



Medi-Cal 2020 Waiver
 Dental Transformation Initiative, Domain 4
 Summary of Local Dental Pilot Program Applications
 March 8, 2018

Local Dental Pilot Program			
Lead Entity, Domains, Target Population	Pilot(s)	Funding	LDPP Agreement Status
Alameda County Domains 1 and 3 Target Population: Medi-Cal eligible children 0 – 20 years	1. Developing a cross-system culturally/linguistically responsive care coordination workforce that is representative of the target population. 2. Creating a Dental Community of Practice and providing expanded incentive options 3. Development of a web-based CCMS/Data management system	\$17,267,226	Executed April 15, 2017
California Rural Indian Health Board, Inc. Domains 1, 2 and 3 Target Population: Medi-Cal eligible children 0 – 20 years	1. An oral health care coordinator will be integrated within the primary care setting, to help facilitate dental integration across a variety of disciplines, including medical, dental, behavioral health, and social services, with a particular emphasis on increasing oral <u>health access</u> for Medi-Cal beneficiary children ages 0-20 as measured by an increased number of fulfilled dental referrals and dental appointments among this target population. 2. Leverage the integration of the oral health care coordinator into the primary care setting to help incorporate routine <u>caries risk assessments</u> by the primary care provider and	\$2,618,338	Executed June 21, 2017

	<p><u>fluoride varnish placement</u> by the oral health care coordinator during tandem well-child visits in order to augment the delivery of preventive dental services in the primary care setting among children ages 1-6.</p>		
<p>California State University, Los Angeles</p> <p>Domains 1 and 3</p> <p>Target Population: Medi-Cal eligible children 0 – 20 years</p>	<ol style="list-style-type: none"> 1. Increase access to dental health care for underserved populations by 1) deploying mobile care teams to the community to provide oral health screenings and 2) connecting children and their families to local dental homes for continuity of care using an interdisciplinary approach 2. Identify contextual barriers to children’s oral health by 1) assessing families’ existing resources, capacities and challenges concerning oral health; 2) developing and implementing protocols to assess families’ values, attitudes, knowledge, and behaviors related to oral health and 3) integrating this knowledge in the design and delivery of program interventions 3. Increase access to dental health care for children/youth in the urban American Indian Alaska Native urban community by 1) complementing the goals of Aim 1 through specialized outreach and recruitment strategies; 2) hiring designated staff to strengthen these efforts and 3) integrating best practice knowledge from Indian Health Service protocols 4. Utilize findings from the assessment referenced in Aim 2 by 1) developing Individualized Oral Health Care Plans, 2) creating education materials on various topics of relevance to the population that are 	\$16,621,283	Executed April 15, 2017

	<p>congruent with the cultural and developmental contexts of the audience, 3) delivering educational content to target audiences utilizing an interdisciplinary team approach, 4) delivering oral health educational materials individually and to community groups, and 5) utilizing mobile technology to engage families to practice what they have learned about oral health</p> <p>5. Increase the involvement of professionals in related fields (child development, education, and general health care) in raising awareness among their clients of the importance of preventative and regular maintenance of oral health care in children, youth and young adults by 1) developing strategies to educate practitioners about the importance of oral health and its link to general health and wellbeing and 2) educating healthcare providers (pediatricians, OB/GYN's, primary care physicians, nurses, nutritionists, etc.) to deliver and incorporate oral health care into primary care</p> <p>6. Disseminate findings from this project to appropriate consumer, professional, and legislative Audiences</p>		
<p>First 5 Kern Domains Target Population: Medi-Cal eligible children xx</p>	<p>Virtual Dental Home (VDH)</p>	<p>Pending</p>	<p>Revisions Pending</p>

Years			
<p>First 5 San Joaquin Domains 1 and 3 Target Population: Medi-Cal eligible children 0 – 20 years</p>	<ol style="list-style-type: none"> 1. VDH 2. Care coordination efforts with social service and faith-based agencies 3. Workforce Development in the form of a coordinated county training plan for medical and dental providers including incentives and evidence-based methods and curriculums. 4. Quality Improvement efforts that pair the resources of the county public health epidemiology and CHDP departments, Bright Futures technology solutions, higher institutes of learning public health nursing (California State University Sacramento) and dental schools (University of the Pacific) directly with local Denti-Cal Provider Network dentists. 5. Reach Out and Read, an innovative strategy designed with medical providers, to reinforce the message about the importance of oral health and to make a child’s trip to the dentist more enjoyable. Reach Out and Read is a nationally affiliated, evidence-based, pediatric literacy program that has operated in San Joaquin County since 1998. 	<p>\$3,524,429</p>	<p>Executed May 31, 2017</p>

<p>First 5 Riverside</p> <p>Domains 1, 3</p> <p>Target Population: Medi-Cal eligible children 0-19 years</p>	<ol style="list-style-type: none"> 1. Provide risk-based assessment and tailored preventive care to children and families within the first five years of the child's life to help prevent poor oral health in the future. 2. Virtual Dental Home (VDH): Ensure children enrolled in Medi-Cal through this strategy are connected to a dental home. 3. Maximize the workforce in Riverside and San Bernardino counties to improve the oral health of Medi-Cal enrolled young children by equipping WIC providers, child care providers, and early childhood home visitors with tools to provide preventive dental care to children. Additionally, ensuring all members of the dental team are coordinated in their efforts and supporting professional capacity building (i.e., education, skills, and expertise). 4. Integrate early preventive dental care within educational, social, or general health service programs that reach Medi-Cal-enrolled children; especially those most at risk of not receiving preventive care or having a dental home. 	<p>\$12,114,979</p>	<p>Executed November 28, 2017</p>
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<p>Fresno County</p> <p>Domains 1 and 3</p> <p>Target Population: Medi-Cal eligible children 0 – 20 years</p>	<ol style="list-style-type: none"> 1. Outreach Oral Health Education and Care Coordination Services; the objective is to provide families with oral health education and an assigned care coordinator to assist in the identification of available Denti-Cal providers and the scheduling of the initial and recurring appointments with the goal of increased access to dental care and preventive dental appointments as recommended with increased adherence to behaviors that contribute to good oral health. 2. Dental Provider Relations and Recruitment Services; Provider Relations Representatives will contact licensed Denti-Cal dentists including those Denti-Cal providers not accepting new patients and will recruit those dentists who are not Denti-Cal providers through onsite education and services on DTI Domains 1 and 3 and the Fresno LDPP in partnership with the Fresno-Madera Dental Society. 3. VDH 	<p>\$11,127,285</p>	<p>Executed June 27, 2017</p>
<p>Humboldt County</p> <p>Domains 1 and 3</p> <p>Target Population: Medi-Cal eligible children 0 – 12 years</p>	<ol style="list-style-type: none"> 1. Prevention-based service delivery across disparate organizations that include FQHC's (including a tribal clinic), local Community Action Agency (a nonprofit), County Government (Public Health) and school based family resource centers, which will ensure a non-duplication of services. This delivery will include the commitment of all entities to use a standardized Caries Risk Assessment (CRA) tool. 2. Implementation of place-based services as an intervention/prevention based strategy in partnership with local, school-based family 	<p>\$3,808,932</p>	<p>Executed June 21, 2017</p>

	<p>resource centers as well as other sites where families can have easy access to these services including Public Health, WIC and schools, particularly those identified in our assessment work that show a high rate of kindergarten oral health decay. Those place-based services will include education/oral health literacy, oral health assessments, fluoride varnishing to be conducted by Community Dental Health Educators through RCAA.</p> <p>3. Care Coordinators will engage referred families in a Patient Activation Measure (PAM) specifically designed to assess their oral health knowledge, confidence and skills. After the PAM, Care Coordinators will work with the family to create a Family Dental Plan (FDP) based upon their PAM level and the CRA results and will work directly with clients to determine appointment compliance and other potential barriers to receiving care as well as basic oral health literacy utilizing a motivational interviewing approach. All of these interventions will be tracked through an LDPP Data Tracking System, which will allow the applicant to adequately measure over time a child/family's progress as well as identify the need for quality improvement interventions.</p> <p>4. Integration of oral health care delivery on the medical side by piloting Community Dental Health Worker positions at all 3 FQHC's.</p>		
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<p>Orange County</p> <p>Domains 1 and 3</p> <p>Target Population: Medi-Cal eligible children 0 – 20 years</p>	<ol style="list-style-type: none"> 1. Call Center information and referral service to connect children with a dental home 2. VDH expansion 3. Telephonic care coordination to promote continuity of care for VDH patients 4. Annual Summit and bi-annual forums for current and prospective Medi-Cal registered dental providers 	<p>\$11,143,676</p>	<p>Executed June 30, 2017</p>
<p>Sacramento County</p> <p>Domains 1 and 3</p> <p>Target Population: Medi-Cal eligible children 0 – 20 years</p>	<ol style="list-style-type: none"> 1. VDH with care coordination in schools in Sacramento and Amador Counties 2. Medical/Dental Partnership with care coordination in both counties 3. Training and education for community service providers in both counties to add a dental component to service provision when serving families with children. 	<p>\$9,198,164</p>	<p>Executed June 28, 2017</p>
<p>San Luis Obispo County</p> <p>Domains 1 and 3</p> <p>Target Population: Medi-Cal eligible children 0-20 years</p>	<ol style="list-style-type: none"> 1. VDH: Provide clinic-based services for preventive procedures that can be completed in community-based settings. 2. Outreach, Education, Screenings and Referrals at Low-Income Housing Sites –A Registered Dental Hygienist in Alternative Practice will provide dental screening, prophylaxis, hygiene education, fluoride applications, and referrals to a dental care home, at low-income housing sites throughout the county. 3. Increase the number of Registered Dental Assistants (RDAs) and Registered Dental Hygienist in Alternate Practice (RDHAP). We will work with local dental providers that serve pediatric populations, with regional training programs at Allan Hancock College, and with the San Luis Obispo County Workforce Development Board. 	<p>\$2,181,126</p>	<p>Executed January 12, 2018</p>

<p>San Francisco City and County Department of Public Health</p> <p>Domains 1 and 3 Target Population: Medi-Cal eligible children 0 – 5 years</p>	<p>1. Access Collaborative: The first pilot project aimed at increasing access to Denti-Cal preventive services for 0- 5 year old Denti-Cal beneficiaries in San Francisco is the development of an Access Collaborative to improve quality of services within dental practices that serve large proportions of Denti-Cal beneficiaries. This pilot will utilize the Breakthrough Series Collaborative methodologyⁱ to teach dental practices in San Francisco how to implement efficient practice systems and provide preventive services to Denti-Cal beneficiaries in a sustainable manner.</p> <p>2. Care Coordination: This pilot involves the hiring of bilingual health workers (between them covering English, Spanish, and Cantonese) to provide coordination of care for 0-5 year old Denti-Cal beneficiaries and their caregivers, with the goal of increasing access to preventive dental care for this target population. In addition to typical care coordination activities, these health workers will also provide appointment compliance education and health promotion messaging.</p> <p>3. Health Promotion Messaging: We plan to increase utilization of Denti-Cal preventive services for 0-5 year olds is through promoting the importance of oral health for young children and by developing messaging to increase appointment compliance. To this end, we will use LDPP funding to develop culturally appropriate messaging in collaboration with local OH Community Taskforces. The three local OH Community Taskforces based in the Chinatown (Asian),</p>	<p>\$5,835,453</p>	<p>Executed June 27, 2017</p>
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	<p>Mission (Latino) and Bayview/HP (African-American) communities will be charged with developing culturally appropriate messages that promote children’s oral health and address appointment compliance in a culturally sensitive manner</p> <p>4. Increase Interprofessional Collaborative Practice: For this pilot, an Integration Technical Advisor and a series of local primary care champions will teach the oral health competencies for Interprofessional Collaborative Practice including how to exchange meaningful information among health care providers to identify and implement appropriate, high quality care for patients, based on comprehensive evaluations and options available within the local health delivery and referral system, and how to facilitate patient navigation in the oral health care delivery system through collaboration and communication with oral health care providers, and provide appropriate referrals.</p> <p>5. Incentivizing FQHC Dual-Users The fifth and final pilot project will incentivize increased referrals between the primary care and dental clinics in local FQHCs to increase the proportion of dual primary care-dental users. Currently there are nine FQHC clinics in San Francisco with co-located primary care and dental clinics that serve large proportions of San Francisco’s Medi-Cal beneficiaries. This project will incentivize clinic sites to increase the proportion of Medi-Cal beneficiaries age 0-5 with both a primary care and a dental visit in the same 12-month period.</p>		
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<p>Sonoma County</p> <p>Domains 1, 2, and 3</p> <p>Target Population: Medi-Cal eligible children 0 – 6 years</p>	<p>1. In partnership with the Dental Health Network, will adopt and implement the DHCS's Standard Caries Risk Assessment (CRA) for use in the county's safety net dental clinics. For the first time in Sonoma County's history, nearly all of the dental providers for Medi-Cal enrollees will use a standard CRA to assess and guide individual patient care in a collaborative practice.</p> <p>2. Employ and train a new workforce of Community Dental Health Workers (CDHWs) at partner sites to ensure CRA completion and provide targeted and ongoing dental case management.</p> <p>Develop the innovative Sonoma Smile Mobile Application (Sonoma Smile App) to serve as a family's personal dental record. CDHWs will be trained and supported in using the App with families and patients to provide improved chronic disease management.</p>	<p>\$3,507,767</p>	<p>Executed May 15, 2017</p>
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<p>University of California, Los Angeles</p> <p>Domains 1 and 3</p> <p>Target Population: Medi-Cal eligible children 0 – 20 years</p>	<p>1. Implementing a Robust Quality Improvement Campaign: The LA-CPP will improve care coordination at the level of direct patient care through its two main quality improvement interventions, the county-wide campaign to improve oral health care by medical and dental providers through training and education, and the safety-net Quality Improvement Learning Collaborative. The improvement campaign will improve care coordination through the promotion of tailored curriculum, CME/MOC and payment incentives, and site-specific coaching support to medical providers, dental providers, and residency training programs. The QILC will support care coordination through the faculty experts who will teach participating clinics, particularly FQHCs, and high-volume providers the tested best practices for integrating care across medical and dental services, and through accompanying</p>	<p>\$27,411,975</p>	<p>Executed May 15, 2017</p>
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	<p>instruction on quality improvement methods to enable clinics and practices to implement these changes successfully in their specific work environments. A description and summary of achievements following implementation of a QILC with Los Angeles FQHC partners as part of the UCLA-First 5 LA Oral Health Program is detailed in a recently published article in Health Affairs (Crall et al., 2016). The Health Affairs article includes as an online appendix a figure (see Appendix E of this proposal) which depicts the risk-based integrated care pathway used by the QILC to guide system redesign and integration of medical and dental oral health services.</p> <p>2. Implementing Enabling Technology for Improved Outcomes: The LA-CPP team views technology as a key enabler for improved oral healthcare delivery and care coordination. Building on the success of Altarum’s Meaningful Use Specialized Registry, Michigan’s Dental Registry (MiDRSM), the LA-CPP will implement a Los Angeles Dental Registry (LADR). Screenshots of MiDR can be found in Appendices A and B. LADR will operate as LA County’s oral health monitoring system, and will document and track the provision of oral health services, facilitate expedient referral between the medical and dental providers, and gather population-level information on oral health measures and utilization. This innovative technological infrastructure will also facilitate a deeper understanding of the scope and trends of problems in care and care delivery, facilitate provider behavior change, allow for</p>		
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	<p>timely and accurate measurement of care and gaps in care coordination, and promote accountability and informed reporting on program progress and goal achievement. While this type of technology-driven quality improvement is quickly becoming the gold standard in the medical community, this aspect of our intervention would be first-of-its-kind in California dentistry. To meet the needs of the LA County population, LADR will be developed as a bilingual tool for all users, enhancing its utility for providers by also having available a Spanish interface.</p> <p>LADR will also provide population-level oral health data for data-driven decision making, with an ability to capture data such as peer-to-peer provider comparisons in quality metrics, regional comparisons of disease rates, utilization data, referral completion rates, and more. This foundational system will also allow for payment model innovations for both medical and dental providers (i.e. incentives for preventive service provision among dentists, incentives for continuity of patient care across provider types, etc.) Our team is uniquely qualified to make quick progress in this important area through Altarum's extensive technical skills in software development and health information exchange (HIE), and success implementing similar performance systems in medical settings. This combined with UCLA and other partners' academic expertise, previous work in the area, and dedication to seeing a county-wide quality monitoring system come to fruition,</p>		
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	<p>positions our team for success. Finally, implementing LADR will ensure that care coordination is seamless for both the beneficiary and oral health provider communities, thereby increasing program impact and avoiding duplication of services. Medical and dental health plans will partner with LADR to facilitate educating and onboarding their provider members to the system.</p> <p>3. Coordinating Care within Existing Provider Network and Community Infrastructure: In addition to utilizing technology as a facilitator of care coordination, the LA-CPP program will utilize program innovations such as SmileConnectSM, partnerships with Medicaid managed care plans and dental plans, as well as linkages with existing community health programs such as Welcome Baby, and First 5 LA (see section 3.2 for further detail) to improve care coordination, and to facilitate oral health at the community level. The LA-CPP team will leverage extensive, multi-state experience working with care integration in the medical, dental and community settings (including WIC clinics, school and community education-based settings, and with community programs) to facilitate oral health services across the care spectrum. Additionally, the LA-CPP is leveraging a multitude of engaged partnerships to ensure pilot activities are aligned with existing community infrastructure.</p>		
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