

Master Plan for Aging Recommendation

Expand Access to Oral Health Care

Issue Statement:

Access to oral health care continues to be an issue for all patients that rely on receiving dental care through Denti-Cal, California's dental benefit in Medi-Cal. California removed the adult dental benefit in Denti-Cal in 2009, partially restored the benefit in 2014, and fully restored the benefit in 2018. However, only 23 percent of eligible California adults (ages 21+) with fee-for-service (FFS) Denti-Cal coverage saw a dentist between July 2017 and June 2018.¹ Denti-Cal eligible patients seeking dental care frequently have difficulty finding places to use their benefits because many California dentists do not participate in the program, citing low reimbursement and overly burdensome administrative requirements.

According to the most recent data from the Department of Health Care Services (DHCS), as of June 2018, there are no Denti-Cal participating dentists in 10 of the state's 58 counties to take new patients, primarily in rural Northern California.² The DHCS documented gaps in access to dental care in 2017 and identified 19 counties where the Denti-Cal provider to beneficiary ratio is below or far below the average.

For California's seniors impacted by these oral health access issues, quality of life, pain, and overall health and well-being can be compromised. The Center for Oral Health: A California Report on the Oral Health of Older Adults³ details how untreated tooth decay often has serious consequences such as pain, infection, nutrition, and tooth loss. By neglecting their oral health needs, seniors are being put at risk of exacerbation of other chronic conditions and compromised quality of life. Emphasis on timely, high quality care and preventative services is essential to improve these statistics as well as having the potential to decrease longer term cost associated with exacerbated issues.

MPA Framework Goal:

Goal 3 – Health and Well Being

MPA Framework Objective:

Objective 3.2 – Californians will have access to quality, affordable, and person-centered health care through delivery systems that are age-friendly, dementia-friendly, and disability-friendly

Recommendation:

¹ Ibid

² California Health and Human Services Open Data Portal. Analysis of "Profile of Enrolled Medi-Cal Dental Fee-for-Service (FFS) Providers and Safety Net Clinics (SNCs)." June 2018. <https://data.chhs.ca.gov/dataset/profile-of-enrolled-medi-cal-fee-for-service-ffs-providers-as-of-june-1-2017/resource/f110622d-01f6-4028-8103-e27bd256a0de>

³ <https://www.centerfororalhealth.org/wp-content/uploads/2018/11/Oral-Health-of-Older-Adults.pdf>

Short-Term: Revise Denti-Cal Policies to assure appropriate access to oral health care for older adults by adjusting payment to elicit adequate dentist participation

Long-Term: Assure sufficient supply of mid-level oral health professionals and encourage use of technology to ensure better access and affordability of dental care

Target Population and Numbers:

As of May 2018, within the overall adult covered population, Medi-Cal reported a total of 2,018,259 eligible seniors and persons with disabilities (15% of all Medi-Cal eligibles), including 1,169,100 aged 65+. As well, a total of 1,424,485 (11% of all Medi-Cal eligible) are dually eligible for both Medicaid and Medicare⁴.

Detailed Recommendation:

- The Master Plan for Aging must ensure Payment and Rate Setting reform for Medi-Cal dental recipients and dentists that will improve access to care for seniors and persons with disabilities including:
 - Payments for Medi-Cal dental providers that spend additional time providing and coordinating care for populations with special needs
 - Bonuses for Medi-Cal dental providers with a disproportionate share of Denti-Cal patients
 - Higher fees for prevention (including periodontal services that are preventive for seniors)
 - Higher fees in rural or dental shortage areas
 - Higher fees for SNFs and assisted living residents
- The Master Plan for Aging must ensure state support for new and enhanced workforce and technology models that allow for increased access to care. With the potential for a federal Medicare dental benefit, California must prepare for an increase in demand for oral health care (and associated costs with today’s workforce models). The Master Plan for Aging must:
 - Remove barriers for existing mid-level oral health providers that deter these professionals from reaching populations and geographies that lack access to care
 - Introduce new workforce models to reach populations and geographies with lack of access
 - Advance policies and payments that support technologies, such as tele-dentistry, to help providers reach populations and geographies with lack of access

Evidence that supports the recommendation:

- Medi-Cal data reports low utilization of the dental benefit since its restoration since 2013

⁴ <https://www.chcf.org/wp-content/uploads/2019/03/MediCalExplainedProgramOverview.pdf>

- Medi-Cal data reports low number of dentists enrolled in Denti-Cal and lack of geographical spread across all counties in California
- Stringent DHCS regulations around tele-dentistry
- Stringent DHCS regulations around pre-authorizations and administrative burden for Registered Dental Hygienists, Registered Dental Hygienists in Alternative Practice, and other non-dentist oral health providers

Examples of local, state or national initiatives that can be used as an example of a best practice:

- **Local:**
- **State:** [Dental Transformation Initiative](#) ; [AB 316 Bill of 2019](#)
- **National:** [Apple Tree Dental – workforce and technology](#) ; [Minnesota Critical Access Dental Payment; 10+ States now have legislation expanding the role of mid-level professionals](#)
- **Other:**

Implementation:

- **State Agencies/Departments:** DHCS implementation of rate setting policies
- **State Legislature:** Permanent policies enabling supplemental payment legislation
- **Local Government:**
- **Federal Government:** Medicare Part B Dental Benefit
- **Private Sector:**
- **Community-Based Organizations:**
- **Philanthropy:**
- **Other:**

Person-Centered Metrics:

- Increased utilization of the Medi-Cal dental benefit among seniors
- Increase in newly enrolled Medi-Cal dental providers and enrolled Medi-Cal dental providers seeing new patients
- Improved quality of life for seniors throughout the state through state-wide surveys

Evaluations:

- **Short-term (by 2020):** Improving Oral Health Access has been solidified as a key priority for the California Master Plan on Aging
- **Mid-term (by 2025):** New policies and legislation are in place to improve utilization of services, participation in Denti-Cal, and encouraging efficient use of mid-level dental providers and dental technologies

- **Long-term (by 2030):** All seniors in the State of California have access to preventative and ongoing dental services without barriers of access

Data Sources:

- Existing data sources: [specify datasets, variables, and data owner/location]
- Suggestions for data collection to evaluate implementation of this goal when no data sources exist:
 - CA Health Interview survey
 - Medi-Cal Claims and Utilization data
 - Medi-Cal dentist participation data

Potential Costs/Savings:

Prioritization: High

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