

Based on the questions from the February 7 Project Director Meeting (PDM) and additional emails we had received following the PDM, Children Now has compiled a list of suggestions and corresponding questions that local oral health programs (LOHPs) could ask of the Medi-Cal managed care plans (MCP)* in their county and recommendations on what LOHPs could ask for in the memoranda of understanding that MCPs are developing with local health jurisdictions. The highlighted sections are intended for LOHPs to customize.

Suggestions and Corresponding Questions that LOHPs could ask Medi-Cal managed care plans*

- ❑ Establish or strengthen relationships with existing and/or 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, particularly the Topical Fluoride Varnish for Children (TFL-CH) MCP quality measure
 - Question: Can our LOHP meet with you (MCP) to share our oral health strategic plan and explore areas of alignment and coordination?

- ❑ Partner with existing MCPs to promote oral health education and care regardless of changes in coverage and/or delivery system.
 - Question: One of our strategies in our COHIP is to (increase fluoride varnish application in medical settings/train pediatricians and OB/GYNs to educate patients about oral health/support medical offices to conduct dental screenings and refer patients to dental providers/increase KOHA compliance/insert your activity here). Could we set up a meeting to understand how you are supporting/training your provider networks in these areas/services and where we can support your efforts and/or consider expanding or targeting specific regions or populations for improvement?

- ❑ Identify and share with the MCP(s) data elements the LOHP collects or needs to effectively monitor and assess local oral health needs and trends among children, including outcomes of current efforts and closed loop referrals from various programs (e.g., WIC, school based/linked oral health screenings, MCAH programs, KOHA screenings, etc.).
 - Question: Based on results from our local oral health needs assessment (insert relevant questions and data here), could we meet to discuss how closed loop referrals to dental services from our county agencies (mention relevant agencies here) can work with your plan representatives?

- ❑ 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) or improving infant and early childhood oral health in partnership with local First 5s (per MOU requirement with First 5s)

*= LOHPs are advised to check with their county health executive or other leadership to determine if any conversations with Medi-Cal managed care plans are already taking place, and if so, where it makes sense to lift up oral health.

- Question: Our community oral health improvement plan has identified the following goals: (insert list). Could we meet to determine where we can collaborate and coordinate efforts to improve children’s oral health outcomes? For example, (insert what is relevant to your plan – the following is an example), we have identified several priority schools that have 50% of children enrolled in the free and reduced meal program; the majority of these children are likely enrolled in Medi-Cal and eligible to receive dental benefits. I understand that MCPs will need to develop MOUs with local educational agencies – we’d be happy to help you establish that connection and would want to understand if there is any data our LOHP and your plan could be sharing with each other to identify gaps in dental care for children at these schools.

- 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.
 - Question:
 - (For LOHP): How will/does your LOHP work across agencies to identify children and families who need dental care, including children in foster care?
 - (For LOHP to ask MCP): How will you work across our different county agencies to coordinate dental care services for children and families? Will you set up regular meetings with affected agencies, including our LOHP to discuss progress and/or gaps in care?

Ideas for items to include in MOUs between LHJs and MCPs:

- Clarifying referral pathways for OH for children enrolled in Medi-Cal MCPs after KOHA screenings in schools
- Sharing data on the #/% of children/youth who received an oral health screening or topical fluoride varnish application in the medical setting (perhaps by race/ethnicity or zip code level to overlay with specific schools you’re trying to engage in KOHA efforts)
- Detail the collaboration you would like to see in terms of KOHA – e.g. health plan provides KOHA forms and education to families with young school-aged children. Perhaps the LOHP could provide KOHA overview training to the MCP and designated providers as a standalone or it could be included in fluoride varnish training the plan has/develops
- Share data on the number of children who have not had a dental visit in the last year by specific populations or regions (the Medi-Cal Dental program and Medi-Cal Managed Care Quality Divisions have indicated MCPs can access this data).
- Ask for clarity regarding the plan’s oral health care coordination policy and staff, including dental liaisons and care coordination staff.

If you have any questions about these suggestions, please email Fatima Clark, fclark@childrennow.org and Eileen Espejo, eespejo@childrennow.org.