Improving Oral Health Outcomes for Children: Progress and Opportunities
About Children Now

- Non-partisan **research, policy development, communications, and advocacy organization** working on all key kids issues, including early childhood, education reform, children’s health, foster care, and juvenile justice

- Leader of **The Children’s Movement of California** (over 1,900 members strong and growing!)
Denti-Cal Coverage: How does it work?

**Figure 1**
Process Used by Child Beneficiaries Who Access Dental Services Under Medi-Cal

1. **Parents or guardians (caregivers) enroll child beneficiaries in Medi-Cal at their designated county offices.**
   - Managed Care Delivery System: Caregivers select a managed care health plan and dental provider for each child beneficiary or the California Department of Health Care Services (Health Care Services) assigns each child beneficiary to a health plan and dental provider. Caregivers make appointments for child beneficiaries with the children's established dental providers.
   - Fee-for-Service Delivery System: Caregivers identify approved Medi-Cal dental providers and make appointments for child beneficiaries.

2. **Dental Managed Care**
   - Providers render dental services to child beneficiaries.
   - Providers submit claims for the dental services they rendered.
   - The providers' managed care organizations process claims and reimburse providers.*

3. **Fee for Service**
   - In accordance with the Manual of Criteria for Medi-Cal Authorization of Dental Services, Delta Dental of California, Health Care Services' fiscal intermediary for dental services, processes claims and reimburses providers based on the services they rendered.

Children’s Dental Services Utilization

Too few CA children receive oral health services

Tooth decay is the most common chronic health problem among children in California. Left untreated, children with oral health problems can suffer from low self-esteem due to their physical appearance, and/or experience academic failure due to missing school or being distracted because of tooth pain.

Yet, recently-released state data shows that only one-third of kids enrolled in Denti-Cal had an annual visit to the dentist. The new data also illuminates concerning disparities by race: annual dental visits were highest among Asian and Latino children and youth (39% and 38%, respectively), while white and black children and youth were much less likely to have had an annual dental visit (26% and 25%, respectively).
LA County Children’s Dental Services Utilization: A Review of State Data

In Los Angeles County

More than 57% of kids under 6 are covered by Medi-Cal

But, Medi-Cal dental service utilization rates are decreasing

<table>
<thead>
<tr>
<th>Service</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Dental Visit</td>
<td>59.3%</td>
<td>56.5%</td>
<td>54.6%</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>54.8%</td>
<td>51.9%</td>
<td>49.9%</td>
</tr>
<tr>
<td>Use of Dental Treatment</td>
<td>31.7%</td>
<td>29.1%</td>
<td>27.2%</td>
</tr>
<tr>
<td>Exams/Oral Health Evaluations</td>
<td>53.1%</td>
<td>50.4%</td>
<td>48.5%</td>
</tr>
<tr>
<td>Sealants ages 6-9</td>
<td>24.6%</td>
<td>23.6%</td>
<td>22.9%</td>
</tr>
<tr>
<td>Sealants ages 10-14</td>
<td>14.4%</td>
<td>13.3%</td>
<td>12.8%</td>
</tr>
</tbody>
</table>

Help make sure children are achieving optimal oral health!

Attend the Los Angeles Stakeholder Meetings convened by the California Department of Health Care Services.

Engage in the Local Control Accountability Process to make oral health a priority in schools!

Contact:
Eileen Espejo,
espejo@childrennow.org for more information
LA County Medical-Dental Collaboration Pilot Project

**Convened experts**

**Key pilot strategy:** Equip primary care physicians (PCPs) with names of children under age 6 who have not had a dental visit in the last 12 months and have medical providers refer children to a/their dentist.

**Broke down barriers in data sharing**

The Medi-Cal Dental and Medi-Cal Managed Care Divisions agree to share data with each other about the same child, AND share the names of non-utilizing children with the child’s PCP.

**Recruitment and Launch**

Recruited 5 of the top 25 medical sites with the largest numbers/percentages of non-utilizing children to participate in the pilot. Launched the pilot and provided information, materials, and other support to the PCPs to refer children to dental providers.

**Scalability**

Elements of the pilot have been scaled statewide (data sharing) and Sacramento county is replicating the pilot.
Expanding FQHC Capacity to Serve Children

- Expand programs to increase co-location of dental and medical clinics at FQHC sites.

- Support programs to improve FQHCs’ oral health care capacity through medical-dental integration.

- Expand investments in information technology and personnel to enhance care coordination, dental home referrals, outreach and preventive services consistent with current children’s oral health care guidelines.

- Prioritize children’s oral health care in Medi-Cal/Denti-Cal Quality Improvement Plans, including provisions for care provided by FQHCs.
CA Children’s Dental Disease Prevention Program

• Signed into law by Governor Brown in 1980; Suspended in 2009 due to fiscal constraints and restored in 2016

• Required counties to have a local oral health advisory committee

• Oral health screenings, education, preventive services (fluoride varnish, sealants) in schools where at least 50% of students were eligible for free/reduced price meals

• Counties currently lack infrastructure to assess and address oral health needs of children

• Despite restoration, current proposal in budget takes back the funding due to passage of Prop 56. More to come!
Kindergarten Oral Health Assessment

- AB 1433 signed into law in 2005, funded by California Department of Education
- The law requires only an “assessment” of the child’s oral health by a licensed dental professional and the completion of the data collection tool by either the school or the school district
- Schools must notify parents who are registering their child in public school for the first time (in either K or 1st grade) of this requirement
- Schools collect forms by May 31 of each school year and report collected data by December 31 of that calendar year to County Office of Education
- Legislation in 2017: Senate Bill 379—Improves Kindergarten Oral Health Assessment Data Collection
Momentum to Advance Oral Health

Medi-Cal 2020 - 1115 Waiver Dental Transformation Initiative (up to $750 million over 5 years) includes an incentive program for preventive care, care to young children and continuity of care, and innovation at the local level. More info at: [http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx)

CA State Oral Health Plan: For more information visit the CA Dept. of Public Health: [https://www.cdph.ca.gov/programs/Pages/OfficeofOralHealth(CDIC).aspx](https://www.cdph.ca.gov/programs/Pages/OfficeofOralHealth(CDIC).aspx)

Perinatal and Infant Oral Health Quality Improvement Project: CA DPH received funding from the Health Resources and Services Administration to improve the oral health of high-risk pregnant women and infants. The project, based in Sonoma County, will span 2015 through 2019.
Momentum to Advance Oral Health

Dental Transformation Initiative (DTI)

1. Preventive Services
2. Caries Risk Assessment & Disease Management
3. Continuity of Care
4. Local Dental Pilot Projects (LDPPs)

LDPPs:
- Alameda County
- California Rural Indian Health Board, Inc.
- California State University, LA
- First 5 Kern
- First 5 San Joaquin
- First 5 Riverside
- Fresno County
- Humboldt County
- Northern Valley Sierra Consortium
- Orange County
- Sacramento County
- San Luis Obispo County
- San Francisco City & County DPH
- Sonoma County
- University of California, LA
Momentum to Advance Oral Health

State Oral Health Program
Communication & Health Literacy
Local Oral Health Program
Surveillance & Evaluation
Training & Technical Assistance
Join The Children’s Movement of California: get updates about our work on oral health, health, education, early childhood, juvenile justice, and child welfare issues. [http://www.childrennow.org/#join-us](http://www.childrennow.org/#join-us)

Support implementation of the Dept. of Public Health’s State Oral Health Plan. For more information about the State Oral Health Program and State Oral Health Plan, visit: [cdph.ca.gov/programs/Pages/OfficeofOralHealth(CDIC).aspx](http://cdph.ca.gov/programs/Pages/OfficeofOralHealth(CDIC).aspx)

Attend or call into the Dept. of Health Care Services LA Stakeholders Meeting: Bi-monthly meeting of state officials and local stakeholders to discuss issues related to Denti-Cal and dental managed care in Los Angeles County (e.g. barriers, policy changes, etc.). For meeting information and updates, email [dentalmanagedcare@dhcs.ca.gov](mailto:dentalmanagedcare@dhcs.ca.gov) **Next Mtg: 4/14 10-12:30pm**
Engaging in Policy—State & County Level

Attend or call into the Dept. of Health Care Services Medi-Cal Children’s Health Advisory Panel (MCHAP) monthly meetings in Sacramento. MCHAP advises DHCS on policy and operational issues that affect children in Medi-Cal. To receive information regarding the meetings, email MCHAP@dhcs.ca.gov or go to: dhcs.ca.gov/services/Pages/Medi-Cal_Childrens_Health_Advisory_Panel.aspx

Join the Dept. of Health Care Services Dental Stakeholder Listserv: For the latest on Medi-Cal Dental, sign up for this listserv: http://www.dental.ca.gov/WSI/Default.jsp?fname=dc_stakeholder_email_signup_form

Meet with your elected officials to discuss and advocate for equitable oral health services for children.
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