SENATE COMMITTEE ON HEALTH
Senator Dr. Richard Pan, Chair

BILL NO: SB 279
AUTHOR: Pan
VERSION: April 19, 2021
HEARING DATE: April 28, 2021
CONSULTANT: Kimberly Chen

SUBJECT: Medi-Cal: delivery systems: services

SUMMARY: Requires the Department of Health Care Services (DHCS) to implement the State Plan Dental Improvement Program component of the California Advancing and Innovating Medi-Cal (CalAIM) initiative. Authorizes DHCS to require Medi-Cal managed care plans to be accredited by National Committee for Quality Assurance, as a component of CalAIM initiative, as specified. Requires DHCS to sunset operation of the Health Homes Program when DHCS receives federal approval to implement the CalAIM initiative waiver.

Existing state law:

1) Establishes the Medi-Cal program, administered by the Department of Health Care Services (DHCS), under which low-income individuals are eligible for medical coverage, as specified. [WIC §14000, et seq.]

2) Establishes the Medi-Cal 2020 Demonstration Project Act, in order to implement the "Medi-Cal 2020" Medicaid demonstration waiver, consistent with federal law and the Special Terms and Conditions (STCs). [WIC §14184 - 1484.90.]

3) Requires DHCS to implement the Dental Improvement Initiative (DTI) in accordance with the Medi-Cal 2020 STCs, with the goal of improving oral health care for Medi-Cal children zero to 20 years of age, inclusive. [WIC §14184.70]

4) Requires DHCs to establish and operate the Whole Person Care (WPC) pilot program, in accordance with the Medi-Cal 2020 demonstration project, in order to coordinate health, behavioral health, and social services in a more efficient and effective way for high-risk, high-utilizing Medi-Cal beneficiaries. [WIC §14184.60]

5) Authorizes DHCS to create the Health Home Program (HHP) for enrollees with chronic conditions, pursuant to federal law. Prohibits DHCS from implementing HHP unless it receives federal approval and federal financial participation (FFP). [WIC §14127.3 and 14127.6]

6) Prohibits DHCS from using General Fund (GF) money to fund implementation of HHP, unless implementing HHP does not result in a net increase in GF costs. Requires the nonfederal share of costs for HHP be funded by private foundations, local government, or any other source permitted under state or federal law. [WIC §14127.4 and 14127.6]

7) Requires DHCS completes an evaluation of the HHP within two years after implementation and submit a report to Legislature and stakeholders, as specified. [WIC §14127.5]

8) Authorizes coverage for the application of fluoride, or other appropriate fluoride treatment as defined by DHCS, and other prophylaxis treatment for children 17 years of age and under is covered by Medi-Cal dental. [WIC §14132]

9) Authorizes a Medi-Cal dental provider to recommend and receive reimbursement for, after consultation with the beneficiary, a dental restorative material other than the covered benefit of amalgam. [WIC §14132.22]

This bill:

HHP

1) Authorizes the HHP to be implemented using GF for fiscal year 2021-22 and any fiscal year thereafter, upon appropriation by the Legislature.

2) Requires DHCS to sunset the HHP on January 1, 2022, or when DHCS receives any necessary federal approval to implement the enhanced care management benefit (ECM) under the CalAIM initiative. Repeals the HHP provisions in existing law on January 1, 2023.

3) Requires DHCS to conduct any necessary closeout activities related to HHP, including but is not limited to, the evaluation required under existing law.

State Plan Dental Improvement Program (DIP)

4) Requires DHCS to implement the State Plan DIP in accordance with the CalAIM Terms and Conditions and this bill. Requires the DIP to further the goal of improving accessibility of Medi-Cal dental services and oral health outcomes for targeted populations and to be the successor program to the DTI.

5) Requires the following to be covered Medi-Cal benefits for specified populations when medically necessary and subject to utilization controls, beginning no sooner than January 1, 2021:

   a) Caries Risk Assessment bundle for eligible children 0 to 6 years of age, inclusive; and,
   b) Silver diamine fluoride for eligible children 0 to 6 years of age, inclusive, and for eligible adults residing in skilled nursing facilities (SNF), intermediate care facilities (ICF), or that receive services in facilities overseen by the State Department of Developmental Services, as determined by DHCS.

6) Requires DHCS, no sooner than January 1, 2021, to make supplemental payments to qualified dental providers for increased utilization of certain preventive dental services, and for establishing or maintaining beneficiary continuity of care through a dental home.

7) Requires DHCS to develop the methodology for making supplemental payments for preventive services and to include at least the following factors:

   a) The eligibility criteria for receiving payments;
   b) The amount of payments; and,
   c) The applicable preventive dental services that are eligible for payments.

8) Requires DHCS, for preventive services, to make a flat rate supplemental payment for each eligible paid claim for Current Dental Terminology (CDT) codes specified by DHCS and

approved in the CalAIM Terms and Conditions. Requires the supplemental payment to be paid at the same time as the underlying eligible paid claim, to the extent practicable.

9) Requires DHCS, for dental home related care, to make a single annual supplemental payment to each eligible location based on the number of Medi-Cal beneficiaries for which eligible paid claims were submitted, as specified.

10) Requires qualified dental providers to include safety net clinics, including federally qualified health centers (FQHCs) and rural health clinics (RHCs). Requires supplemental payments provided to safety net clinics to be considered separate and apart from the Prospective Payment Service (PPS) reimbursement for FQHCs and RHCs and the Memorandum of Agreement reimbursement for Tribal Health Centers.

11) Requires DHCS to seek federal approval of any state plan amendments necessary to implement the DIP.

National Committee for Quality Assurance (NCQA) Accreditation

12) Authorizes DHCS, for contracting periods on or after January 1, 2026, to require Medi-Cal managed care plans (MCMC) and each MCMC subcontractor to be accredited by NCQA, in accordance with this bill and the CalAIM Terms and Conditions.

13) Authorizes DHCS to require an alternate accreditation with substantially similar requirements as NCQA accreditation, if DHCS determines a MCMC or a MCMC subcontractor is unable to receive NCQA accreditation due to population size.

14) Prohibits DHCS from using the findings of any accreditation authorized by this bill to certify or deem a MCMC compliance with existing state and federal requirements, except in the area of credentialing.

15) Requires "subcontractor" to have the same meaning as defined in existing federal regulations.

Additional provisions

16) Finds and declares that this bill if enacted is does not violate existing federal law on providing benefits to noncitizens.

17) Makes the provisions of the bill severable, so that if any provision or its application is held invalid or unconstitutional, that invalidity will not affect the other provisions or applications that can be given effect without the invalid provision or application.

FISCAL EFFECT: This bill has not yet been analyzed by a fiscal committee.

COMMENTS:

1) *Author's statement.* According to the author, CalAIM is an ambitious proposal that seeks to enact long-needed system reforms in the Medi-Cal program and provide a whole-person approach to serving Medi-Cal beneficiaries. CalAIM includes many innovative and bold proposals, crafted in a framework to draw down federal funding through both the 1115 and 1915(b) waivers. While implementation of CalAIM was halted due to COVID-19 last year, DHCS has released, as part of the 2021-22 budget proposal, extensive trailer bill language

(TBL) and accompanying Budget Change Proposals to begin implementation of CalAIM this year. Due to the scope, complexity, amount of detail, and number of proposals in CalAIM, this and four other bills have been introduced to provide additional opportunities for the Legislature and stakeholders to weigh in on specific provisions of CalAIM before they are finalized. This bill addresses the DIP, NCQA accreditation, and transition of HHP components of the CalAIM waiver.

2) *Medi-Cal 2020*. Section 1115 of the Social Security Act authorizes the federal Secretary of Health and Human Services (HHS) to allow states to receive federal Medicaid matching funds without complying with all of the federal Medicaid rules. Traditionally designed as research and demonstration programs to test innovative program improvements and to facilitate coverage expansions to populations not otherwise eligible for Medicaid, waivers are also used to allow states to change how services are delivered, and to change how services are reimbursed. In addition, under Section 1115, states are allowed to use federal Medicaid funds in ways that are not otherwise allowed under federal law and regulation. Section 1115 waivers are approved at the discretion of the Secretary of HHS through negotiations between a state and CMS for projects that the Secretary determines promote Medicaid program objectives. Section 1115 waivers are generally approved for a five-year period and then must be renewed.

   California's current 1115 waiver is the Medi-Cal 2020 Demonstration, which was authorized from January 1, 2016 to December 31, 2020. Due to the impact of the COVID-19 Public Health Emergency (PHE), DHCS was able to secure an extension of Medi-Cal 2020 until December 31, 2021 and transition some components of the waiver into permanent state programs. The Medi-Cal 2020 included, among other provisions, the Global Payment Program (GPP), California Public Hospital Redesign and Incentives in Medi-Cal (PRIME) PRIME, WPC, and DTI.

   a) *GPP*. GPP established a statewide pool of funding for the remaining uninsured by combining federal Disproportionate Share Hospital (DSH) and uncompensated care funding. The program seeks to improve the health of the uninsured through care coordination. It encourages public hospital systems to provide greater primary and preventive services and emphasizes the value of coordinated care.

   b) *PRIME*. PRIME is a $3.7 billion federally funded initiative that aims to improve the way care is delivered through California's safety net hospital system by maximizing health care value and moving toward alternative payment models (APMs), such as capitation and other risk-sharing arrangements. PRIME includes three "Domains" that consist of 18 clinical project areas that are tied to a required set of reporting and performance metrics, including complex care management for individuals with chronic conditions. The hospitals' ability to meet the performance metrics determines the amount of PRIME funding they will receive.

   c) *WPC*. WPC is a $1.5 billion federally funded pilot program to test county-based initiatives that coordinate health, behavioral health, and social services for vulnerable Medi-Cal beneficiaries who are high users of multiple systems and have poor outcomes. The program allows each county initiative to identify the specific characteristics of their target population. Many programs include individuals with repeated incidents of avoidable emergency use and individuals with two or more chronic conditions. Each pilot

designs and implement specific strategies, which may include increasing care coordination for the most vulnerable beneficiaries, ongoing case management for patients, setting and achieving target quality and administrative improvements, and improving the health outcomes for their WPC population.

d) *DTI.* DTI is aimed at improving access to dental care and reduce preventable dental conditions for Medi-Cal beneficiaries. The DTI includes four "Domains" of care that cover different areas of care, delivery models, and priorities within the Denti-Cal program. The four "Domains" are:

1) Domain 1: Preventive dental services;
2) Domain 2: Caries risk assessment and management;
3) Domain 3: Continuity of Care; and,
4) Domaine 4: Addressing one or more of the previous three domains through a local dental pilot program.

3) *1915(b) waiver.* According to the Medicaid and Children's Health Insurance Program Payment and Access Commission, Section 1915(b) of the Social Security Act provides states with the flexibility to modify their delivery systems by allowing CMS to waive statutory requirements for comparability, statewideness, and freedom of choice. In addition to the 1115 waiver, states typically use Section 1915(b) waivers to implement their managed care delivery systems. Section 1915(b) waivers were initially approved for two years, with renewals of up to two years. In the federal Affordable Care Act (ACA), Congress authorized Section 1915(b) waivers to be approved for up to five years. Since 1995, DHCS has received approval under the 1915(b) waiver to deliver SMHS to those with severe mental illness (SMI) through county MHPs.

4) *CalAIM background.* In October 2019, DHCS released a broad, sweeping, multi-year initiative aimed at improving the health outcomes of beneficiaries in Medi-Cal, known as CalAIM. DHCS proposes implementing CalAIM through the California's Medicaid State Plan, the 1115 waiver, and the 1915(b) waiver. First, CalAIM transfers DHCS's authority to implement the Medi-Cal managed care program from the 1115 waiver to the 1915(b) waiver. This includes dental managed care in two counties, Sacramento and Los Angeles. Under the 1915(b) waiver, DHCS will also renew its authority to provide SMHS through county MHPs. CalAIM will also implement the DIP as part of California's Medicaid State Plan. The Medicaid State Plan is a comprehensive written document created by California that describes the nature and scope of its Medicaid program, Medi-Cal. Finally, CalAIM will maintain a smaller 1115 waiver that includes the GPP, parts of the Drug Medi-Cal organized delivery system (DMC-ODS), and a proposed expansion of the county inmate pre-release transition program.

CalAIM had an original initial implementation date of January 1, 2021, but due to the COVID-19 PHE impact in the state's budget and health care delivery system, CalAIM was put on hold for the duration of 2020, as were five bills introduced in the 2019-2020 legislative session intended to implement the various proposals. As part of the Governor's proposed 2021-22 budget, DHCS released an updated CalAIM proposal with modifications resulting from the workgroup process, stakeholder input, ongoing policy development, and new implementation dates. In addition, the Administration released 94 pages of CalAIM proposed TBL with over 20 policy proposals. On April 6, 2021, DHCS released drafts of the

CalAIM 1115 demonstration application and Section 1915(b) waiver overview for public comment. DHCS is requesting a five-year renewal of the 1115 waiver as well as a five-year Section 1915(b) managed care waiver. This bill and four other bills have been introduced to support implementation of various provisions of DHCS's proposed TBL.

5) *HHP*. When the ACA was signed into law in 2010, it included the Medicaid Health Homes State Plan Option for states to create health homes to coordinate physical health, behavioral health, and community-based long-term services and supports (LTSS) for individuals with chronic conditions. The Medicaid Health Home State Plan Option provides states 90% FFP for the first two years of the program and returns to the state's regular FFP thereafter (a 50/50 match). AB 361 (Mitchell, Chapter 642, Statutes of 2013) authorized DHCS to implement the HHP in California, but restricted GF moneys for the non-federal match and provided DHCS authority to terminate the program after two years if the program failed to meet specified goals. DHCS used philanthropic funding to provide the 10% non-federal match to implement the first two years of the HHP.

   Under HHP, Medi-Cal managed care enrollees receive additional services if they have certain chronic conditions and have a mental health condition, experience chronic homelessness, or have high utilization of emergency services. These enrollees are provided a care team, including a care coordinator, that works to provide necessary health care and social services. MCMCs, charged with implementing HHP, contract with a Community-Based Care Management Entity (CB-CME) to coordinate services for the enrollee. In most cases, the CB-CME is a community clinic where the enrollee has been assigned a primary care provider.

   CalAIM would require MCMCs to cover a new enhanced care management benefit and to offer services and services in settings approved by DHCS in lieu of covered Medi-Cal benefits (ILOS). CalAIM intends to transition services currently being provided to eligible Medi-Cal beneficiaries under WPC and HHP to analogous services under ECM and ILOS. According to DHCS, the final HHP project will conclude by the end of this year. This bill authorizes DHCS to use GF to fund the non-federal share until the project concludes and sunsets the HHP program to coincide with the transition of proposed services under CalAIM.

6) *DIP*. The DIP is proposed as a successor program to the DTI. It will make certain pilot projects under the DTI a covered Medi-Cal dental benefit and continue the provision of supplemental 'pay-for-performance' incentive payments.

   a) *New benefits*. Under Domain 2 of the DTI, DHCS focused on assessing Medi-Cal children ages six and under for caries risk and to manage the disease using preventive services and non-invasive treatment. Participating providers receive a bundled incentive payment for completing a Caries Risk Assessment, developing a treatment plan, offering nutritional counseling, and applying fluoride varnish or interim caries arresting medication, when appropriate. The goal was to ascertain whether a Caries Risk Assessment bundled payment is more effective at improving oral health and managing state costs. For children assessed at "high risk," the DTI allows providers in Domain 2 to use silver diamine fluoride to arrest dental caries.

The DIP continue Caries Risk Assessment Bundle for children ages six and under as a new covered benefit. The Carries Risk Assessment bundle would include nutritional counseling to educate and influence behavior change. The DIP will also add silver diamine fluoride as a covered benefit for children ages six and under and for persons with underlying conditions that make traditional caries treatments challenging, like adults residing in SNFs or ICFs.

b) *Incentive payments*. Under Domain 1 of the DTI, DHCS sought to increase the use of preventive services among Medi-Cal beneficiaries who are ages 1 through 20. It has operated statewide since January 2016. Dental offices receive incentive payments of varying amounts for meeting or exceeding certain benchmark rates of increasing preventive services delivered to the target population. All dental providers who participate in Medi-Cal are eligible to receive these incentive payments, although FQHCs and other safety net clinics must first opt in and use a special claims form to get credit for the services they provide.

Under Domain 3 of the DTI, DHCS sought to improve the continuity of care by rewarding dental offices when a child receives care in the same office location from year to year. DHCS also refers to this as establishing a dental home. Domain 3 began operating in 17 counties in January 2016 and expanded to an additional 19 counties in January 2019. All dental providers that participate in Medi-Cal are eligible to receive these incentive payments, although safety net clinics must first opt in and use the special claims form. Incentives are paid annually at the service office location level. The amounts paid increase incrementally with each year of additional continuity an office achieves for a given beneficiary.

Under CalAIM, the DIP will make preventive service and dental home incentive payments available statewide for children and adult Medi-Cal enrollees. DHCS proposes to provide a flat rate performance payment for each paid preventive service rendered by a services office location. DHCS proposes to provide an annual flat rate performance payment to a dental service office location that establishes or maintains a dental home for a patient and perform at least one annual dental exam or evaluation for two years in a row or more.

7) *NCQA Accreditation*. NCQA is a private, non-profit organization that reports measures of healthcare quality and offers accreditation for MCPs. NCQA is responsible for the Healthcare Effectiveness Data and Information Set (HEDIS), which measures more than 90 measures across six domains of care for managed care plans, consumers, and public agencies to evaluate and encourage performance improvement. NCQA also offers accreditation to managed care plans and other health care-related entities in the areas of quality improvement, population health management, network management, utilization management, credentialing, member rights and responsibilities, and member connections. Under CalAIM, DHCS would require all MCMCs and their subcontractors to be accredited by the NCQA by 2026. CalAIM also proposes to authorize DHCS to use information obtained from the accreditation review to satisfy certain state and federal oversight requirements—a process known as deeming. This bill authorizes DHCS to require MCMCs to obtain NCQA accreditation, but prohibits deeming through accreditation, except in the area of provider credentialing. Provider credentialing is the process of establishing that providers have the proper qualifications to

perform their jobs. DHCS already authorizes NCQA deeming of provider credentialing through MCMC contracts.

8) *Related legislation.* SB 256 (Pan) establishes the CalAIM Act in order to require DHCS to seek federal approval for, and implement, waivers for the CalAIM initiative in accordance with the CalAIM Terms and Conditions and consistent with existing federal law. Requires DHCS to implement the Population Health Management, Enhanced Care Management, In Lieu of Services, and Incentive Payments components of the CalAIM initiative. Authorizes DHCS to implement the mandatory managed care enrollment population and regional rate-setting components of the CalAIM initiatives, subject to additional requirements. *SB 256 is set for hearing on April 28, 2020 in this Committee.*

   AB 875 (Wood) requires DHCS to implement the county inmate prerelease program and extension of the GPP components of the CalAIM initiative. Requires DHCS to issue guidance for and expand performance-based quality incentives related to programs established by the Medi-Cal 2020 waiver. *AB 875 is set for hearing on April 27, 2020 in the Assembly Committee on Health.*

   AB 942 (Wood) requires DHCS to implement behavioral health components of the CalAIM initiative, including the medically necessity standard modifications, Behavioral Health Quality Improvement Program, continuation of the Medi-Cal SHMS program and DMC-ODS, and the transition to a intergovernmental transfer methodology for reimbursing certain Medi-Cal behavioral health claims. *AB 942 is set for hearing on April 27, 2020 in the Assembly Health Committee.*

   AB 1132 (Wood) requires DHCS to implement long-term services and supports integration components of the CalAIM initiative, including the sunsetting of the Coordinated Care Initiative and requirement for MCMC to operate aligned Dual Eligible Special Needs Plans (DSNP). *AB 1132 is set for hearing on April 27, 2020 in the Assembly Health Committee*

9) *Prior legislation.* SB 910 (Pan of 2020) would have required DHCS to require each MCMC plan to implement a population health management program to identify, assess, and manage the needs of Medi-Cal beneficiaries enrolled in MCMCs, consisting of specified components; would have required each MCMC to establish a model of care for addressing enrollee health needs at all points along the continuum of care, including interventions for enrollees informed by risk stratification or segmentation; and would require MCMCs s to describe, at a minimum, case management services provided to enrollees, including any service provided under basic case management, complex case management, and enhanced care management, and report this to DHCS. *SB 910 was not heard in the Senate Health Committee*

   SB 916 (Pan of 2020) would have required MCMCs to disclose the availability of in lieu of services (in lieu of services are benefits and services plans provide that are provided in lieu of covered Medi-Cal services, such as) on its website and its beneficiary handbook, and to disclose specified information on in lieu of services use to DHCS. SB 916 would have required ECM to be a covered Medi-Cal benefit; and would have required as part of the requirement for DHCS that the MCMC plan rate methodology include specified data elements, to also include in lieu of services and settings provided by a MCMC. *SB 916 was not heard in the Senate Health Committee.*

AB 2032 (Wood of 2020) would have prohibited the existing Medi-Cal medical necessity requirements from providing coverage for, reimbursement of clinically appropriate and covered mental health or substance use disorder assessment, screening, or treatment service before a provider renders a diagnosis. *AB 2032 was not heard in the Assembly Health Committee.*

AB 2042 (Wood of 2020) was identical to SB 916 (Pan). *AB 2042 was not heard in the Assembly Health Committee.*

AB 2055 (Wood of 2020) would have shifted the financing of the non-federal share of Medi-Cal funding for SMHS, Drug Medi-Cal, and the Drug Medi-Cal Organized Delivery System (DMC-ODS) from claiming federal reimbursement based on certified public expenditures to instead use intergovernmental transfers (IGTs). AB 2055 would have required DHCS to establish, implement, and administer the Behavioral Health Quality Improvement Program to assist county MHPs and counties that administer the Drug Medi-Cal Treatment Program or the DMC-ODS for purposes of preparing those entities and their contracting health care providers for implementation of the behavioral health components included in the CalAIM initiative.

SB 154 (Pan of 2019) would have authorized a Medi-Cal dental provider, who provides treatment of dental caries, to use and receive reimbursement for, silver diamine fluoride for the purposes of arresting dental caries, subject to specified conditions and benefit limitations. *SB 154 was vetoed by Governor Newsom, who wrote in his veto message: "Expanding the options available for treating dental decay is a worthwhile policy goal, but this bill would require significant GF spending not included in the state budget. As such, this change should be considered in the annual budget process"*

SB 361 (Mitchell of 2019) would have required DHCS, subject to an appropriation of funds in the annual Budget Act or other statute, to require MCMC administering the HHP to take specific steps to increase program participation of individuals who experience chronic homelessness, as specified. SB 361 would have deleted existing law that prohibits using General Fund money to fund implementation of HHP and DHCS's authority to terminate or revise HHP after the first eight quarters. *SB 361 was not heard in the Assembly Committee on Appropriations.*

SB 815 (Hernandez and De Leon, Chapter 111, Statutes of 2016) enacts the statutory provisions of "Medi-Cal 2020," the state's approved five-year federal Section 1115 waiver, which runs through December 31, 2020. Implements the PRIME program, the Global Payment Program for county designated public hospitals, and the access assessment required under the Special Terms of Conditions of Medi-Cal 2020.

AB 1568 (Bonta and Atkins, Chapter 42, Statutes of 2016) enacts the statutory provisions of "Medi-Cal 2020," the state's approved five-year federal Section 1115 waiver, which runs through December 31, 2020. Implements the DTI, WPC program, and evaluations under the Special Terms and Conditions of Medi-Cal 2020.

SB 36 (Hernandez and De Leon, Chapter 759, Statutes of 2015) authorizes DHCS to request one or more temporary waiver extensions to continue the operation of, and the authorities provided under, the current "California Bridge to Reform Demonstration," the state's Section

1115 Medicaid waiver. Requires DHCS to extend and apply the existing hospital payment methodologies and allocations on a state fiscal year, annual, partial year, or other basis, to the extent permitted under any approved temporary waiver extension, an approved subsequent waiver, or as otherwise permitted under federal Medicaid law.

SB 208 (Steinberg, Chapter 714, Statutes of 2010) implements provisions of the 2010 Section 1115 waiver including establishing the Public Hospital Investment, Improvement and Incentive Fund (known as DRSIP) consisting of IGTs from counties or other specified governmental entities, to be matched with federal funds and to be used for investment, improvement and incentive payments for DPHs and the affiliated governmental entities (counties and UC); authorized DHCS to require the mandatory enrollment of SPDs in a Medi-Cal managed care plan commencing on the later of either June 1, 2011, or obtaining federal approval; and requires DHCS to implement pilot projects to provide coordinated care to children in CCS and to persons who are dually eligible for Medi-Cal and Medicare.

SB 1100 (Perata, Chapter 560, Statutes of 2005) enacted the statutory framework for implementing a five-year waiver of federal Medicaid requirements that provides federal Medicaid funding under the terms of the waiver to pay DPHs, private, and district hospitals for services provided to Medi-Cal and uninsured patients.

10) *Support*. This bill is supported by the California Dental Association (CDA), which writes that this bill invest significant resources in the Medi-Cal dental program – particularly for children's prevention and pay-for-performance incentives – and builds on the strong commitment from the Legislature and Governor to improving current system. CDA strongly supports dental benefit structures that focus on preventing dental disease, and there is no better way to do this than by maximizing utilization of children's preventive services. CDA also notes that Domain 2 was one of the most successful pilot programs within the DTI and supports the continuation of the Caries Risk Assessment bundled payment. Finally, CDA applauds the inclusion of silver diamine fluoride as a benefit in the program for certain populations. Silver diamine fluoride presents opportunities to reduce costs in the Medi-Cal system by averting more expensive treatment options. For many patients, using silver diamine fluoride has the potential to not only stop the growth of caries but also to reduce the use of general anesthesia.

SUPPORT AND OPPOSITION:

Support: California Dental Association

Oppose: None received

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