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MEETING MINUTES

Members Present: Katie Andrew, Robin Blanks-Guster, Hudson Graham, Steve Heath, Bilee Hernandez, Terrence Jones, Darrell Kenworthy, Dharia McGrew, James Musser, Debra Payne, Jonathan Porteus, Jan Resler, Dorothy Seleski

Public Attendees: Sean Atha, Barbara Aved, S. Bandy, Deborah Blanchard, Emily Bautista, Diane Bruce, Edward Bynum, Priya Dasika, T. Ellis, Felicia Fondren, Robert Fong, Eva Frayji, Iliana Garcia, Melissa Garcia, Paul Glassman, Laura Gutierrez, Cassandra Hutchins, Linh Le, Carol Leonard, Chris Llamas, Walter Lucio, Susan McLearn, Rene Mollow, Michelle Monroe, Robin Muck, Onur Nacakgedigi, Donna Nagata, J. Page, Helen Pham, Destiny Rockwood, Lisa Rufo, May Saeturn, Fanny Saldana, Maria Louisa Sanchez, Cherag Sarkari, Adrienne Sawyer, Cynthia Simpson, Andrea Uvias, Yuwei Weinberg, Cynthia Yamasaki, Mira Yang, Griselda Zamora.

1. 2:00 Welcome & Introductions Debra Payne
2. 2:05 Approve June 3, 2021, Meeting Minutes (**Action**) Debra Payne
Moved: Heath Seconded: Blanks-Guster Carried: See Vote Record
3. 2:15 DHCS Carolyn Brookins
 - a. [Dental Transformation Initiative Update](#)

Domain 1: July 2021 payment should be released in early August bringing total payment for that domain to \$249.7M (\$9.4M to Sacramento County: \$1.7M FFS and \$7.7M DMC).

There are 258 safety net clinics (SNC) participating in Domain 1 statewide, three in Sacramento County. This reflects an increase of five clinics since the last MCDAC meeting.

McGrew - Is there a plan to try to increase/engage the SNCs in the CalAIM proposal?

Brookins - It is the same as DTI. If the clinic wants to participate in Domain 1 preventive services, they can submit a claim to Medi-Cal Dental. DHCS will circle back with potential clinics to encourage participation.

Domain 2: \$45.5M paid out as of June 2021 (\$8.6M to Sacramento County: \$2.5 FFS and \$6.1 to DMC). As of the end of June, 3340 are enrolled. This is an increase of 128 providers since the previous MCDAC meeting.

Domain 3: The June 2021 Domain 3 payment was issued in July 10, 2021 for a total of \$73.5M. As of July there are 123 clinics, an increase of one clinic since MCDAC last met. Sacramento County does not participate in Domain 3.

Domain 4: As of June, \$108.54M has been paid out since it began in 2017. This domain concluded on December 31, 2020. During final operational year, \$45.2M was paid out (\$9.3M to Sacramento County LDPP).
 - b. [Prop 56 Update](#)

As of June 30, 2021, for FY 19-20 \$363M paid out. Total for DMC in Los Angeles

and Sacramento County together equaled \$25.5M (Sacramento \$14.4M). As of June 30, 2021, for FY 20-21 \$391.9M paid out. Total for DMC in Los Angeles and Sacramento Counties together equaled \$21.5M (Sacramento \$12.5M). Loan repayment update: Cohort 3 selections have been made to include 43 dentists (four specialties – pediatrics, oral surgery, orthodontics, and general dentistry) in 20 counties. Cohort 4 is scheduled to be awarded in 2022.

c. [CalAIM Update](#)

CalAIM proposals for dentistry are similar to Domains 1, 2, and 3. Benefits will be in place for Caries Management by Risk Assessment (CAMBRA) for providers that take TYKE training and submit an attestation form that training has been completed. Application of silver diamine fluoride is also a benefit for specific populations. Other benefits include a fixed payment amount for continuity of care and performance payments for preventive services.

Areas that are not specific to the dental component of CalAIM, but are relevant include the ‘enhanced care management’ proposal that focuses on care coordination across all delivery systems including physical, behavioral, long-term care, and oral health. This system will include care coordinators that serve as primary points of contact in the community to assist members in navigating the system. Medi-Cal managed care plans will be required to define how they will include these services.

The ‘population health management’ proposal included in CalAIM requires Medi-Cal managed care plans to offer a toll free line for primary care physicians and specialists to call when they need assistance in referring patients to outside services. The plans would also be required to offer a 24/7 toll free line for clients to use for assistance in accessing specialty care including oral health services. Lastly, there is a ‘full integration plan’ proposal within CalAIM, planned for future implementation (no sooner than 2027) that will integrate physical, behavioral, and oral health services. Specific counties will pilot this proposal prior to implementation.

McGrew – Expressed concern that, if the Medi-Cal plans are not given specific instructions regarding oral health in the ‘enhanced care’ portion of CalAIM, this part of the proposal will be unsuccessful. The Medi-Cal Dental Division will need to strongly insert themselves into this conversation to ensure consistency and coordination.

Brookins – The Medi-Cal Dental Division has been engaged with managed care and colleagues at DHCS. Significant updates have been made to the member handbooks to include oral health. The DHCS ASO has also made information available to primary care providers to encourage consistency.

Atha – Unless the health plans can demonstrate that there are staff members assigned to coordinate dental care, even the best of resources will go unused. It would be very helpful to encourage a specific commitment to assigned staff for dental care coordination.

Resler – When will the first opportunity be to evaluate how these proposals are faring?

Brookins – We typically wait at least six months, but it may be at least twelve months before we have data to evaluate.

d. BDE Update

Most of the requests that come into the BDE line are not for dental assistance. In the second quarter of 2021, there were 454 requests received, three of these

were BDE related. The three that were received were closed when the member was able to secure an appointment or get in to see a provider.

Musser – It was my understanding that the intention of the BDE line was to allow beneficiaries to opt out of DMC, but beneficiaries are reporting differently and they are not allowed to opt out.

Brookins – The BDE is intended to assist clients in getting into an appointment, connect them with another DMC provider, or – if they want to change to another DMC plan – they are directed to Health Care Options. There are very few exceptions that would allow a beneficiary to opt out of managed care and into fee-for-service (FFS). This would only happen, for example, when a beneficiary has a complex medical condition that requires a specialist outside the DMC system or when the beneficiary is in the middle of treatment with a FFS provider. Even in this case, the beneficiary would eventually have to return to DMC.

Payne – The legal language at the top of the BDE form states: “If no such appointment is secured, the members may request to opt out of Medi-Cal DMC and move into Medi-Cal Dental FFS where he or she may select his or her own dental provider on an ongoing basis”.

Brookins – It’s my understanding that there has never been a case where the member has not been able to secure an appointment.

Payne – It’s my understanding that there is a recent case where a member requested to move to FFS in Sacramento County and was denied.

Brookins – Members can submit a dental exemption form. It’s rarely approved unless there are specific circumstances (as discussed above).

Payne – Our concern is that members are receiving confusing information.

Members that call the BDE may expect that they can opt out of DMC.

Brookins – BDE staff do not process opt out requests. That is a function of Health Care Options.

Musser – In the day to day experience of members and providers, this system is difficult to navigate. Members should be able to get the treatment they need.

Brookins – With any question for this or for the Fact Sheet, feel free to reach out to dental@dhcs.ca.gov.

e. Dental Managed Care Update

Rene Mollow

Dental Managed Care (DMC) was extended through December 2022 in the current budget. The question of whether or not to extend DMC beyond 2022 is likely to be raised in the next budget year.

Payne – Last year the proposal came late in the Governor’s budget revise in May, is this likely to happen again next time?

Mollow – That is unclear at this time and depends on the deliberative process.

Blanks-Guster – Will there be a transition plan if DMC is again slated for eliminated?

Mollow – Yes. There is a transition plan and it will be revisited for the new budget.

4. 2:45 MCDAC Charter Revision

Debra Payne

Charter revision subcommittee met several times to discuss potential revisions. Draft proposal was sent to MCDAC email list prior to today’s MCDAC meeting for review. The original draft, written by Debra Payne, excluded the dental plan members from voting. Her goal in this was to bring the MCDAC charter in line with the Health Authority Charter which disallows plan members from voting. After discussion, the subcommittee agreed that many members have potential conflicts of interest and

that members should recuse themselves from voting on issues where there are real or perceived conflicts as laid out in the required ethics training course.

Changes to the charter include adding a Registered Dental Hygienist seat, increasing the number of seats for Community Dental Clinics from one to two, selecting a MCDAC member to fill the Oral Health seat on the Health Authority, and providing input to DHCS whenever a request for proposals is created for selecting dental managed care plans in Sacramento County,

Revisions were made in the 'Member Responsibility' section of the charter to add the member requirements of completing the Form 700 annually and two-hour online ethics training course as mandated by AB1234. A conflict of interest statement will be added to every agenda to remind members of their responsibilities as committee appointees.

a. Discussion

Porteus – What is the history of role of the statewide dental association on the local MCDAC?

Payne – CDA has been a trusted partner that provides helpful and timely information. MCDAC also includes representatives from other statewide organizations. These partners offer valuable contributions to the group. Many of these members were invited to be part of the original group developed to address known issues related to the Medi-Cal Dental delivery system.

Heath – Is the group approving the charter revision today or recommending the approval to the Board of Supervisors?

Payne – The vote will be for the MCDAC to recommend approval of the revised charter and this will be forwarded to the Board of Supervisors for official approval in December 2021 or January 2022.

b. Approve MCDAC Charter Revision (Action)

Heath – Moved to approve. Porteus – Seconded. Motion carried (see vote record).

5. 3:00 Adult Dental Goals for MCDAC Jonathan Porteus

We need to do a landscape analysis to determine the goals of the adult dental subcommittee, who is providing service and the adequacy of the services provided. The CEOs of the FQHCs are interested in being part of this collaboration.

Payne – Would this be a Survey Monkey type survey?

Porteus – It would be beneficial to find funding to sponsor a formative analysis on the topic of adult dental needs in the Medi-Cal population. There are 430K Medi-Cal beneficiaries in the county, but it is unclear how many are adults. This is an area where lots of people are receiving treatment, but there needs to be a coordinated discussion. We may need to request data from DHCS, too.

Seleski – the dental plans may be able to provide some data to inform the group.

Payne – Suggested formation of a subcommittee to organize this effort.

Volunteers – Porteus (Chair), Payne, Kenworthy, Fondren, Heath, Nagata, Bynum, Blanks-Guster, and Resler. Will look for a consumer volunteer.

Kenworthy – Reminded the group that this is a difficult area for persons with disabilities who transition to adulthood and the between DMC and FFS systems.

6. 3:15 Special Needs Subcommittee Updates Chairs

Subcommittee 1: Have not met recently. Sent out the Aved report with cover letter to parties identified by the subcommittee.

Subcommittee 2/4 (Cannarozzi): Setting up a second webinar for caregivers in

October. First event was well-attended and well-received by over 50 attendees. Group is working on flowchart for IDD beneficiaries to assist them in accessing dental care.

Resler: Oral Health will fund graphic design by RSE to develop flow charts similar to existing resources and will post them on the Oral Health website. Danielle will forward them when completed.

Subcommittee 3 (Glassman): The Aved report highlighted two issues: supply (ORs) and demand (number of people that need hospitalized dentistry). Subcommittee 3 is working on strategies to increase surgery center space and decrease the need. CNU is planning a new hospital at the former Arco Arena site and is committed to constructing a dedicated dental surgery space. This is probably several years down the road. Efforts to reduce the number of people needing hospitalized dentistry include funding from health and dental plans to provide behavioral therapy, desensitization, warm hand-offs, etc. There is local, regional and even national interest in this model. Efforts are also underway to develop a system to assist care coordination of IDD individuals for dental providers.

7. 3:25 Health Authority Commission Meeting Update Debra Payne
Health Authority is providing input for the RFP that DHCS is putting out for the health plans. As the Oral Health seat member, Debra, tries to ensure that oral health is included in the RFP whenever coordination is indicated between health services such as behavioral, vision, etc.
8. 3:30 Dental Plans Update Dental Plans
Liberty (Cannarozzi) – Liberty continues to attend school and community events to offer school supplies, education and incentives for scheduling dental appointments. Liberty is launching a dental advocate referral system housed at the Family Resource Center using MDRAN in collaboration with the Black Child Legacy Campaign. Liberty is also providing education in collaboration with the International Rescue Committee and Asian Resource Center.
Health Net (Fondren) – Health education team will return to live events in November. Meanwhile, they host virtual education events to members and providers. Health Net CRP Center in Sacramento will be opening at the end of October.
(Seleski) – Health Net Medi-Cal team has expanded in the Sacramento area working on CalAIM and RFP responses.
Access (Rockwood) – Provider relations team has recently been cleared to schedule on-site visits. Dr. Graham is available for scheduled in-person visits. Access is using MDRAN. Access is using a text messaging campaign to encourage dental visits.
Resler – Many of the plans have mentioned using MDRAN. The Oral Health Program anticipates needing to promote use of a software system in the next grant cycle. Given that MDRAN uses dental plan data, how will the system work in the event that DMC is eliminated in the next budget cycle?
Andrew – MDRAN is exploring a potential pilot in a FFS county and is working to adapt to the potential needs of CDPH. There has also been discussions with DHCS about FFS data, so things are evolving with MDRAN.
Payne – Can MDRAN present data at the next MCDAC meeting?
Andrew – Yes.
9. 3:35 California Dental Association Update Dharia McGrew

McGrew left the meeting prior to the update.

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| 10. 3:40 | Children Now Update
CMS is accepting public comments on child and adult measure core sets including adding oral evaluation and topical fluoride application for children and removing emergency department visits for adults for preventable dental concerns.
The California budget continues Prop 56 Medi-Cal provider payments and restores funding to the Office of Oral Health, backfilling revenue lost from a decline in tobacco tax revenue, extends telehealth policies, and adds community health worker benefits. Children Now is sponsoring SB682 which calls on the state to develop and implement a plan to reduce racial disparities in five childhood disease areas including dental caries. | Katie Andrew |
| 11. 3:45 | Center for Oral Health/Early Smiles Sacramento Update
ESS has had a very challenging past two years and have pivoted to continue to provide dental screenings, fluoride varnishes and care coordination. | Mira Yang |
| 12. 3:50 | Agenda Items for October 7, 2021 MCDAC Meeting
a. MDRAN Data Presentation
b. Announcements - None | All |
| 13. 4:00 | Adjourn | All |

PUBLIC COMMENT MAY BE GIVEN ON ANY OF THE AGENDA ITEMS AND BEFORE A VOTE.

Purpose: the advisory committee provides oversight and guidance to improve Medi-Cal Dental utilization rates, the delivery of oral health and dental care services, including prevention and education services, in dental managed care and fee-for-service Medi-Cal Dental delivery systems. **Authority:** AB 1467 (Budget Committee), Effective July 1, 2012; Sacramento County BOS, Dec 11, 2012, Resolution No. 2012-0903 establishing a Sacramento County Medi-Cal Dental Advisory Committee & Resolution No. 2012-0904. For information about MCDAC, contact Jan Resler at reslerj@saccounty.net or 916-875-6259.