



March 19, 2018

The Honorable Pedro Nava, Chairman
Little Hoover Commission
925 L Street, Suite 805
Sacramento, CA 95814

RE: DENTI-CAL STUDY

Dear Chairman Nava:

On behalf of our client, the *California Dental Hygienists' Association* (CDHA), we write to convey our continued opposition to the Department of Healthcare Services' (DHCS) policies. These policies do not prioritize cost-effective prevention and continue to harm fragile patients, especially those who rely on the services of Registered Dental Hygienists in Alternative Practice (RDHAPs).

- Under Proposition 56, the Tobacco Tax funding, DHCS is paying a 40% increase to incentivize many services - except prevention. Excluding cost-effective, preventive care from Prop 56 funding is poor policy.
- Public health RDHs and RDHAPs are providers that are willing and able to see Medi-Cal patients, but are excluded from the Caries Risk Assessment under the Dental Transformation Initiative. Additionally, DHCS has not included RDHAPs as authorized providers for the placement of Interim Therapeutic Restorations. These services are within the scope of practice of dental hygienists.
- There are not enough Denti-Cal providers. If the state plans to move Medi-Cal patients to a managed care structure, the barriers to RDH and RDHAPs being providers within the managed care system must be removed. RDHAPs, in particular, are educated and trained specifically to provide care to elderly, disabled and other underserved patients independently, and to collaborate with other health professionals.
- DHCS now requires RDHAPs to obtain approval from the Department before treating elderly and disabled patients who have periodontal disease. DHCS also cut the reimbursement rate by over half for this treatment. This rate was already significantly lower than the rate paid by private insurance. Denti-Cal is denying Treatment Authorization Requests (TARs) submitted by RDHAPs. These patients are denied medically necessary treatment, or not receiving care on a timely basis.

- Most of these patients have cognitive and/or physical disabilities and cannot go to a dental office to receive care and many cannot tolerate the x-rays DHCS requires to approve treatment. Often the patients are homebound or reside in nursing homes and receive care at the bedside.
- This policy is resulting in the loss of Denti-Cal providers. Many RDHAPs simply cannot afford to remain Denti-Cal providers because the reimbursement does not cover the costs to provide these services. Many have put their practices on hold.

We respectfully request the Little Hoover Commission to call on DHCS to revise these harmful policies.

We would appreciate discussing these issues further with you at your convenience.

Sincerely,



Jennifer W. Tannehill
Legislative Advocate