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**DATE:** February 16, 2022

**TO:** ALL MEDI-CAL DENTAL MANAGED CARE PLANS

**SUBJECT:** **APL 22-002: MEDI-CAL DENTAL MANAGED CARE PLAN PERFORMANCE MEASURES**

The purpose of this Dental All Plan Letter (APL) is to highlight and remind the Medi-Cal Dental Managed Care (DMC) plans of the California Advancing & Innovating Medi-Cal (CalAIM) 1915(b) Waiver Special Terms and Conditions (STCs) which are applicable from January 1, 2022 – December 31, 2026. This APL will provide an overview of the CalAIM STCs that have immediate consequence for DMC plans.

**BACKGROUND:**

California is using several federal authorities that provide the state more flexibility to carry out CalAIM initiatives with the goal of scaling innovations statewide and aligning how care is provided across delivery systems. These waivers and key authorities launch the implementation of CalAIM and pave the way for Medi-Cal to be more equitable, coordinated, and person-centered to help people maximize their health and life trajectory. The CalAIM Section 1115 demonstration waiver amends and renews the prior Medi-Cal 2020 Section 1115 demonstration and is approved through December 31, 2026. The CalAIM Section 1915(b) waiver is also approved January 1, 2022 through December 31, 2026. Together, the CalAIM Section 1115 and the 1915(b) waivers, along with State Plan Amendments<sup>1</sup> approved by CMS, move tested initiatives from prior federal waivers to statewide rollout, benefiting all Medi-Cal enrollees.

**POLICY**

Excerpt from California's 1915(b) CalAIM Waiver STCs<sup>2</sup>

**C. Dental Program.** The following STCs are intended to ensure that the managed care plans operating in the Dental Managed Care program improve on measures of access and utilization. CMS encourages the State to re-imagine its dental delivery system to assure that beneficiaries in all counties have adequate access to dental services.

<sup>1</sup> State Plan Amendment [21-0019](#)

<sup>2</sup> [California's 1915\(b\) CalAIM Waiver STCs](#)

**22. Monitor Plan Performance.** Annually, the State must continue to track performance using measures of Annual Dental Visit, Preventive Dental Services, and Use of Sealants for children and adults or successor measures for all beneficiaries enrolled in a managed care plan operating in the Dental Managed Care program and in its fee-for-service dental program.

**23. Plan Performance and Re-procurement.** The State must consider prior performance for managed care plans operating in the Dental Managed Care program as a component in any re-procurement that occurs during the period of this waiver renewal. If a potential awardee’s five-year historic performance on the performance measures referenced in STC C22 is below the historic performance of the State’s fee-for-service dental program, the State must provide its justification to CMS for awarding the contract to that managed care plan.

**27. Plan Parity with FFS.** The State must require parity of performance between managed care plans operating in the Dental Managed Care program and fee-for-service delivery systems with respect to the measures referenced in STC C22. If parity is not achieved in each measure referenced in STC C22 for each plan by December 31, 2022, then pursuant to 42 CFR § 438.56(d)(2)(v), beneficiaries in counties where mandatory enrollment has been in place for more than two years must be allowed to disenroll from any such plan that is not assuring adequate quality of services.

**28. Plan Review by State.** For any managed care plan operating in the Dental Managed Care program where disenrollment has been allowed under STC C27, the State must undertake a review of such managed care plan within four months and make a determination on whether that managed care plan’s contract should be suspended or terminated.

To comply with STC 22 and STC 27, DHCS will utilize the performance metrics below, by DMC plan and Fee-For-Service (FFS), to measure performance. DHCS will utilize these same measures, by DMC plan, to measure parity of performance operating in DMC and FFS delivery systems. In Sacramento County, if DMC plan parity is not achieved in each of these five performance metrics by December 31, 2022, beneficiaries must be allowed to disenroll from any DMC plan that is not assuring adequate quality of services.

<b>Children – Under 21</b>	<b>Adults – 21+</b>
<b>Annual Dental Visit</b>	<b>Annual Dental Visit</b>
<b>Preventive Dental Services</b>	<b>Preventive Dental Services</b>
<b>Use of Sealants</b>	

**REQUIREMENTS:**

The plans shall provide the following:

1. Evidence that provider networks were notified of the content above.
2. A workplan that identifies how each DMC plan intends to achieve FFS parity and assure adequate quality of services.

The plans will provide the above information for DHCS review via email to [dmcdeliverables@dhcs.ca.gov](mailto:dmcdeliverables@dhcs.ca.gov), within 30 calendar-days from the date of APL issuance. If you have any questions regarding this APL, please direct them to [dmcdeliverables@dhcs.ca.gov](mailto:dmcdeliverables@dhcs.ca.gov).

Sincerely,

*Original signed by:*

Alani Jackson, MPA  
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Department of Health Care Services