

Please see responses to your questions below. Thanks!

**1. The Little Hoover Commission report found that the state has not met the targets on providing preventive dental care for kids set out in the 2016 report. While the state has made progress, most of the recommendations were not fully implemented. Less than half of kids in CA receive an annual visit to the dentist. Why has progress has been slow? What does the department plan to do to improve dental care for kids now?**

**DHCS Response:** The Department of Health Care Services (DHCS) received the Little Hoover Commission (LHC) report and appreciates LHC's acknowledgment of the Department's extensive efforts to improve the program. We share LHC's commitment to improving preventive dental care for all Medi-Cal members.

In the prior LHC report, there were 11 recommendations and 20 sub-recommendations, of which 12 were directed to DHCS. DHCS has fully implemented all the recommendations/sub-recommendations and continues to work toward making California a leader in optimal oral health care.

DHCS can speak to its approach for increasing dental care utilization. Specifically, DHCS deploys a multi-faceted approach, expanding the use of teledentistry to reach members across the state and support the provision of preventive care and provide oral health education remotely; increasing provider networks, including the use of the new Community Health Worker benefit for dentist and hygienist billing; increasing integration with local oral health plans, other county agencies, and Medi-Cal managed care plans; and using a public education and outreach media campaign and materials to best equip members and providers with the best resources for obtaining and providing optimal oral health care.

**2. My understanding is that in 2016, SB1098 set a 60 percent annual utilization target for dental utilization among Medi-Cal children. Yet according to [the Little Hoover report this week](#), dental utilization has barely budged (from 44.5% in 2016 to 47.6% in 2022). Why has the department been unable to make sure more children get an annual dental visit?**

**DHCS Response:** The quoted statistics omit critical information, incorrectly misrepresenting the historical data. Rather than barely budging, the percentage of utilization took on an active trajectory, but suffered from the COVID-19 pandemic.

Specifically, dental utilization in California increased from 44.5% in 2016 to 49.6% in 2019. Also, in 2019 utilization reached 50% in the Medi-Cal fee-for-service (FFS) delivery system, which is the system of care for most dental services under Medi-Cal. (Source: [Dental FFS and DMC Performance Fact Sheet June 2024 \(ca.gov\)](#)).

Regarding the data points referenced, specifically in 2020-2022, California, along with every other state in the nation, was profoundly impacted by the effects of the COVID-19 pandemic. Virtually every state within the US decreased and had a recovery period that lasted at least two years to return to pre-COVID figures. DHCS utilized the approaches included in response #1 to address the lower utilization and in 2023 recovered to 2019 levels. Even higher utilization is projected in 2024.

California remains steadfast in its efforts to be one of the very few states to reach 60% utilization (and even higher) for Medicaid members. Additional strategies used by DHCS include conducting outreach and education to ensure that members are aware of the enhanced services available, including, but not limited to, interpreter services for appointments and non-medical transportation for members free of charge. DHCS is utilizing local radio, news outlets, social media, and the DHCS [Smile California](#) website.

DHCS also conducts statewide dental van tours and partners with counties to bring awareness to members that preventive dental care and other treatment services are available for members (Source: [24-11-Mobile-Dental-Van-Tour-4-4-24 \(ca.gov\)](#) and [California-Launches-Statewide-Campaign-to-Decrease-Missed-School-Days-Due-to-Dental-Problems](#)). DHCS continues to engage with stakeholders to develop more strategies and interventions to promote the importance of overall oral health and its effects on the health of whole person.

**3. The Commission found that only one recommendation has been fully implemented, while 7 have been partly implemented, and for the last there has been no progress made. Why has the department been unable to meet these recommendations?**

**DHCS Response:** Please see response #1. DHCS has fully implemented the 12 recommendations/sub-recommendations from the previous LHC report. Below are examples of the steps DHCS has taken to meet these recommendations.

- Recommendation 3: DHCS established an evidence-based advisory group that receives public comments and assesses them with industry experts using evidence-based reviews and methodologies. The group meets biweekly to

discuss potential policy improvements that have been internally developed or submitted by the public.

- Recommendation 2: DHCS simplified the dental provider enrollment forms and made them available online.
- Recommendation 3: DHCS overhauled the treatment authorization process.
- Recommendation 4: DHCS implemented a customer-focused program to improve relations with providers.
- Recommendation 5 and 5A: DHCS purged outdated regulations through [bulletin authority](#).
- Recommendation 8: DHCS created and implemented targeted initiatives focused on preventive oral health through the [Dental Transformation Initiative](#) (DTI) and [CalAIM](#).
- Recommendation 9 and 9A: DHCS adopted Washington State's Access to Baby and Child Dentistry program and Alameda County's Healthy Kids, Healthy Teeth program, expanding them to more regions of California through the DTI, CalAIM, and enhanced care coordination and case management services in DHCS vendor contracts.
- Recommendation 10 and 10A: More Medi-Cal members have been directed to receive services at FQHCs through the creation of [FQHC-specific referral lists](#).

Additionally, DHCS has expanded teledentistry and continues to reassess policies to consider their impacts on members and their needs through evidence-based advisory groups.

#### 4. **What other resources does the department need to improve dental care for children with denti-cal?**

**DHCS Response:** DHCS has made significant progress in improving the provision of dental services to Medi-Cal members, including implementing administrative changes to simplify onerous processes and investing resources to help Medi-Cal members access preventive oral health services. DHCS also values the continued engagement with and support from stakeholders, members, providers, and communities to emphasize the importance of achieving optimal oral health care through regular visits to the dentist.