



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

Date: December 22, 2022

TO: ALL MEDI-CAL DENTAL DMC PLANS

SUBJECT: APL 22-014: Long Term Care Integration

PURPOSE:

The purpose of this All Plan Letter (APL) is to ensure awareness for Medi-Cal Dental Managed Care (DMC) Plans that effective January 1, 2023, DHCS will require integration of Long Term Care (LTC) Medi-Cal members into DMC. This policy is a reminder to DMC Plans of their obligation to provide dental services to all Medi-Cal DMC members, which will now include these LTC Medi-Cal members.

BACKGROUND:

The Medi-Cal Dental program provides benefits through both Dental Fee-for-Service (FFS) and DMC delivery systems. Enrollment into the Dental FFS delivery system or the DMC delivery system is based upon specific geographic areas, the health plan model, and the member's aid code, which qualifies them for Medi-Cal. In Sacramento County, DMC enrollment is mandatory; whereas, in Los Angeles County, DMC enrollment is optional for Medi-Cal members.

Historically, members qualifying for Medi-Cal through an LTC aid code were carved-out of DMC and received dental services through Dental FFS. With the California Advancing and Innovating Medi-Cal (CalAIM) initiative, the Department of Health Care Services (DHCS) aims to address Medi-Cal members' needs across the continuum of care, ensure that all members receive coordinated services, and improve member health outcomes.¹ In an effort to enhance coordination of care, increase standardization, and reduce complexities across the Medi-Cal program, DHCS is standardizing aid code groups to mandatorily enroll in DMC, which includes Medi-Cal members who reside in LTC facilities.

POLICY AND REQUIREMENTS:

Effective January 1, 2023, DHCS will require integration of LTC Medi-Cal members into DMC where enrollment in a DMC Plan is mandatory. LTC Medi-Cal members who

For more information regarding CalAIM, visit the CalAIM webpage at:
<https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM.aspx>

reside in LTC facilities in Sacramento county where DMC enrollment is mandatory, will be enrolled into a DMC Plan. In Los Angeles County, an LTC Medi-Cal member may choose to voluntarily join a DMC Plan.

DMC plans will be required to provide dental services to members in LTC facilities enrolled in their DMC plan. DMC plans are required to provide dental services to DMC members who qualify for Medi-Cal with any of the following aid codes:

- 13 – Aged – LTC – Medically Needy (MN)
- 1X – Aged – Multipurpose Senior Services Program Institutional Deeming/Spousal Impoverishment
- 23 – Blind – LTC MN
- 53 – Medically Indigent - LTC
- 63 – Disabled – LTC
- 6X – Medi-Cal In-Home Operations (IHO) Waiver

REQUIREMENTS

If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in a DMC plan's contractually required policies and procedures (P&Ps), the DMC plan must submit its updated P&Ps to DHCS' Medi-Cal Dental Services Division (MDSD) at dmcdeliverables@dhcs.ca.gov within 90 days of the release of this APL. If a DMC plan determines that no P&P changes are necessary, the DMC plan must submit an email confirmation to dmcdeliverables@dhcs.ca.gov within 90 days of the release of this APL, stating that the DMC plan's P&Ps have been reviewed and no changes are necessary. The email confirmation must include the title of this APL as well as the applicable APL release date in the subject line.

The plans shall provide the following:

1. Evidence that the DMC Plans network providers and subcontractors were notified of the content above.
2. Updated P&Ps or email confirmation stating this APL does not necessitate changes to the DMC plan's P&Ps.

If you have any questions, please contact the Medi-Cal Dental Services Division, at dmcdeliverables@dhcs.ca.gov.

Sincerely,
Original Signed By:

Adrianna Alcala-Beshara, JD, MBA
Chief, Medi-Cal Dental Services Division
Department of Health Care Services