

2023 Addendum

Leveraging Medi-Cal Innovation to Promote Children’s Oral Health: A Toolkit for Local Oral Health Programs

This document outlines updates to Children Now’s 2022 toolkit, [“Leveraging Medi-Cal Innovation to Promote Children’s Oral Health: A Toolkit for Local Oral Health Programs”](#), based on additional guidance and information released by state agencies in 2023.

New Medi-Cal Managed Care Plan (MCP) Contracts: Effective January 1, 2024, the following health plan models will operate in each county.ⁱⁱⁱ Counties highlighted in brown signify a change in the health plan(s) available to Medi-Cal members in the county or a transition to another type of managed care model. Detailed information is available in the [Department of Health Care Services \(DHCS\) Managed Care Transition Policy Guide](#).

Current Models



2024 Models



Counties in COHS Model (Expansion):

Del Norte, Siskiyou, Modoc, Humboldt, Trinity, Shasta, Lassen, Lake

Counties in Regional Model (Expansion)

Tehama, Plumas, Glenn, Butte, Colusa, Sutter, Yuba, Sierra, Nevada, Placer, El Dorado, Amador, Alpine, Calaveras, Tuolumne, Mono, Mariposa, Inyo.

Counties in COHS Model:

Mendocino, Sonoma, Napa, Yolo, Solano, Marin, San Mateo, Santa Cruz, Merced, Monterey, San Luis Obispo, Santa Barbara, Ventura, Orange.

Counties in Two Plan Model:

Contra Costa, San Francisco, San Joaquin, Alameda, Santa Clara, Stanislaus, Madera, Fresno, Kings, Tulare, Kern, Los Angeles, San Bernardino, Riverside.

Counties in GMC Model:

Sacramento, San Diego

San Benito Model: San Benito.

Imperial Model: Imperial.

Counties in COHS and Single Plan Model:

Del Norte, Siskiyou, Modoc, Humboldt, Trinity, Shasta, Lassen, Tehama, Plumas, Mendocino, Glenn, Butte, Colusa, Sutter, Yuba, Sierra, Nevada, Lake, Placer, Sonoma, Napa, Yolo, Solano, Marin, Contra Costa, Alameda, San Mateo, Merced, Mariposa, San Benito, Monterey, San Luis Obispo, Santa Barbara, Ventura, Orange, Imperial.

Counties in Two Plan Model:

El Dorado, Alpine, San Francisco, San Joaquin, Santa Clara, Stanislaus, Madera, Fresno, Kings, Tulare, Kern, Los Angeles, San Bernardino, Riverside.

Counties in GMC Model:

Sacramento, San Diego.

Counties in GMC Model:

Amador, Calaveras, Tuolumne, Mono, Inyo.

Considerations for Local Oral Health Programs

- ❑ Establish relationships with new MCPs in the county to share and learn about each other’s efforts and explore areas of alignment and coordination to improve children’s oral health outcomes.
- ❑ Partner with existing MCPs to prevent barriers in oral health education and care due to changes in coverage and/or delivery system.

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Required Memoranda of Understanding (MOUs) with Local Health Departments and Other Agencies/Entities:

New MCP contracts (effective January 1, 2024) require plans to build partnerships with a variety of Third-Party Entities to promote and ensure Medi-Cal member care coordination and access to community-based resources (see list below), some of which may be housed within or have existing contracts with Local Health Departments. “The MOUs are intended to be effective tools to clarify roles and responsibilities between MCPs and Third Parties, support local engagement, and facilitate care coordination and the exchange of information necessary to enable care coordination and improve the referral processes between MCPs and Third-Party Entities.”ⁱⁱⁱ

MOU requirements are intended to:

- List the minimum MOU components required by the MCP Contract
- **Clarify roles and responsibilities for coordination** of the delivery of care and services of all Members, particularly across MCP carved out services, which may be provided by the Third-Party Entity
- Establish negotiated and agreed upon processes for how MCPs and Third-Party Entities will **collaborate and coordinate on population health and/or other programs and initiatives**
- **Memorialize what data will be shared between MCPs and Third-Party Entities** and how the data will be shared to support care coordination and enable monitoring
- **Provide public transparency into relationships and roles/responsibilities** between MCPs and Third-Party Entities
- Provide mechanisms for the parties to resolve disputes and **ensure overall oversight and accountability** under the MOU.

Managed Care Plan Required MOU Partners:

- Local Health Departments
- Local Educational and Government Agencies
- Social Services
- Child Welfare Departments
- Continuum of Care Programs
- First 5s
- Regional Centers
- Area Agencies on Aging
- Caregiver Resource Centers
- Women, Infants and Children (WIC) Program
- Home and Community-Based Services and Justice Departments

Date Effective	Third-Party Entity MOU Template	Program(s)
January 1, 2024	Local Government Agency (LGA)	In-Home Supportive Services
	LGA/County Behavioral Health Depts.	Specialty Mental Health Services in Medi-Cal Mental Health Plans
	LGA/County Behavioral Health Depts.	Substance Use Disorder Treatment Services in Drug Medi-Cal Organized Delivery System (ODS) Counties

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	Regional Centers	Intermediate Care Facility for Developmentally Disabled
	Local Health Depts.	Including, without limitation, California Children's Services, Maternal and Child and Adolescent Health, Tuberculosis Direct Observed Therapy
	LGA/County Social Services Dept.	County Social Services Programs and Child Welfare
	Local Health Depts. <i>(template language forthcoming)</i>	Women, Infant, & Children
July 1, 2024 <i>(template language forthcoming)</i>	LGA	County-Based Targeted Case Management (TCM)
	LGA/County Behavioral Health Depts.	Substance Use Disorder Treatment Services in Drug Medi-Cal State Plan Counties
January 1, 2025 <i>(template language forthcoming)</i>	HCBS Waiver Agencies and Programs	
	LGA/California Dept. of Corrections and Rehabilitation, county jails, and youth correctional facilities	
	Continuums of Care	
	First 5 Programs	
	Area Agencies on Aging	
	CA Caregiver Resource Centers	
	Local Education Agencies	
	Indian Health Services/Tribal Entities	

MCPs are required to publicly post the MOUs within 30 days of execution and must annually review the MOUs to determine if any amendments are needed, including incorporating changes to contractual requirements and/or policy guidance. While MCPs cannot remove or alter the minimum requirements in the MOU Base Template or Bespoke Templates, they can agree to include additional provisions provided they do not conflict with the minimum requirements.^{iv}

Additionally, to ensure care coordination and promote collaboration, MCPs are required to meet with MOU parties at least quarterly and publicly post information about their meetings, which should address “care coordination, Quality Improvement (QI) activities, QI outcomes, systemic and case-specific concerns, and communicating with others within their organizations about such activities.” Starting January 1, 2025, MCPs must submit to the Department of Health Care Services (DHCS) an annual report that includes updates from the quarterly meetings with the Other Party and the results of their annual MOU review.

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Considerations for Local Oral Health Programs

- Identify and share with the MCP(s) data elements the LOHP needs to effectively monitor and assess local oral health needs and trends among children, including outcomes of closed loop referrals from various programs (e.g., WIC, school based/linked oral health screenings, MCAH programs, etc.).
- Identify specific goals and outcomes the LOHP, MCP(s), and other entities (based on capacity and interest), can collaboratively advance to improve children's oral health outcomes. For example, improving Kindergarten Oral Health Assessment compliance in collaboration with schools (per MOU requirements with LEAs).

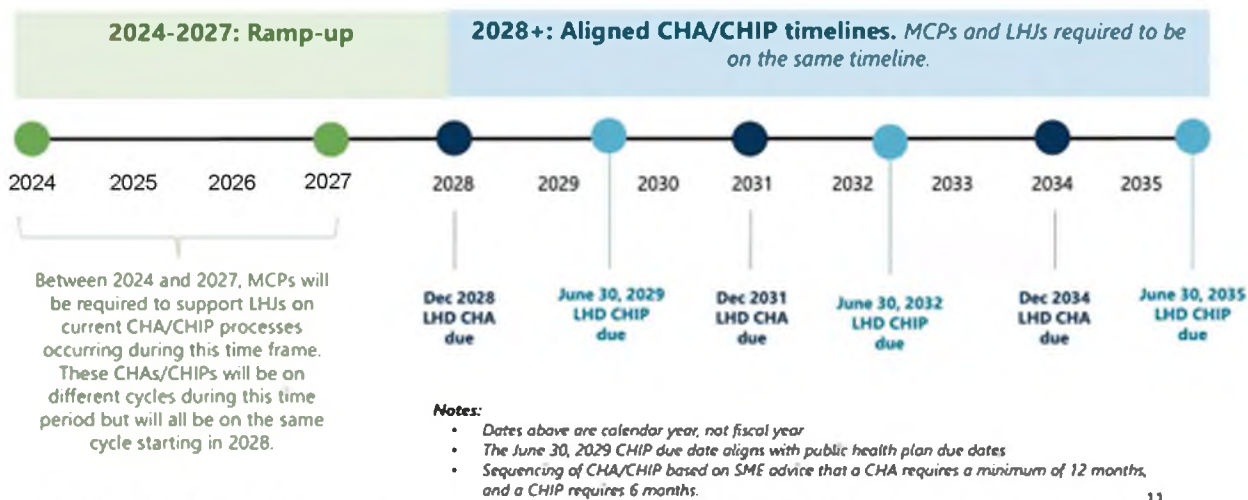
Develop Population Needs Assessments (PNA) in partnership and alignment with Local Health Departments' (LHD) Community Health Improvement Plans (CHIPs)/Community Health Assessments (CHAs)

As a result of the California Advancing and Innovating Medi-Cal (CalAIM) Initiative, DHCS is re-designing MCP requirements for conducting Population Needs Assessments. Through this re-design, all Medi-Cal MCPs will be required to meaningfully participate in LHDs' current or next cycle of community health assessments (CHAs) and community health improvement plans (CHIPs) in the service area(s) where MCPs operate. In October 2023, MCPs were required to submit to DHCS a Population Health Management Strategy Deliverable which included a self-attestation that the MCP had 1) met with LHDs in their service area(s) to determine a specific, measurable, attainable, realistic, and time-bound (SMART) goal(s) they wanted to advance collaboratively with the LHD(s), and 2) submitted their National Committee for Quality Assurance (NCQA) population health management strategy to DHCS. Based on the most recent updates from DHCS, between 2024 and 2027 MCPs will be required to support LHDs with their current CHA/CHIP processes. In 2028 and thereafter, LHD and MCP CHA and CHIP timelines will be aligned (see timeline below^v).

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2024-2027 is a glidepath for 2028, when all LHJs and MCPs will be expected to be on the same three-year cycles with the first LHD CHA due in December 2028 and the first CHIP due June 30, 2029.



According to DHCS's concept paper on the reimagined MCP Population Needs Assessment^{vi}, MCPs may meet meaningful participation requirements by providing funding, staffing, data, and other relevant functions. "Meaningful Participation" by MCPs could entail^{vii}:

- Participating in or leading the CHA/CHIP steering committee or decision-making body
- Participating in or leading one or more CHA/CHIP work groups
- Exploring how to meaningfully engage with tribal partners in CHA/CHIP processes via MCP tribal liaisons
- Providing staff support to core activities, including project management and coordination, data analytics, stakeholder engagement, and writing and publishing of the CHA/CHIP report
- Providing funding to support convenings, project management, and/or analytics
- Collaborating with LHD and other local leadership to develop joint action plans to address public health issues when MCPs have a role to contribute

Starting in 2024, as requested by LHDs, MCPs are expected to^{viii}:

- Attend CHA/CHIP meetings
- Serve on a CHA/CHIP governance structure
- Engage their local Community Advisory Committees
- Publish the LHD's CHA/CHIPS in their areas of operation on their website, including their engagement in its development.

Additional and updated guidance on the Population Needs Assessment and 2024 Population Health Management Strategy is expected to be released in December 2023.

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- Identify and share with the MCP(s) and within the LHD, the LOHP's goals and activities and explore strategies to ensure oral health needs and outcomes are captured in CHA/CHIP/PNA plans, including resourcing community engagement, planning, and evaluation.

Closed Loop Referrals Update – Originally slated to go live in 2024, MCPs are now expected to begin to establish relationships and processes to meet Closed Loop Referral requirements by January 2025. Closed Loop Referrals are defined in the 2024 Re-Procurement as coordinating and referring the member to available community resources and following up to ensure services were rendered (see figure below). Local Oral Health Programs can help ensure robust Closed Loop Referrals to oral health care and services by partnering with health plans to develop workflows that connect children to care. Specifically, LOHPs should clarify the roles of Oral Health Liaisons, Community Health Workers, Enhanced Care Management coordinators in ensuring referrals to Medi-Cal Denti-Cal program or dental managed care providers and services. DHCS is also requiring MCPs to coordinate warm handoffs with local health departments, Medi-Cal dental providers, and other public benefits programs including, however, additional details on the warm handoff policy were not available during the drafting of this update. For additional information and recommendations to promote whole-child Closed Loop Referrals in Medi-Cal, review Children Now's brief [Closing the Loop: Recommendations for Medi-Cal Referral Systems to Support Children and Families](#).



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Considerations for Local Oral Health Programs

- Request information and guidance on how MCPs closed loop referrals to Medi-Cal Dental services will be facilitated to assure children's oral health needs are met.

Special Considerations

Sunset of the Child Health and Disability Prevention Program

Effective July 1, 2024, the Child, Health and Disability and Prevention (CHDP) Workgroup will sunset and program activities will transition to managed care plans. Throughout 2023, the DHCS convened stakeholders to develop a [proposed transition plan](#) that is now scheduled to be finalized and released in March 2024. The proposed CHDP transition plan outlines how all of the functions of CHDP, and various other programs including the Health Care Program for Children in Foster Care, the Newborn Hearing Screening Program, and the Childhood Lead Poisoning Prevention program, will be addressed after the program ends next July. Below are details on how dental care is proposed to be addressed by the transition.^{ix}

CHDP Program Function(s)	Medi-Cal Managed Care Plan and Fee For Service Requirements
Dental screening/oral health assessments at every health assessment, regardless of age Referrals to dentists as follows: • Beginning at age 1 • At any age if a problem is suspected/ detected • Every 6 months for maintenance or oral health • Every 3 months for children with documented special health care needs when medical or oral condition can be affected, and for the other children at high risk for dental caries	• MCPs must cover and ensure dental screenings/oral health assessments for all members as part of the Initial Health Assessment. • For children and youth under the age of 21, MCPs must ensure that dental screenings/oral health assessments are performed as part of every periodic assessment, with annual dental referrals made with the eruption of the child's first tooth or at 12 months of age, whichever occurs first. • MCPs must refer members to appropriate Medi-Cal dental providers

Health Care Program for Children in Foster Care

The [Health Care Program for Children in Foster Care](#) (HCPFC) currently administered by the Child Health and Disability Prevention Program (CHDP), plays an important role in care coordination for children and youth in foster care. HCPFC is embedded in local child welfare departments and provides Public Health Nurse (PHN) consultation, oversight, and management of the medical, dental, behavioral, and developmental needs of children and youth in foster care.

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Effective July 1, 2024, CHDP will sunset and HCPCFC will transition to a standalone program. As LOHPs develop and update local plans, it will be critical to leverage HCPCFC to ensure children and youth in foster care are connected to dental services.

Considerations for Local Oral Health Programs

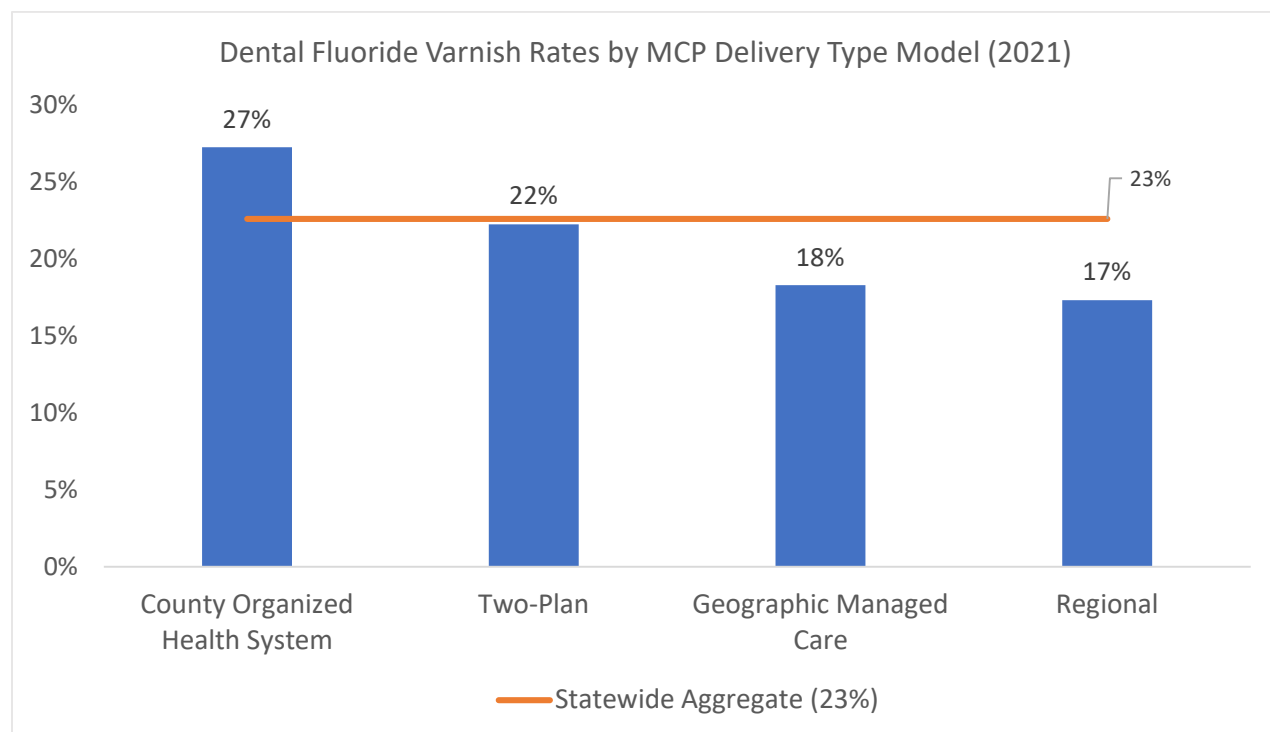
- Develop a shared understanding among county agencies of how children in fee-for-service and/or children in foster care will be coordinated to dental care.

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Appendix A: Medi-Cal Managed Care Plan - Dental Fluoride Varnish (DFV)—Regional-Level Delivery Type Model Results (2021)^x

The graph below highlights the regional-level differences in dental fluoride varnish application by managed care plan delivery model. Please note, the results below are not reflective of 2024 Medi-Cal MCP contract changes.



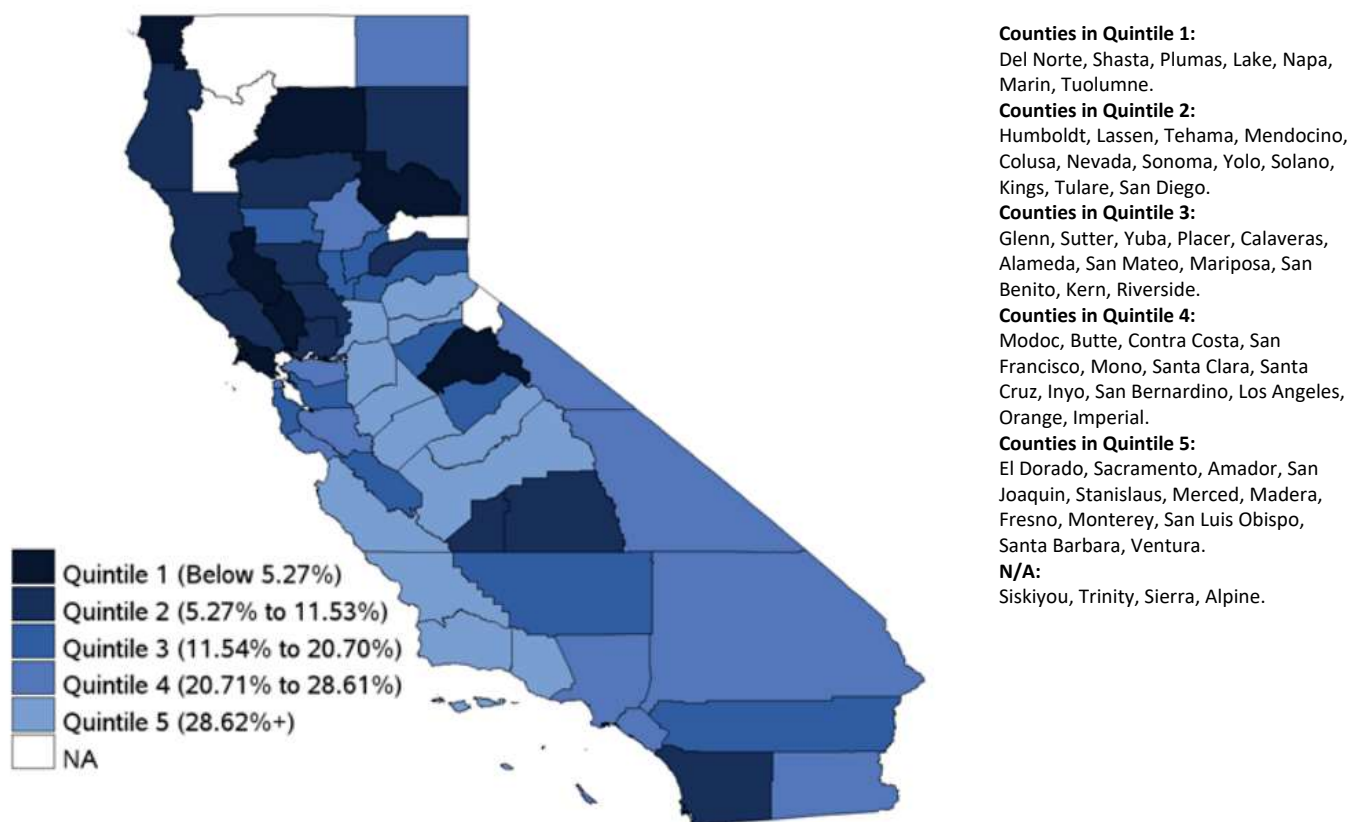
2024 Delivery Model Type	County(ies)
County Organized Health System and Single Plan Model	Alameda, Butte, Colusa, Contra Costa, Del Norte, Glenn, Humboldt, Imperial, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Orange, Placer, Plumas, San Benito, San Mateo, San Luis Obispo, Santa Barbara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Ventura, Yolo, Yuba
Two-Plan Model (Local Initiative or Commercial Plan)	Alpine, El Dorado, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus, Tulare
Geographic Managed Care	Sacramento, San Diego
Regional	Amador, Calaveras, Inyo, Mono, Tuolumne

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Appendix B: Medi-Cal Managed Care Plan - Dental Fluoride Varnish (DFV)—County-Level Results (2021)^{xi}

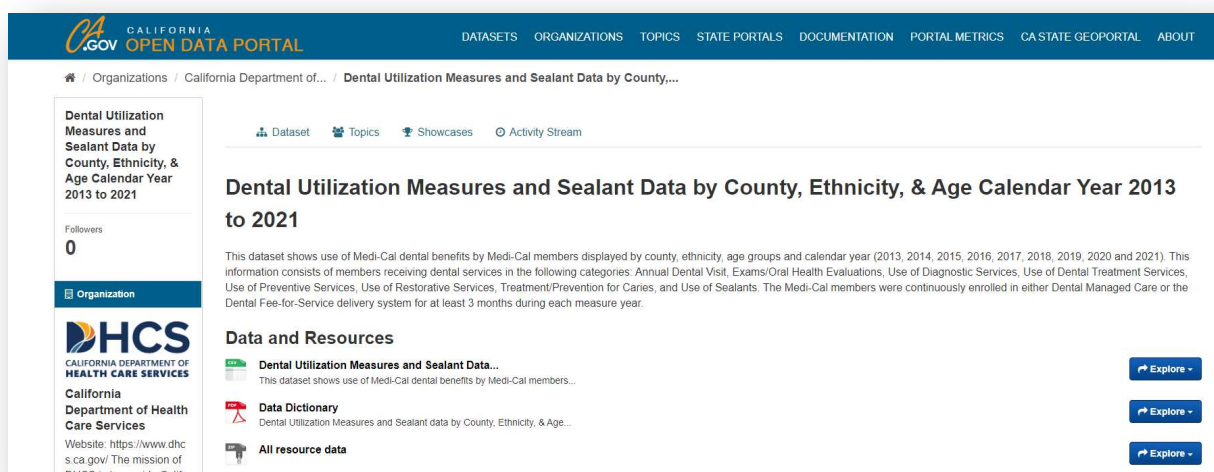
The map below highlights county-level ranges in the percentage of children six months to five years of age that received one or more applications of dental fluoride varnish by a medical or dental provider. “Exercise caution when interpreting results given that only a small percentage of dental fluoride varnish applications occur in non-dental settings.”^{xii} NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).



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Appendix C: Medi-Cal Dental Program Dental Utilization Measures and Sealant Data by County, Ethnicity, & Age Calendar Year 2013 to 2021



Visit <https://data.ca.gov/dataset/dental-utilization-measures-and-sealant-data-by-county-ethnicity-age-calendar-year-2013-to-2021>. Data can be stratified based on the options below (non-exhaustive list).

Measure	Available Data
Age	Age <1, Age 1-2, Age 2-5, Age 6-9, Age 10-14, Age 15-18, Age 19-20
Ethnicity	Alaskan Native or American Indian Asian Black Hispanic Native Hawaiian or Pacific Islander White Invalid/Unknown Other
County	All 58 counties
Dental Utilization Measure	Annual Dental Visit Exams/Oral Health Evaluations Use of Diagnostic Services Use of Dental Treatment Services Use of Preventative Services Use of Restorative Services Treatment/Prevention for Caries Use of Sealants
Calendar Year	2013-2021

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ⁱ Dept. of Health Care Services, Medi-Cal Managed Care Plan Transition MCP and Stakeholders website. Retrieved on December 21, 2023: <https://www.dhcs.ca.gov/MCP-Transition/Pages/Stakeholders.aspx>

ⁱⁱ Silber, Ralph, [Medi-Cal Explained: 2024 Managed Care Plans](#), California Health Care Foundation, June 2023.

ⁱⁱⁱ Dept. of Health Care Services, Memoranda of Understandings Between Medi-Cal Managed Care Plans and Third-Party Entities. Retrieved on December 21, 2023: <https://www.dhcs.ca.gov/Pages/MCPMOUS.aspx>

^{iv} Dept. of Health Care Services, [All Plan Letter 23-029 – Memorandum of Understanding Requirement for Medi-Cal Managed Care Plans and Third Party Entities](#), October 11, 2023.

^v Dept. of Health Care Services Presentation, Population Health Management Advisory Group, December 11, 2023.

^{vi} Dept. of Health Care Services, [Concept Paper: Strengthening Medi-Cal Community Collaboration through Reimagined Population Needs Assessment](#), May 2023.

^{vii} Ibid.

^{viii} Dept. of Health Care Services, Population Health Management Stakeholder Meeting, December 11, 2023.

^{ix} Dept. of Health Care Services, [Proposal to Discontinue the Child Health and Disability Prevention Program](#), June 2023.

^x Dept. of Health Care Services, [2022 Preventive Services Report](#), March 2023.

^{xi} [Ibid.](#)

^{xii} Ibid, page A-64