

CARIES RISK ASSESSMENT AND DISEASE MANAGEMENT COURSE COMPLETION ATTESTATION FORM

Caries Risk Assessment aims to manage the disease of caries using preventive services and non-invasive treatment approaches instead of more invasive and costly restorative procedures, targeting Medi-Cal eligible children ages six and under.

Dental providers that elect to render CRA services will need to complete the Treating Young Kids Everyday (TYKE) training, obtain a Certificate of Completion, and submit an attestation form to the Medi-Cal Dental Fiscal Intermediary (FI) prior to being authorized to provide CRA services as set forth in the Medi-Cal Dental Manual of Criteria and Schedule of Maximum Allowances (SMA).

- Providers will receive a bundled incentive SMA payment for the use and completion of the standardized CRA tool, development of a treatment plan, and nutritional counseling. Prophylaxis, application of topical fluoride varnish, application of interim caries arresting medication application (for children assessed at high risk) and oral evaluation will be reimbursed using existing claim/encounter processes.
 - Payments will be made in accordance with the frequency of service as determined by the assessed risk level.
 - The following procedures will be incorporated in the department-determined treatment plans for targeted beneficiaries: CRA bundle package (which will globally include behavior modification through nutritional counseling, and a CRA), application of topical fluoride varnish, prophylaxis, and oral evaluations.
 - The following CDT codes are included in the CRA bundle: CRA low, medium or high risk (D0601, D0602, and D0603), and nutritional counseling (D1310). CRA and nutritional counseling procedures must be performed together.
- Providers may submit claims for interim caries arresting medication (D1354) at the time of the visit, if appropriate.
- Depending upon assessed risk levels, reimbursement for additional dental services may occur based on the prescribed frequencies within designated intervals that may exceed standard frequency limitations outlined in the Medi-Cal Dental Manual of Criteria (MOC).

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COURSE COMPLETION ATTESTATION FORM**

Return completed form and copy of CRA course completion to:

Medi-Cal Dental Program Provider Enrollment

P.O. Box 15609

Sacramento, CA

95852-0609

<mailto:Medi-CalDentalEnrollmentDept@delta.org>

A confirmation letter will be mailed to you upon approval of meeting the certification requirements.

**CARIES RISK ASSESSMENT AND DISEASE MANAGEMENT
COURSE COMPLETION ATTESTATION FORM****Attestation**

I certify that, as a dental provider providing Caries Risk Assessment (CRA) and Disease Management, I agree to the following conditions:

- Complete the DHCS approved CRA training.
 - Fee-for-service providers must submit a certificate of completion for the training with this attestation.
 - Providers at Safety Net Clinics, Rural Health Centers, Federally-Qualified Health Centers, and Tribal Health Clinics must keep a certificate of completion on file with this attestation for audit purposes.
- Utilize the department approved standardized CRA form to ensure uniform application of the CRA and risk level determinations.

CRA Training certificate of completion attached.

I hereby certify that all information provided in this attestation is true and accurate to the best of my knowledge, and that this document has been agreed upon based on a thorough understanding of Caries Risk Assessment and Disease Management.

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COURSE COMPLETION ATTESTATION FORM**

Printed Name of Dental Provider _____

Signature of Dental Provider _____ **Date¹:** _____

Type 1 Rendering NPI: _____

Dental License: _____

Billing NPI: _____

Certification Date: _____

Contact Address²:

Email: _____

Telephone Number: _____

¹ The Attestation Form and Certificate of Course Completion should be submitted within seven days of signing

² Please indicate the address where Delta can mail the confirmation letters