Lead Care Manager to **coordinate care addressing both medical and social drivers of health.**



ENHANCED CARE MANAGEMENT FOR CHILDREN AND YOUTH

A POPULATIONS OF FOCUS SPOTLIGHT

This **Enhanced Care Management Populations of Focus Spotlight** illustrates how ECM is delivered for children and youth, as a way to support young Californians with varied and unique needs, their caregivers and families, and the providers who care for them. It is intended to help future ECM Providers get started and current ECM Providers refine their ECM program for Medi-Cal managed care plan Members across the state.

Enhanced Care Management (ECM) is a Medi-Cal managed care plan (MCP) benefit available in all California counties to support comprehensive care management for MCP Members with complex needs. It launched in 2022, is the highest MCP-administered care management tier in the Medi-Cal Population Health Management continuum, and is delivered in the community by community-based providers.



From July 1, 2023, forward, ECM is available to children and youth with the highest social and clinical risk enrolled in Medi-Cal managed care plans. For these young Members, ECM is intended to identify and close gaps in needed services, as well as ensure closed loop care coordination occurs between a child's or youth's medical care, behavioral health care, and social services delivery systems. Because children and youth with complex needs are often already served by one or more case managers or other service providers within a fragmented delivery system, ECM offers coordination between systems. Instead of duplicating work already being done, ECM facilitates effective communication and timely and necessary data sharing to make sure that the child or youth and their caregivers' needs are being met with a whole person care approach.

In the following sections, readers will find ECM operational guidance for the **Children and Youth Populations of Focus (POFs)**, vignettes showing how ECM might support two Medi-Cal Members, and extensive resources for assessing your organization's capacity to contract with managed care plans as an ECM provider.



ECM Children & Youth Populations of Focus

Since its launch, ECM has been available for adults with intellectual or developmental disabilities (I/DD) and pregnant and postpartum individuals if they meet the eligibility criteria for any existing Populations of Focus. In July 2023, children and youth with I/DD or who are pregnant/postpartum became eligible for ECM if they met the eligibility criteria for any existing Populations of Focus.

| ECM Populations of Focus | | Adults | Children & Youth |
|--------------------------|---|--------|------------------|
| 1 | Individuals Experiencing Homelessness | ✓ | ✓ |
| 2 | Individuals At Risk for Avoidable Hospital or Emergency Department (ED) Utilization (<i>formerly called "High Utilizers"</i>) | ✓ | ✓ |
| 3 | Individuals with Serious Mental Health and/or SUD Needs | ✓ | ✓ |
| 4 | Individuals Transitioning from Incarceration | ✓ | ✓ |
| 5 | Adults Living in the Community & At Risk for Long-Term Care Institutionalization | ✓ | |
| 6 | Adult Nursing Facility Residents Transitioning to the Community | ✓ | |
| 7 | Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition | | ✓ |
| 8 | Children and Youth Involved in Child Welfare | | ✓ |
| 9 | Birth Equity Population of Focus | ✓ | ✓ |

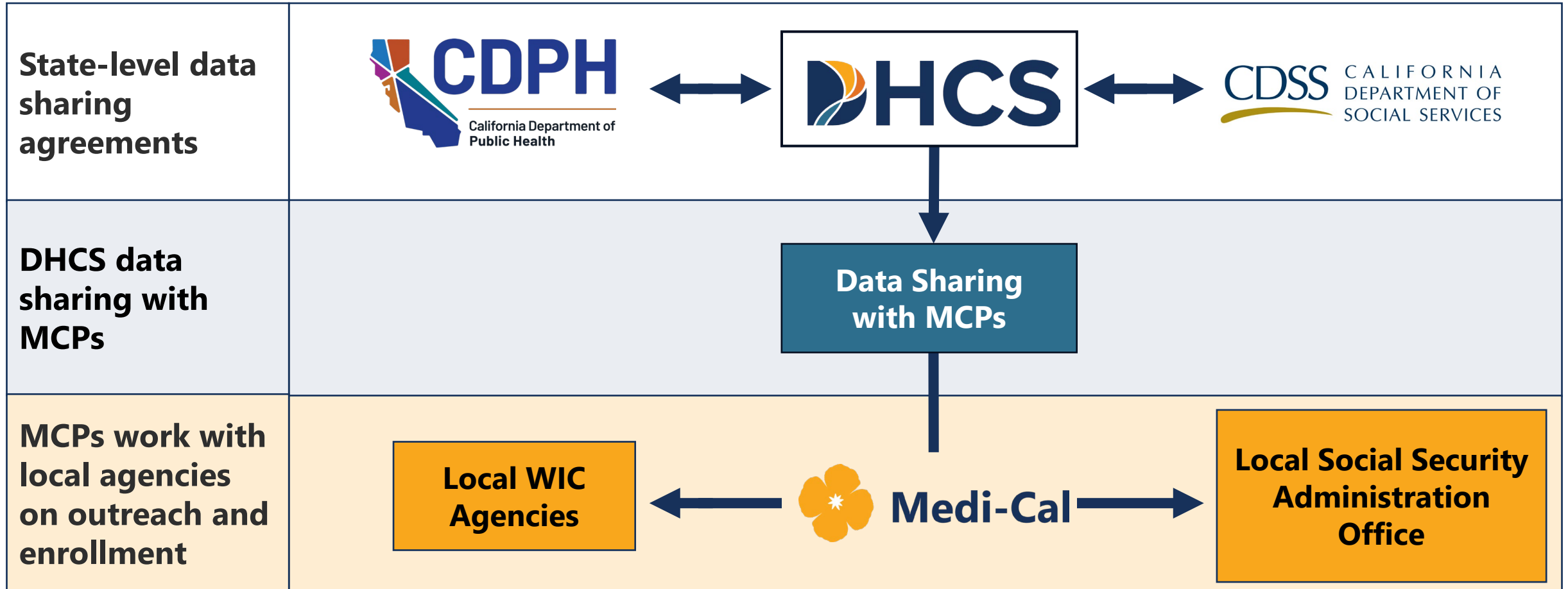
Apply a Family-Centered Approach: Improve Cross-Department Coordination to Better Serve Children and Families

DHCS Initiative to Maximize Medi-Cal Member Enrollment in Women, Infants, and Children (WIC) and CalFresh

Enrollment in WIC and CalFresh contributes to better health and birth outcomes, but many eligible Californians are not enrolled in CalFresh or WIC. DHCS aims to close the enrollment gap in the Medi-Cal population.



DHCS' Strategy to Increase Medi-Cal Member Enrollment in WIC and CalFresh



Address the Child and Adolescent Behavioral Health Crisis: Children and Youth Behavioral Health Initiative

Children and Youth Behavioral Health Initiative (CYBHI)

“Reimagining the systems that support **behavioral health for all California’s children, youth,** and their families”

Key CYBHI Workstreams

- » Behavioral Health Virtual Services Platform (Soluna and BrightLife Kids apps)
- » BHCIP
- » Statewide School-Linked Fee Schedule and Behavioral Health Provider Network
- » CalHOPE Student Support
- » Student Behavioral Health Incentive Program (SBHIP)
- » School-Linked Partnership and Capacity Grants
- » Scaling Evidence-Based Practices (EBPs) and Community-Defined Evidence Practices (CDEPs)
- » Implementation of dyadic care benefit

Next Steps on Foster Care Model of Care: Informing the Behavioral Health Community- Based Organized Networks of Care and Treatment (BH-CONNECT) Waiver

In the design of the BH-CONNECT waiver, DHCS dedicated particular attention to the needs of children and youth, particularly those involved in child welfare.

- » **Cross-Sector Incentive Program** to reward MCPs, County Mental Health Plans (MHPs), and child welfare systems (CWS) for meeting specific measures related to coordinating care for children and youth in the CWS.
- » **Activity Stipends** for children/youth involved in child welfare to promote social/emotional well-being.
- » **Centers of Excellence** to support the implementation of evidence-based practices for children and youth.

Next Steps on Foster Care Model of Care: Informing the BH-CONNECT Waiver (continued)

In the design of the BH-CONNECT waiver, DHCS dedicated particular attention to the needs of children and youth, particularly those involved in child welfare.

- » **Clarification of coverage** of specific evidence-based practices for children and youth (Multisystemic Therapy, Functional Family Therapy, Parent-Child Interaction Therapy, and potentially other therapeutic modalities).
- » **Alignment of the Child and Adolescent Needs and Strengths (CANS)** tool to ensure both child welfare and behavioral health providers are using the same CANS tool.
- » **Initial Behavioral Health Assessment** jointly administered by the behavioral health and CWS.
- » **Foster Care Liaison Role** requirement within MCPs.

Medi-Cal's Strategy to Support Health and Opportunity for Children and Families: Next Steps

- » Update status of strategy initiatives on the DHCS website (2024).
- » Incorporate detailed updates as part of DHCS' [Comprehensive Quality Strategy](#) (2025).



Questions?

Break



Medi-Cal Dental Updates

René Mollow, Deputy Director, Health Care Benefits and Eligibility

Dental Benefits In Medi-Cal

- » A covered benefit in the Medi-Cal program.
- » Services are administered primarily in the Medi-Cal fee-for-service (FFS) delivery system.
- » Services are also delivered in managed care models, including Dental Managed Care (Los Angeles and Sacramento), Program of All-Inclusive Care for the Elderly, and Senior Care Action Network plans.
- » An enrolled dental provider will render dental services and bill the appropriate fiscal intermediary for DHCS or have a payment arrangement with a Medi-Cal Dental Managed Care plan or MCP.
- » Medi-Cal members can find a dentist at the following web address: [https://dental.dhcs.ca.gov/Members/Medi Cal Dental/Find A Dentist/DentalProviderDirectorySearch](https://dental.dhcs.ca.gov/Members/Medi_Cal_Dental/Find_A_Dentist/DentalProviderDirectorySearch)

Annual Dental Visits - Annual

CY 2019 – CY 2023 Utilization for Eligibles 0-20

60.00%

50.00%

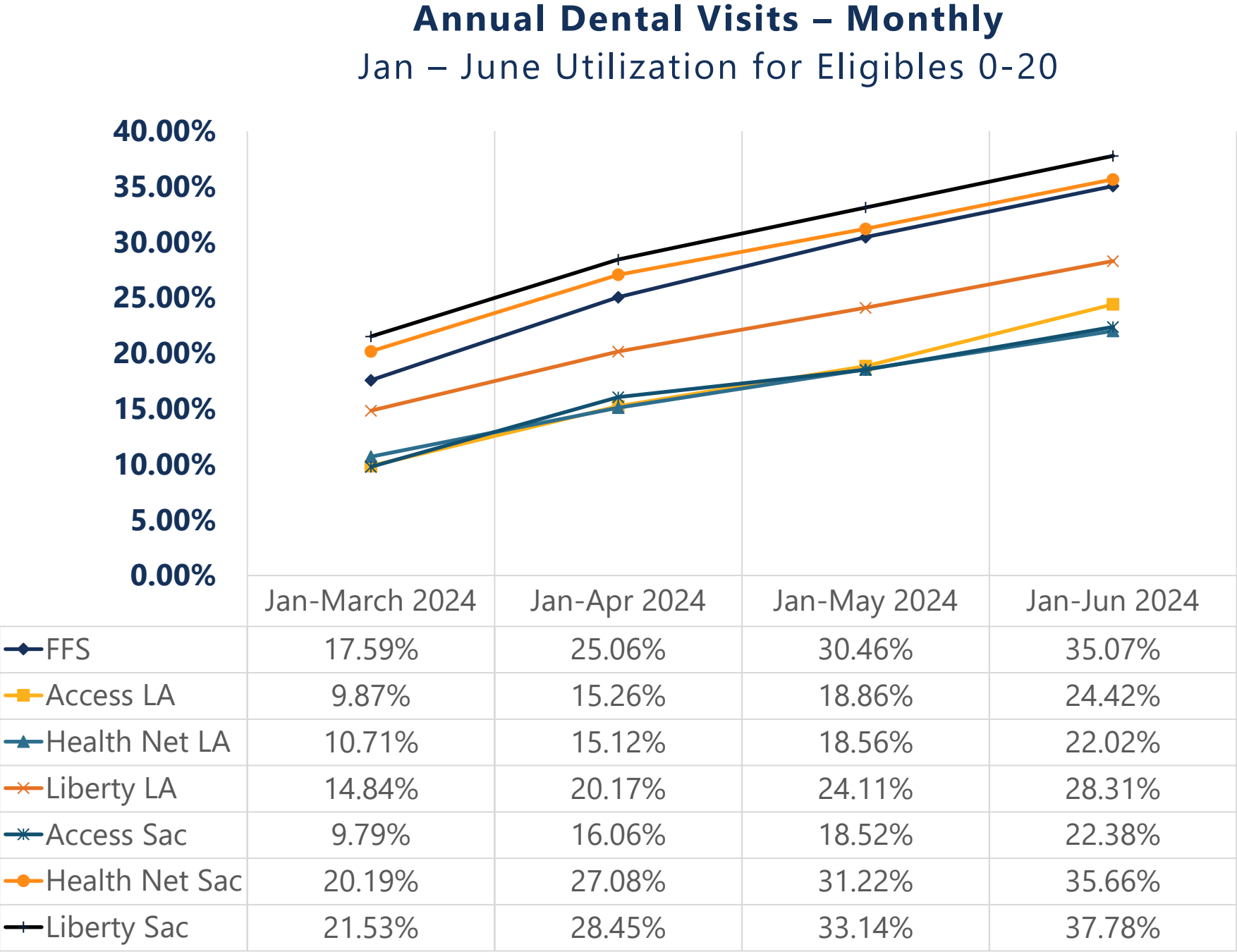
40.00%

30.00%

20.00%

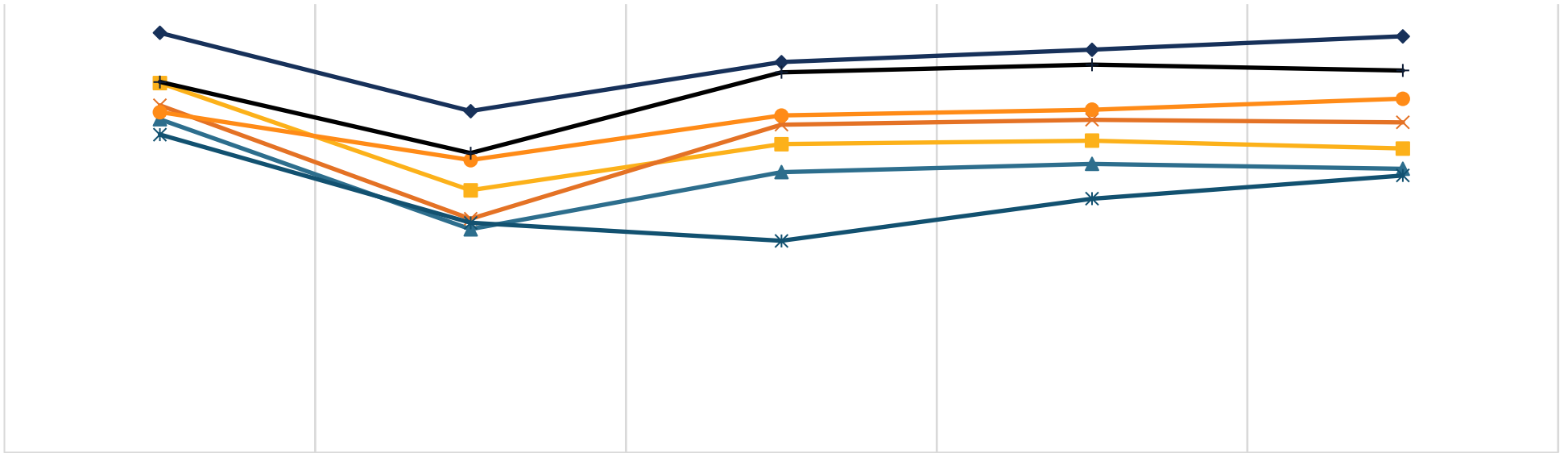
| | CY 2019 | CY 2020 | CY 2021 | CY 2022 | CY 2023 |
|------------------|---------|---------|---------|---------|---------|
| ◆ FFS | 50.00% | 41.35% | 46.41% | 47.75% | 49.18% |
| ■ Access LA | 45.67% | 33.62% | 39.13% | 39.53% | 38.16% |
| ▲ Health Net LA | 42.76% | 29.73% | 36.04% | 36.59% | 36.22% |
| ✕ Liberty LA | 44.22% | 30.44% | 41.04% | 41.89% | 41.14% |
| ✱ Access Sac | 40.21% | 31.52% | 31.16% | 34.83% | 36.06% |
| ● Health Net Sac | 42.24% | 36.78% | 41.72% | 42.59% | 43.78% |
| + Liberty Sac | 47.76% | 40.05% | 48.24% | 48.69% | 47.22% |

Year-To-Date for Members 0-20: Annual Dental Visits



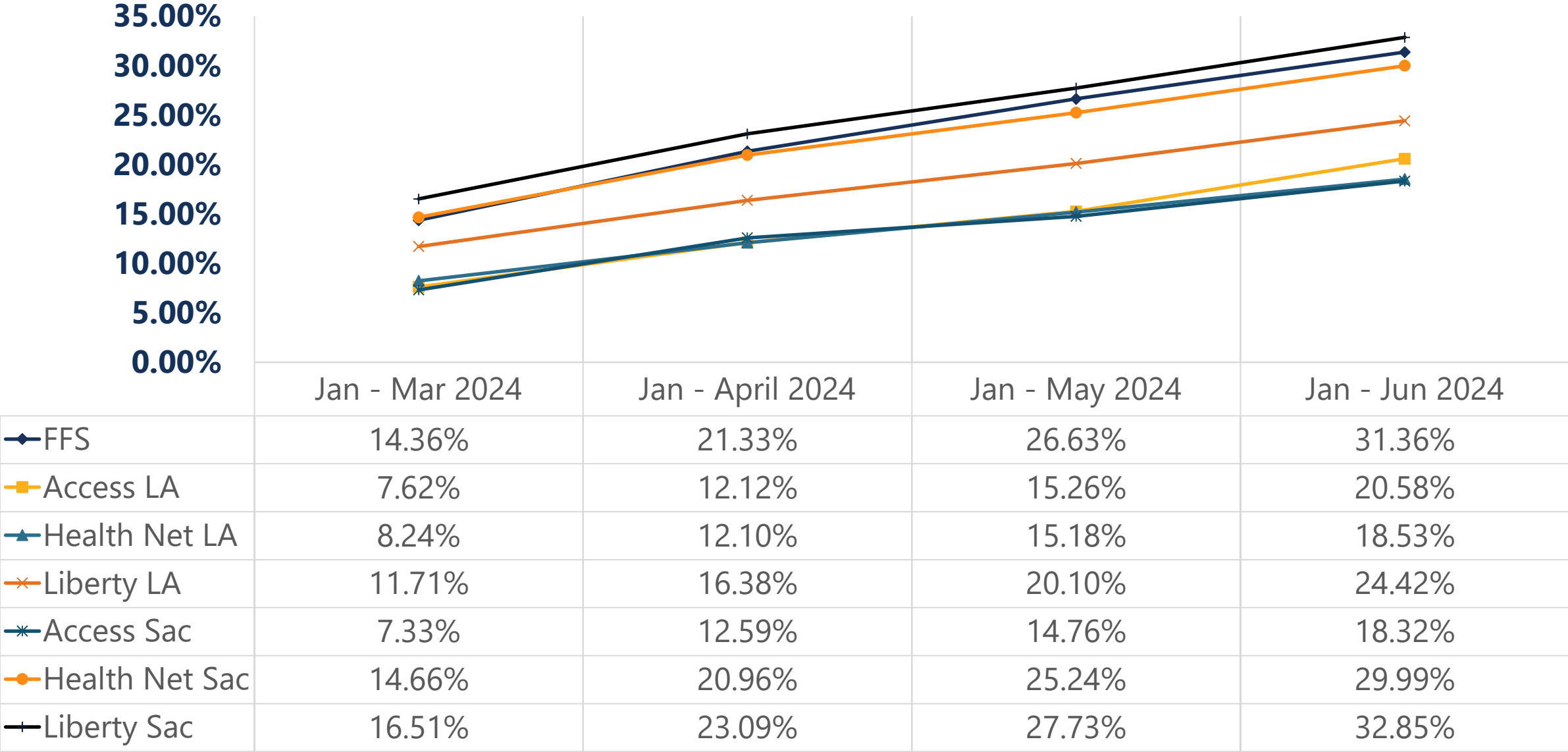
Preventive Services - Annual CY 2019 – CY 2023 Utilization for Eligibles 0-20

50.00%
40.00%
30.00%
20.00%
10.00%
0.00%



| | CY 2019 | CY 2020 | CY 2021 | CY 2022 | CY 2023 |
|------------------|---------|---------|---------|---------|---------|
| ◆ FFS | 46.80% | 38.08% | 43.53% | 44.92% | 46.41% |
| ■ Access LA | 41.21% | 29.25% | 34.39% | 34.78% | 33.90% |
| ▲ Health Net LA | 37.17% | 24.91% | 31.28% | 32.19% | 31.65% |
| ✕ Liberty LA | 38.72% | 26.07% | 36.56% | 37.11% | 36.82% |
| * Access Sac | 35.45% | 25.63% | 23.61% | 28.31% | 30.90% |
| ● Health Net Sac | 37.96% | 32.61% | 37.58% | 38.23% | 39.46% |
| + Liberty Sac | 41.32% | 33.38% | 42.40% | 43.25% | 42.60% |

**Preventive Services - Monthly
January – June Utilization for Eligibles 0 to 20**



Provider Enrollment Updates

Enrollment processing times have **decreased** from Calendar Year (CY) 2022 to CY 2023 by an average of

18.3

days for
rendering provider
applications

7.62

days for
billing provider
applications



40%

of all active licensed
dentists are enrolled
with Medi-Cal

California Advancing and Innovating Medi-Cal (CalAIM): Dental Key Initiatives

1

Annual Dental Visits (ADV)

A performance measure of Medi-Cal dental. CalAIM supports DHCS' goal to achieve at least a 60 percent for children's utilization of dental services.

2

Pay-For-Performance (P4P)

Increase provider participation and member utilization, improve overall oral health outcomes, and mitigate the need for restorative services.

3

Caries Risk Assessment (CRA) Bundle

Educate and influence positive oral health behavior habits and changes.

4

Silver Diamine Fluoride (SDF)

Reduce the need for more invasive treatments.

Teledentistry Updates

Teledentistry Policies Updated

- » Simplified administrative process to use teledentistry.
- » CHW Services (Current Dental Terminology (CDT) Code D9994) is an allowable code.

Teledentistry Directory and Outreach

- » Added to the Medi-Cal Dental and Smile, California websites.
- » Flyer for EDs coming soon.
- » Available in FFS and Dental Managed Care.

Children's Presumptive Eligibility (CPE)

Now Open to Medi-Cal Dental Providers

- » **As of August 5, 2024**
- » Providers must meet qualification standards to become qualified CPE providers.



Community Health



**Community
Health Workers
(SPA 24-0016)**



**DHCS CHW
Policy Rollout
Underway**



**Oral Health
Educational
Materials**

Mobile Dentistry



Another modality in which Medi-Cal can engage with community members.



Provider drives to a site and can provide full-scope services for the member and establish a dental home.



Scheduled for 21 events throughout the state this year and growing.



Opportunities for partnership and engagement with local oral health plans, school districts, and MCPs.



Media and public reception of this modality is very positive.



Increased interest by MCPs and the California Dental Association.

Mobile Dental Van



**Dental Mobile Van
(Exterior)**



**Mobile Dental Van
(Interior)**



**Dental Mobile Van
Tour in Fresno, CA**

Recent Mobile Van Event in Trinity County



**Mobile Dental Van Team in
Weaverville, CA**



**Mobile Dental Van Team in
Weaverville, CA**

Dental FFS Vendor Updates



Care Coordination

Medi-Cal Dental Telephone Service Center (TSC) agents assist Medi-Cal members with accessing dental and care coordination services, including: Locating a general dentist, specialist dentist, or clinic that offers dental services.

- » Accessing appointments.
- » Arranging language assistance and American Sign Language service.
- » Providing transportation assistance.



**Members can access care coordination services
by calling the TSC at (800)322-6384.**

Impact: Dental Care Coordination Referral Form



Can replace
multiple local oral
health program
software systems.



School nurses are
now able to
leverage a system.



Results can report on
outcomes for members:

- » ADV
- » Preventive treatment

Dental Managed Care Updates



Dental Managed Care Procurement

- » Dental Managed Care requires mandatory enrollment in Sacramento County and optional enrollment in Los Angeles County.
- » On September 27, 2024, contracts were awarded to three contractors each for Sacramento and Los Angeles counties: California Dental Network, Health Net of California, and Liberty Dental Plan.
- » Quality ratings and past performance were considered in the rating process.
- » Contracts will be operational in July 2025.

Dental Managed Care Contract



54-month
operations.



Accountability and
commitment to compliance.



Quality Improvement
and Oral Health
Equity Transformation
Program.



Increased focus on
integrating medical
and dental care.



Transparency



Questions?

Public Comment



Final Comments and Adjourn



2025 Meeting Dates



- » March 13, 2025
- » June 19, 2025
- » September 11, 2025
- » November 6, 2025

Thank You.

