



**Children
Now**

Leveraging Medi-Cal Innovations to Promote Children's Oral Health



February 2024

About Children Now

Non-partisan whole-child research, policy development, and advocacy covering the full-range of key children's issues, from prenatal through age 26.

Lead The Children's Movement of California® to connect 5,400 direct service, parent, youth, business, civil rights, faith- and community-based groups to speak at the right time with one voice on behalf of kids.



Data-Driven Children's Advocacy to Promote Equity and Accountability

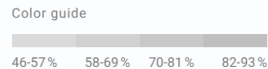
2023 California County Scorecard of Children's Well-Being

Welcome! This tool aims to provide a comprehensive look at how children are doing in California's 58 counties, with data viewable by year and race/ethnicity.

Some data is unreported, incomplete or unavailable due to small sample size and/or a high margin of error.

This tool supports recent versions of Chrome, Safari, and Firefox on Android, iOS, Mac OS, and Windows.

Get started →



Timely prenatal care
All races, 2020



2024
California Children's
Report Card



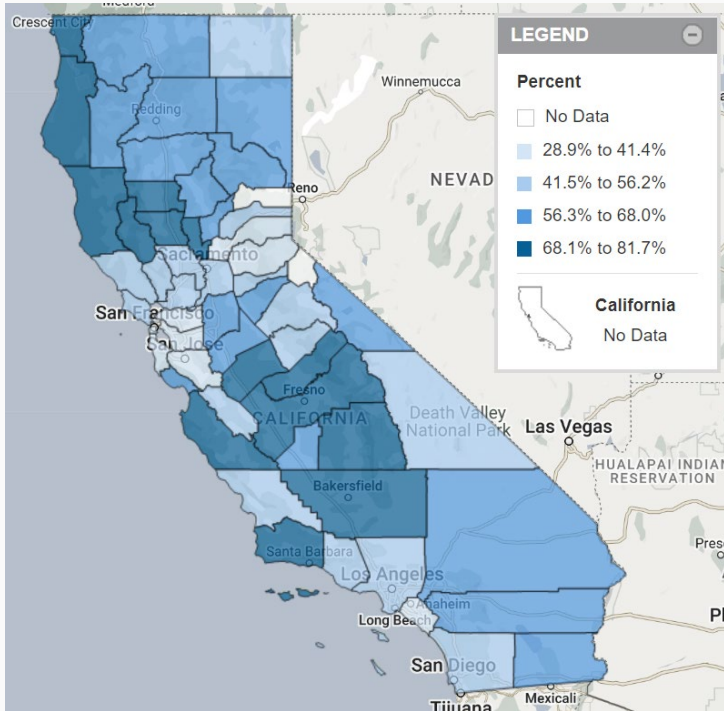
A survey of kids' well-being
and roadmap for the future

Poll:

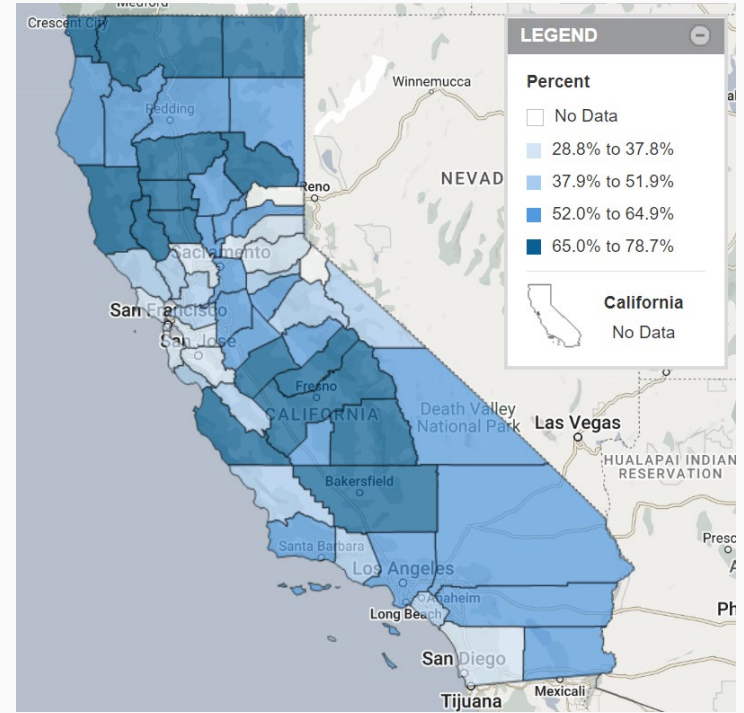
Please select the response that best reflects your current relationship with your managed care plan(s).

- Established collaboration
- Exploring collaboration
- No collaboration

Medi-Cal provides comprehensive health care for over half of children and youth



Children Under Age 1 (2020)



Children and Youth Ages 1-18 (2020)

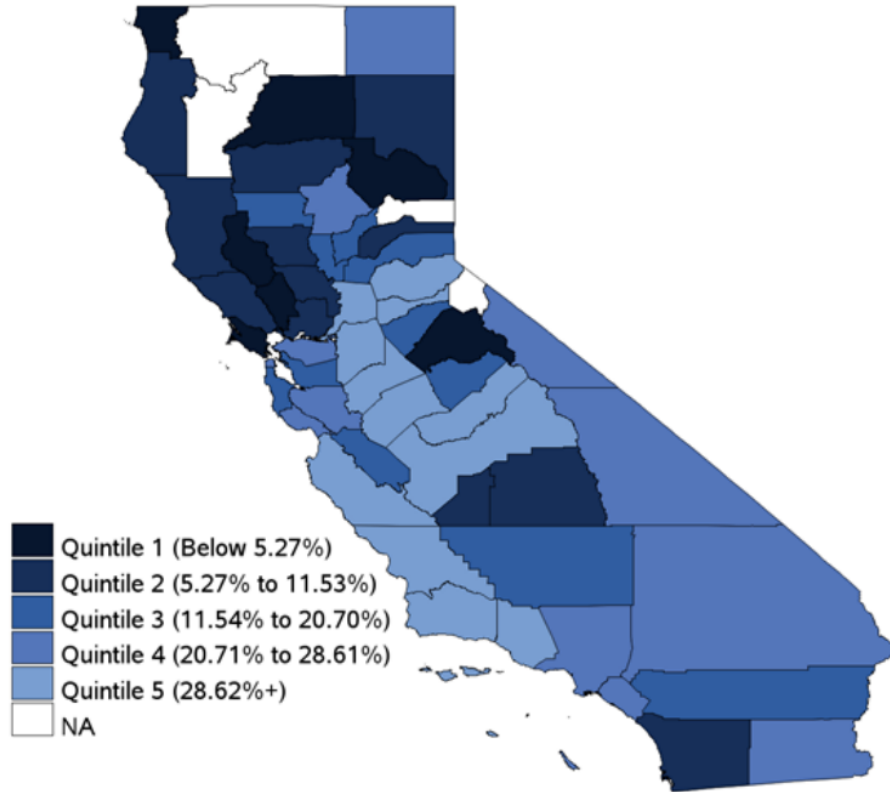
Medi-Cal Managed Care Plans and Oral Health

- 1) Provide **dental screenings** for every eligible beneficiary as a part of the beneficiary's initial health assessment.
- 2) Ensure that an eligible beneficiary is **referred to an appropriate Medi-Cal dental provider**.
- 3) Identify **plan liaisons** available to dental managed care contractors and dental fee-for-service contractors to assist with referrals to health plan covered services.

Figure A.63—Dental Fluoride Varnish (DFV)—County-Level Results

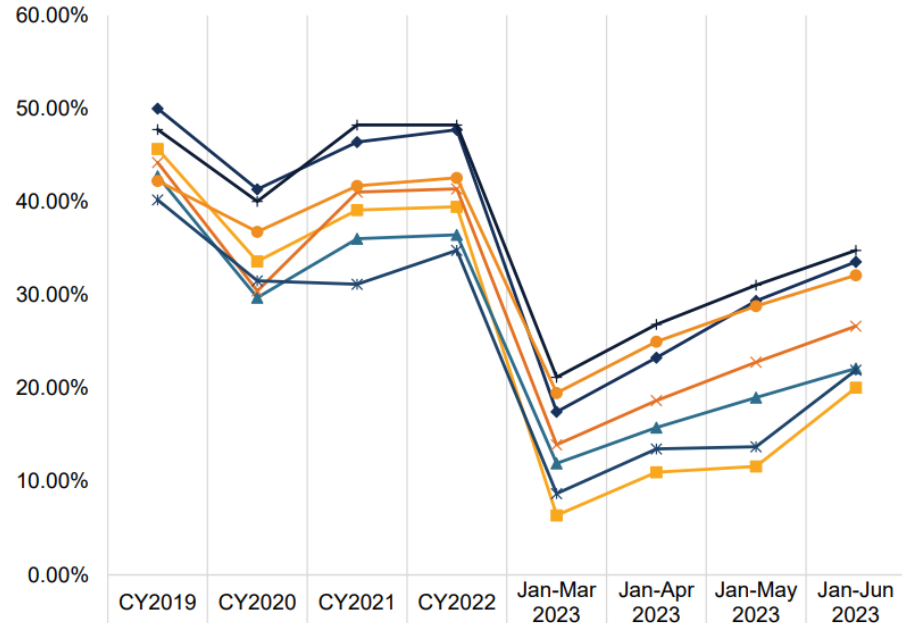
NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader's Guide for a list of MCPs operating in each county.



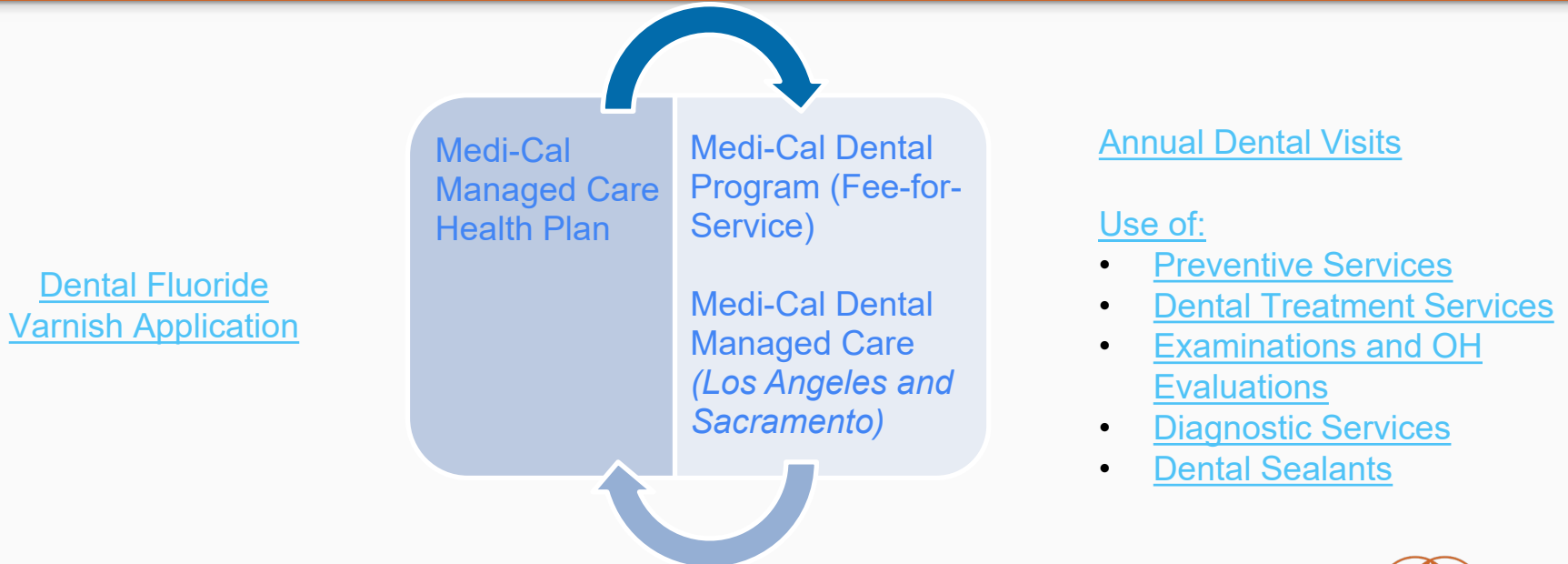
Dental Utilization in Children Ages 0-20

ANNUAL DENTAL VISITS



◆ FFS	50.00%	41.35%	46.41%	47.74%	17.48%	23.29%	29.38%	33.57%
■ Access LA	45.67%	33.62%	39.13%	39.47%	6.39%	11.01%	11.64%	20.07%
▲ Health Net LA	42.76%	29.73%	36.04%	36.47%	11.96%	15.79%	19.01%	22.14%
✕ Liberty LA	44.22%	30.44%	41.04%	41.38%	13.96%	18.68%	22.82%	26.67%
✱ Access Sac	40.21%	31.52%	31.16%	34.79%	8.72%	13.50%	13.73%	21.95%
● Health Net Sac	42.24%	36.78%	41.72%	42.58%	19.51%	25.00%	28.83%	32.14%
◆ Liberty Sac	47.76%	40.05%	48.24%	48.23%	21.19%	26.86%	31.07%	34.79%

Medi-Cal Dental Services Utilization



NOTE: Medi-Cal Managed Care plans can access data on the number of children enrolled in their plan who have not had a dental visit in the past year.

Key Opportunities to Advance Oral Health

Population
Health
Management

MOUs

Closed Loop
Referrals

New Medi-
Cal Benefits –
*Stay tuned for
2/14 mtg!*

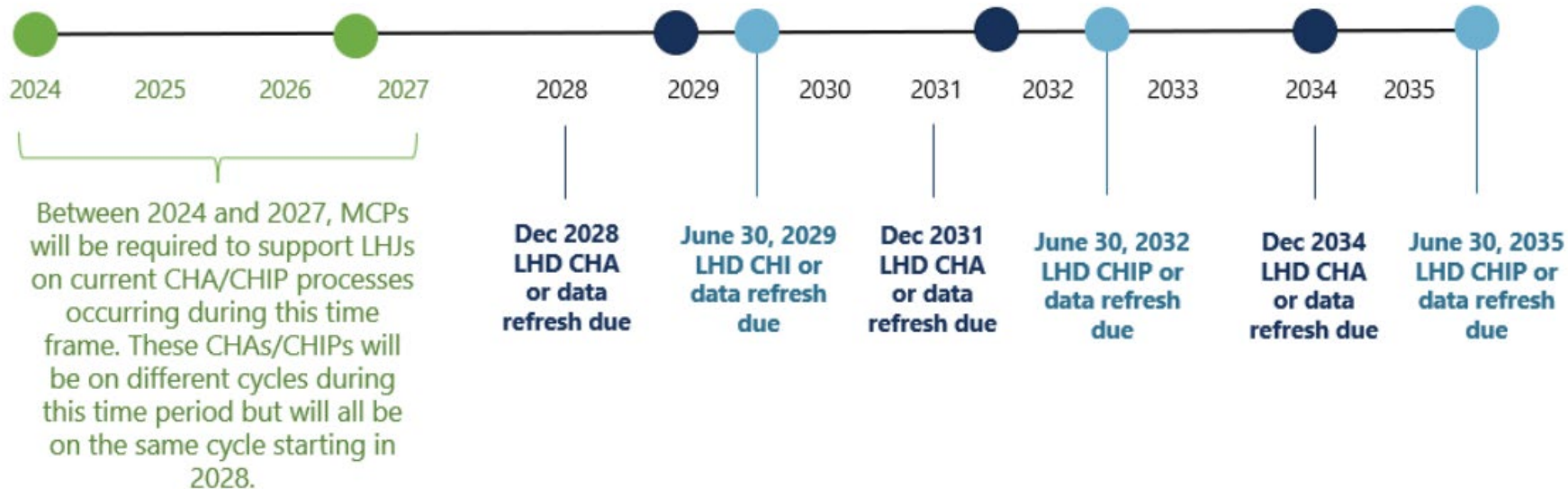


Population Health Management

DHCS will require all MCPs to fulfill their Population Needs Assessment requirement by participating meaningfully in the collaborative Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) processes already led by local health jurisdictions, in counties where they have contracts.

2024-2027: Ramp-up

2028+: Aligned CHA/CHIP timelines. MCPs and LHJs are required to be on the same timeline.





Date: December 26, 2023

To: All Local Health Jurisdictions

From: Office of Policy and Planning

Regional Public Health Office

Subject: Alignment of Medi-Cal Managed Care Population Needs Assessment and Local Health Jurisdiction Community Health Assessments and Community Health Improvement Plans (CHIPs)

Purpose

The purpose of this memo is to provide guidance to local health jurisdictions (LHJs) on how to shift local health department Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) to a statewide, synchronized three-year cycle to prepare for a forthcoming requirement that the LHJ CHA be completed by December 2028 and the LHJ CHIP be completed by June 2029, and every three years thereafter. CDPH will be instituting this requirement via statute and will work closely with our local health jurisdictions during this process.

Background

While there is currently no requirement for local health departments to complete a CHA/CHIP, those that do, operate on varying cycles based on public health accreditation, hospital community needs assessments, and/or other locally determined timelines. Recently, as part of the California Advancing Innovation in Medi-Cal (CalAIM) Population Health Management Initiative, all Medi-Cal Managed Care Plans (MCPs) will be required to engage in local health department CHA/CHIP processes to fulfill their Population Needs Assessment (PNA) requirement.

Local Health Jurisdiction CHAs/CHIPs

In 2011, the Public Health Accreditation Board (PHAB) launched the national public health accreditation program and began accrediting health departments in 2013. This voluntary accreditation process formalized the CHA/CHIP by establishing national standards for how a CHA/CHIP should be conducted.



How is your LOHP/COHIP reflected in the MCP-LHJ Collaboration Worksheet?

Discuss with agency/dept. leadership team

2024 Medi-Cal Managed Care Plan (MCP)—Local Health Jurisdiction (LHJ) Collaboration Worksheet

Overview

On January 1, 2023, the California Department of Health Care Services (DHCS) launched the Population Health Management (PHM) Program, which is a cornerstone of California Advancing and Innovating Medi-Cal (CalAIM). To support the success of the PHM Program and broader transformation efforts, per [APL 23-021](#), DHCS has modified MCPs' previous Population Needs Assessment requirements to include a central requirement that MCPs collaborate meaningfully with LHJs on their current or next cycle of Community Health Assessments (CHAs)/Community Health Improvement Plans (CHIPs), with initiation efforts on the part of the MCP beginning by January 1, 2024.

DHCS and the California Department of Public Health (DPH) are collaborating to create a regulatory environment that supports effective and efficient joint work on CHAs/CHIPs between LHJs and MCPs. Thus, aligned with forthcoming CDPH guidance, the cycles for LHJs' CHA/CHIP development will become standardized across California starting in 2028.

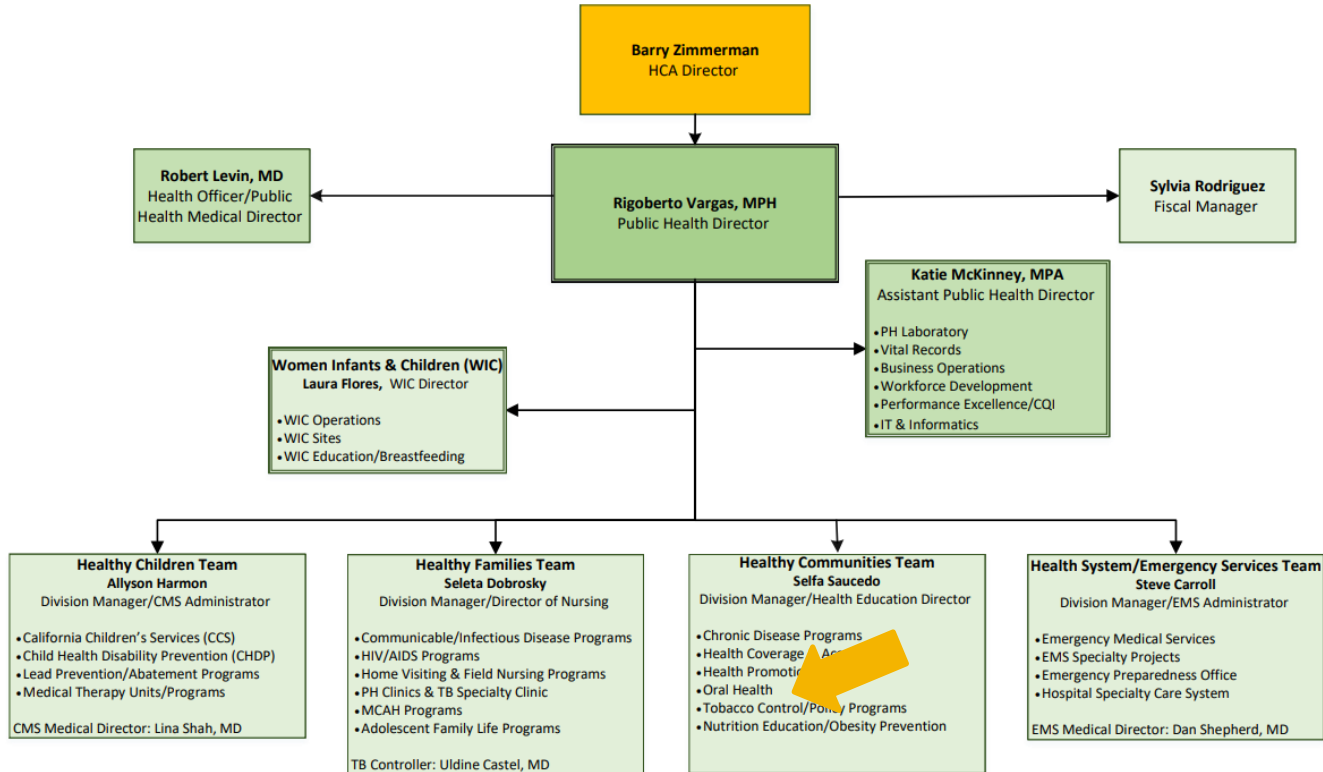
- Between 2024 and 2027, LHJs' CHAs/CHIPs will remain on different cycles. MCPs will be required to work with each LHJ on its CHA/CHIP according to the guidance below. Some LHJs will be expected to complete a CHA, others a CHIP, and others a full CHA/CHIP cycle within this three-year window.
- Starting in 2028, all LHJs will be expected to be on the same three-year cycle, with the first LHJ CHA to be completed in December 2028 and the first CHIP to be completed by June 30, 2029.

A constructive working relationship between the MCP(s) and each LHJ operating in the MCP's service area is foundational for collaboration on CHA/CHIPs. **The purpose of this Worksheet is to serve as a collaboration tool for MCPs to work and build relationships with LHJs and other MCPs in the same county early in the CHA/CHIP process. While DHCS requires this Worksheet be completed by August 1, 2024, the Worksheet will not be submitted to DHCS.** DHCS is interested in supporting and understanding the progress of MCP-LHJ collaboration and will request to review the Worksheet of a few select MCPs. In addition, MCPs will be asked to share some of their reflections, as recorded in this Worksheet, at a future Technical Assistance session. MCPs will also be requested to share some of the findings reported in this Worksheet in their PHM Strategy Deliverable, which will be submitted to DHCS in October 2024.

Directions

MCPs should work closely with LHJs in their service areas when completing this worksheet. MCPs should complete one worksheet for every LHJ CHA and/or CHIP process they are participating in in the service areas where the MCP operates (i.e., if the MCP operates in one county, it will need to fill out only one worksheet; but if it operates in three counties, it will need to fill out the worksheet three times—one for each county it serves).

Ventura County Public Health



November 2023

Example of Various Agencies within DPH Agency – LOHPS should engage agency leadership in discussion about OH priorities.



Population Health Management

Considerations for LHJs:

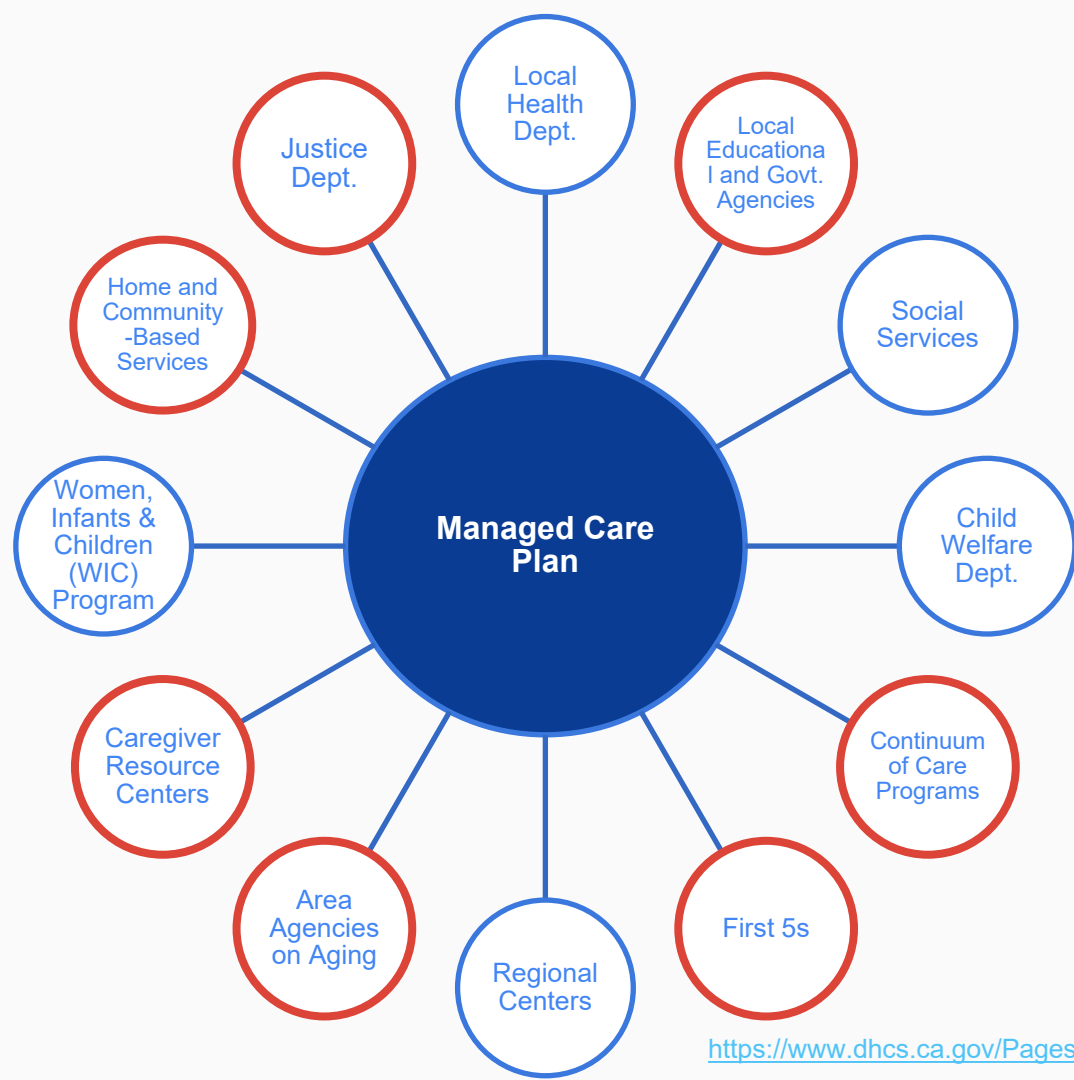
- Funding to assist with any necessary planning efforts to align with a 3-year cycle.
- Direct funding for contracts with community-based organizations/consultants to support data collection and analysis, meeting facilitation, community outreach
- Funding for community engagement.
- Data staffing and other data supports (including technology, web-based applications, data sharing practices and data subject matter expertise)
- Outreach and messaging




Memorandum of Understandings

- 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.

MCP Required MOUs



 Effective Jan. 1, 2024

 Effective Jan 1, 2025



Closed Loop Referrals

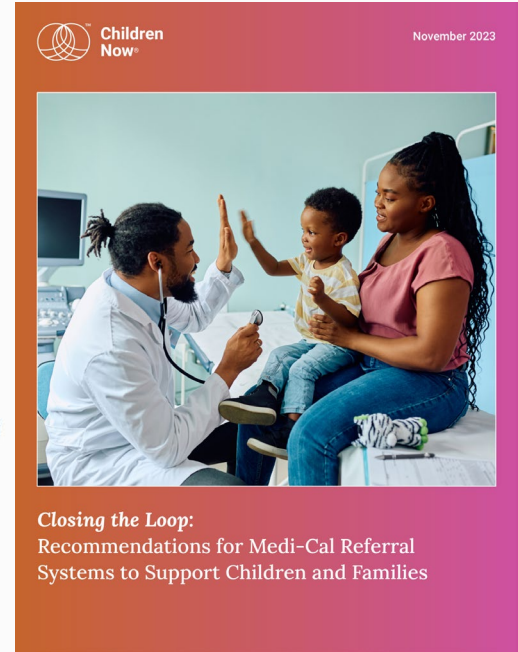
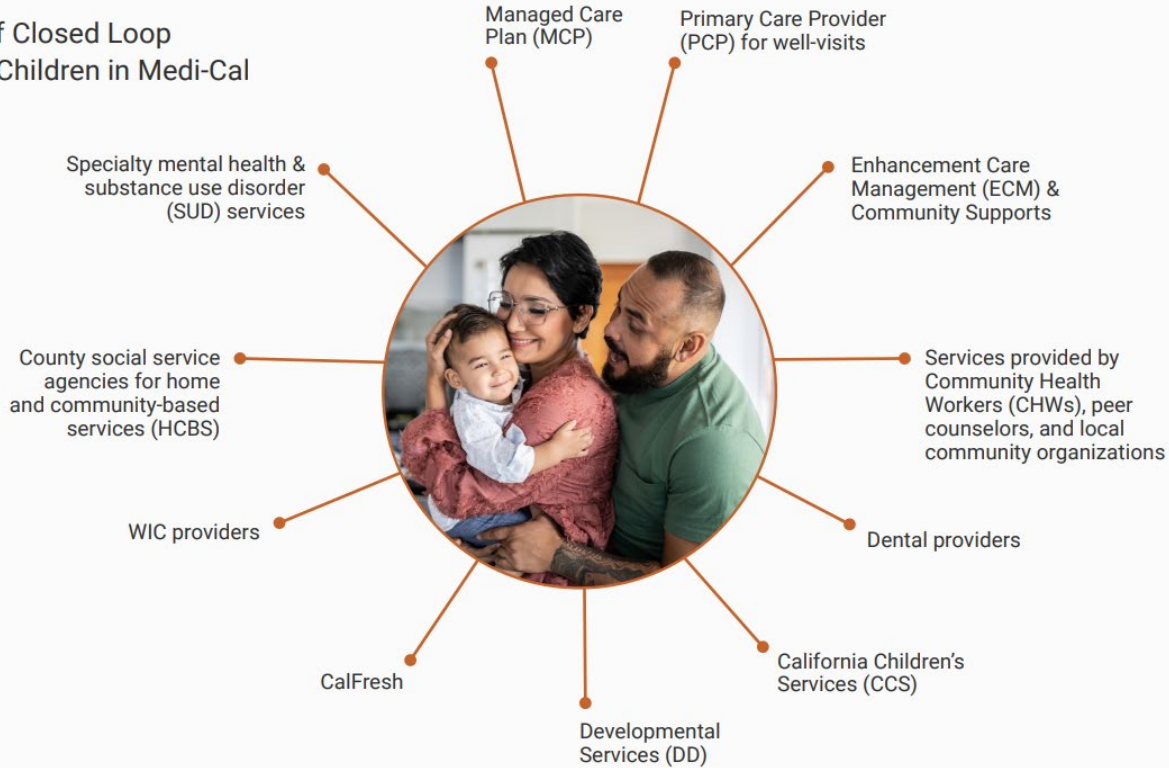
MCPs must assist members in navigation, provider referrals, and coordination of health and services across MCPs, settings, and delivery systems.

Starting in 2024, as part of MCPs' annual PHM Strategy submission, MCPs are required to review the utilization of children's preventive health visits and developmental screenings and outline their strategies for improving access to those services.

MCPs should begin to establish relationships and processes to meet Closed Loop Referral requirements by January 2025.

Closed Loop Referrals are defined as “coordinating and referring the member to available community resources and following up to ensure services were rendered.”

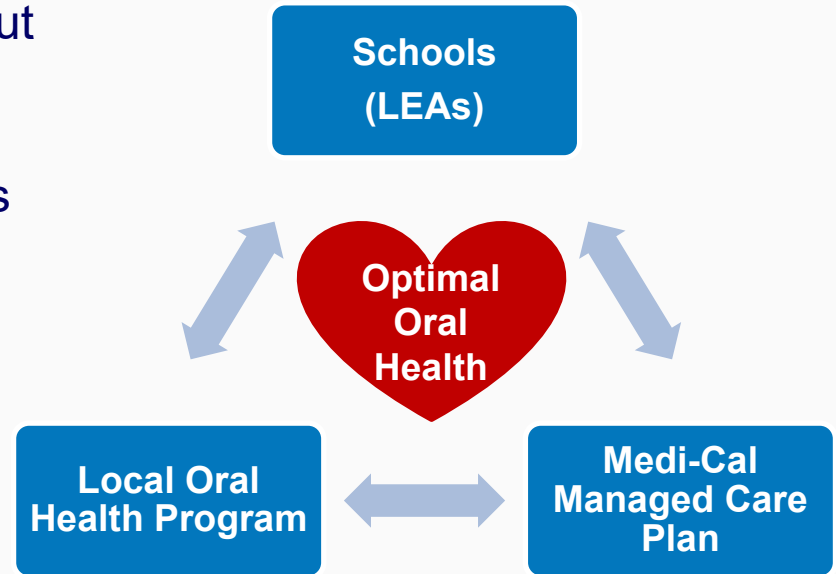
FIG. 1
 Ecosystem of Closed Loop
 Referrals for Children in Medi-Cal



Source: [Closing the Loop: Recommendations for Medi-Cal Referral Systems to Support Children and Families](#), Nov. 2023.

Brainstorm – Leveraging Medi-Cal Innovation to Advance OH

- 💡 Partner with MCPs to educate families about KOHA via timely well-child visits
- 💡 Request MCP aggregate data on key areas of opportunity to advance OH (e.g. regions w/ highest rates of children facing barriers completing annual dental visit)
- 💡 Identify opportunities to leverage or align MOUs required b/t MCPs, LHJs and Local Education Agencies (LEAs)



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