

**DEPARTMENT OF HEALTH CARE SERVICES
NOTICE OF GENERAL PUBLIC INTEREST
RELEASE DATE: AUGUST 6, 2021**

**PROPOSED STATE PLAN AMENDMENT TO AUTHORIZE CALAIM DENTAL
INITIATIVES – SUPPLEMENTAL PAYMENTS ON CERTAIN PREVENTIVE DENTAL
SERVICES/ANNUAL EXAMS AND TO AUTHORIZE NEW DENTAL BENEFITS
STATEWIDE**

This notice provides information of public interest regarding proposed State Plan Amendment (SPA) 21-0019 by the Department of Health Care Services (DHCS), which will implement new benefits and pay-for-performance (supplemental) payments for preventive dental services as part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative. DHCS requests input from members, providers, and other interested stakeholders concerning the proposed SPA 21-0019, which is enclosed.

DHCS formally proposed the CalAIM multi-year initiative on October 28, 2019, and conducted stakeholder engagement from November 2019 to February 2020. DHCS postponed the planned implementation of the CalAIM initiative, originally scheduled for January 1, 2021, to enable both DHCS and all of our partners to focus their limited resources on the needs arising from the public health emergency due to COVID-19. DHCS released a revised proposal on January 8, 2021. CalAIM includes three oral health initiatives to increase dental utilization for eligible Medi-Cal children and adults statewide. The CalAIM dental initiatives will allow DHCS to implement the critical successes of the Medi-Cal 2020 1115 Waiver demonstration's Dental Transformation Initiative (DTI) statewide. CalAIM's dental initiatives support the stability of the Medi-Cal Dental program and will be available statewide effective January 1, 2022 subject to State budget approval for fiscal year 2021/2022.

CalAIM includes two dental initiatives for Pay-for-Performance (P4P) payments and a third initiative for new benefits. The overall goal of the first initiative is to increase statewide utilization of preventive services for all Medi-Cal members. Initiative 1 offers a P4P payment for each paid preventive dental service rendered by a service office location. Service office locations will be eligible to earn supplemental payments on services performed with the above-specified codes at 75 percent of the Schedule of Maximum Allowances (SMA) standard procedure payment. These P4P payments are available only for the following preventive services Current Dental Terminology (CDT) codes.

Preventive services CDT codes for members under age 21:

- D1120 – prophylaxis – child
- D1206 – topical application of fluoride varnish
- D1208 – topical application of fluoride – excluding varnish

- D1351 – sealant – per tooth
- D1352 – preventive resin restoration in a moderate to high caries risk patient – permanent tooth
- D1510 – space maintainer – fixed, unilateral – per quadrant
- D1516 – space maintainer – fixed – bilateral, maxillary
- D1517 – space maintainer – fixed – bilateral, mandibular
- D1526 – space maintainer – removable, maxillary
- D1527 – space maintainer – removable, mandibular
- D1551 – re-cement or re-bond bilateral space maintainer – maxillary
- D1552 – re-cement or re-bond bilateral space maintainer – mandibular
- D1553 – re-cement or re-bond unilateral space maintainer – per quadrant
- D1556 – removal of fixed unilateral space maintainer – per quadrant
- D1557 – removal of fixed bilateral space maintainer – maxillary
- D1558 – removal of fixed bilateral space maintainer – mandibular
- D1575 – distal shoe space maintainer – fixed, unilateral – per quadrant

Preventive services CDT codes for members age 21 and over:

- D1320 – tobacco counseling for the control and prevention of oral disease
- D1999 – unspecified preventive procedure, by report

Initiative 2 offers a P4P payment to dental service office locations that maintain continuity of care by establishing a dental home for each patient and perform at least one annual dental exam/evaluation for two or more years in a row. Service office locations will be eligible to earn P4P payments on one service annually when billed with any of the below-specified CDT codes at the fixed amount of \$55:

- D0120 – periodic oral evaluation – established patient
- D0145 – oral evaluation for a patient under three years of age and counseling with primary caregiver
- D0150 – comprehensive oral evaluation – new or established patient

The third initiative will add a Caries Risk Assessment (CRA) bundle and Silver Diamine Fluoride (SDF) as new dental benefits in alignment with national dental care standards. The overall goals of Initiative 3 are:

- 1) Assess and manage caries risk
- 2) Emphasize the provision of preventive services in lieu of more invasive and costly procedures for children ages 0 through 6, and
- 3) Provide an option for caries-arresting treatment for children ages 0-6 and specified high-risk and institutional populations.

The CRA bundle includes CRA exams and nutritional counseling. Based on the risk level associated with each Medi-Cal member (ages 0 through 6), the following frequency of services applies:

- Low Risk Bundle (CRA twice per year):
 - D0601 – caries risk assessment and documentation, with a finding of low risk
 - D1310 – nutritional counseling for control of dental disease
- Moderate Risk Bundle (CRA three times per year)
 - D0602 – caries risk assessment and documentation, with a finding of moderate risk
 - D1310 – nutritional counseling for control of dental disease
- High Risk Bundle (CRA four times per year)
 - D0603 – caries risk assessment and documentation, with a finding of high risk
 - D1310 – nutritional counseling for control of dental disease

The reimbursement rate for the CRA bundle is \$61. To receive payment for the CRA bundle, dental providers must:

- Establish eligibility to perform CRA services by taking the Treating Young Kids Everyday (TYKE) training currently hosted by the California Dental Association (CDA), and obtain proof of course completion.
- Complete a CRA and treatment plan to determine the appropriate treatment for a child, and report the results of the CRA to DHCS on the claim.

In addition, application of caries-arresting medicament SDF (D1354) will be reimbursable for children (ages 0 through 6) and persons with underlying conditions such that nonrestorative caries treatment may be optimal, which may include adults in a Skilled Nursing Facility/Intermediate Care Facility or the Department of Developmental Services population. The SDF benefit provides two visits per member per year, for up to ten teeth per visit, with a maximum of four applications per tooth. The reimbursement rate is \$12 per tooth.

Per the proposed 2021-22 State budget, released January 2021, DHCS estimates that the Medi-Cal expenditures for the P4P payments and the new CRA and SDF benefits will increase by \$123,446,706 in total funds. The annual aggregate total is \$248,925,876. Any updates will be shared through the budget process.

The effective date of the proposed SPA is January 1, 2022. All proposed SPAs are subject to approval by the federal Centers for Medicare and Medicaid Services (CMS).

PUBLIC REVIEW AND COMMENTS

The proposed changes included in draft SPA 21-0019 are enclosed in this notice for public comment. DHCS is requesting stakeholder input on the impact, if any, on access to services as a result of the proposed action.

Upon submission to CMS, a copy of the proposed SPA 21-0019 will be published at the following internet address:

https://www.dhcs.ca.gov/formsandpubs/laws/Pages/Pending_2021.aspx

If you would like to view the SPA in person once it becomes available, please visit your local county welfare department. You may also request a copy of proposed SPA 21-0019 or a copy of submitted public comments related to SPA 21-0019 by requesting it in writing to the mailing or email addresses listed below. Please indicate SPA 21-0019 in the subject line or message.

Written comments may be sent to the following address:

Department of Health Care Services
Medi-Cal Dental Services Division
Attn: Alani Jackson
P.O. Box 997413, MS 4900
Sacramento, California 95899-7413

Comments may also be emailed to PublicInput@dhcs.ca.gov. Please indicate SPA 21-0019 in the subject line or message.

To be considered prior to submission of the SPA to CMS, comments must be received no later than September 6, 2021, but DHCS may not be able to consider those comments prior to the initial submission of SPA 21-0019 to CMS.