Q. Preventive services play a crucial role in minimizing future dental disease; however, most programs (Medi-Cal, Healthy Families, Healthy Kids) that are set in place to help children do not cover some basic procedures that can prevent the progression of dental disease. We would like to provide more than the basics that includes oral exam, fluoride treatment, and cleaning. Here is what we’d like to provide, but unsure as to whether this grant will cover these non-reimbursable services:

1) Sealants on primary teeth.
   All the programs listed above only cover sealants on permanent teeth. Since children’s first permanent tooth erupts around the age of 6, most of the children in the target group will not have any permanent teeth. Sealants are a great way to prevent cavities in the deep pits and fissures of primary teeth. Caries Management by Risk Assessment (CAMBRA) Treatment Guidelines for those 0-5 includes sealants on primary teeth for children at moderate, high, and extreme risk for caries.

2) Glass Ionomer restorations on primary teeth.
   Healthy Families and Healthy Kids do not cover Glass Ionomer fillings on primary posterior teeth. Glass Ionomer is recommended and also on CAMBRA's Treatment Guidelines for those 0-5 with caries. Glass Ionomers are preferred for children of this age because they are easier to apply and they also release fluoride, preventing further disease progression.

Again, preventive services are extremely important. Education, exams, fluorides, and cleanings are irreplaceable, but we would like to provide more than that. We believe we can make a greater impact by providing sealants and light restorative treatment (Glass Ionomer restorations) to prevent dental disease progression in children ages 0-5. Please let me know if these are reimbursable services. If they are, where will we put these non-reimbursable services in the budget?

A. First 5 LA will not be able to tell you whether specific services are reimbursable or non-reimbursable – this is for your agency to determine by exploring the various programs available.

First 5 LA funds may be used for non-reimbursable services. If you choose to include them, we ask applicants articulate in the proposal why these services are not covered through existing programs and why providing them will be important to meeting the goals and objectives of the proposed project.
Please include these services where it is most applicable in the budget. For example, if supplies must be purchased (ie. glass ionomers, sealants), please include these in the supplies line item. If this will require staff and/or contractors' time, you can include it in those sections as applicable. Finally, you can also use the “other expenses” line item. Mainly, it will be important to provide a clear description of the item(s) and corresponding amounts in the budget and narrative, so that reviewers can clearly understand how these amounts are determined.

Q. If we plan to sub-contract with non-profit organizations or other agencies in our project how do we list them on the budget?

A. If you plan to sub-contract with an agency, you can list this expense in the contracted/consultant services line item in the budget. We encourage applicants to provide as much information as needed in the budget and/or budget narrative that will help the reviewers to understand the breakdown of project expenses for the given agency (ie. personnel, travel, supplies, etc.).

Q. Your RFP states: To summarize, proposed projects in this topical area should demonstrate increasing access to dental services for children ages 0-5 in non-traditional settings. Strategies may include, but are not limited to, partnerships between Federally Qualified Health Centers, community health centers, and WIC centers, Head Start sites, school-based and school-linked health centers, and other settings in which children ages 0-5 and their families often go. Furthermore, projects in this topical area may include utilization of innovative modalities such as telehealth and/or the use of portable equipment to facilitate increased access to services for the proposed population.

I understood that providing case management to children enrolled in Head Start would be considered supplanting because Head Start is mandated to provide that. We use our Family Advocates and Health staff to do this. What I would love to propose is that we braid Head Start and First 5 funds to reach out to, and treat as needed (preventative or therapeutic) the younger siblings of the Head Start enrolled children. We could then test the impact of reaching these younger siblings on their dental health by the time they enroll in Head Start. Head Start DOES NOT FUND the screenings and treatment of the younger children. They also need case management and a dental home.

What we need from you is a decision on whether or not braiding funding with Head Start, to reach families with one child enrolled in Head Start but serving their siblings would be o.k. given First 5's policy around supplanting funds.
A. In your question, you specifically asked about using First 5 LA funding for providing services to siblings of Head Start children – siblings who are ages 0-5 but not enrolled in Head Start (since these children will not be eligible for Head Start funding). In those cases, we would first encourage you to explore all possible health insurance coverage options for these children as First 5 LA funding cannot supplant the reimbursement you may be able to receive from these other programs. We’ve attached (at the end of this FAQ’s document) the “Oral Health Benefits and Services” document for information about other public programs available. If you find that the services you are proposing are not reimbursable under another program, First 5 LA funds may be used to cover these services, however, we ask applicants articulate in the proposal why these services are not covered through existing programs and why providing them will be important to meeting the goals and objectives of the proposed project. We will also expect to see a sustainability strategy for continuing these services after the grant period ends.

As for your question about braiding funds, you may include strategies funded through other sources to help “leverage” First 5 LA’s funds. For those elements of the project which are funded by other sources but will also be a part of the project, these can be described in the proposal narrative as “leverage”, and in the budget documents in the matching funds column. We encourage all applicants to use the budget narrative to clearly explain the items and amounts included in the matching funds column. In cases where services are not covered through existing programs, and will therefore be paid for with funding from First 5 LA, again it will be imperative to delineate in the proposal narrative and budget documents what those services are and why they are not reimbursable. We also encourage you to address the issue of how those services will be sustained after First 5 LA’s funding ends.

Q. I want to make sure that we are submitting the correct information, so I have a few questions on the budget forms:

1. Please confirm that Appendix B is for the first 6 months only (the Agreement period as prefilled on the form)

A. Yes – this is for the first 6 months of the project only.

2. Appendix B-Column F (# of months to be employed) is # of months employed only in the first 6 months?

A. Yes.

3. These Costs on Appendix B then would match Appendix D Project Budget All Years Combined - Column B (Budget FY 2011-2012)?

A. The budget summary sheet from Appendix B (a 6-month budget) would match Appendix D Project Budget All Years Combined Column B (Budget FY 2011-2012). Please note that
subsequent columns on Appendix D should also be completed, depending on the length of the project.

Q. For the application does the evidence of insurance have to name “Los Angeles County Children and Families First – Proposition 10 Commission its officers, agents, consultants and employees”?

A. For the application, please only submit evidence of the agency’s existing insurance. Also, at this point in the application process, we do not need the insurance to name “Los Angeles County Children and Families First – Proposition 10 Commission (or abbreviated as LA Cty Prop 10 Commn.), its officers, agents, consultants and employees” as a certificate holder.

Once applicants have been selected for an award, they will be required to submit evidence of insurance as outlined in Appendix M on the Dental Health Innovation Project webpage.

Q. Can you confirm the budget periods & total grant length?

A. The budget period for the proposed 6-month budget (Appendix B) is January 2, 2012-June 30, 2012. The budget period(s) for the projected multi-year budget summary (Appendix D) are the following, for a three-year project:

- January 2, 2012-June 30, 2012
- July 1, 2012-June 30, 2013
- July 1, 2013-June 30, 2014
- July 1, 2014-December 30, 2014

It is important to note that budget amount should not exceed $1,000,000 for up to three years – this means the project can be 1 year, two years or three years. Please adjust the Appendix D multi-year budget summary accordingly.

Q. My agency is interested in applying for the following two RFPs through First 5 LA:

1) Oral Health and Nutrition Expansion and Enhancement Project Dental Health Innovation Project RFP
2) Policy and Advocacy Fund RFP

Is it okay to apply for two different RFPs through First 5 LA at once?

A. Your agency may apply to both RFP’s.
Q. We have a van we currently use as a “field trip on the go” which visits child care centers. This van includes activities, handouts, materials for children 0 – 5 and childcare providers. We would like to use funding to develop activities and materials regarding dental health for children, and handouts for their parents. We think this expense would fall under supplies, but wanted to check.

A. The RFP excludes First 5 LA funds being used to purchase vans. Materials such as activities, handouts, materials for children 0-5 and childcare providers that will be used in the vans, are not excluded in the RFP. These can be included in the budget as supplies.

Q. Is there a page limit on the budget narrative?

A. No.

Q. In looking at the First 5 LA project objectives the first 3 objectives are focused on increasing from baseline the percent of children 0 through 5 years of age: 1) who have access to oral health care resources; 2) who receive preventive dental services; 3) who receive therapeutic dental services.

Will First 5 LA be identifying these baselines or should applicants and/or grantees responsible for identifying baselines? If applicant/grantees identify baselines – is it from their patient population or is it community or County wide?

A. For all First 5 LA objectives, applicants will be responsible for identifying baseline. Baseline should be based on the number of 0-5 children and/or parents served for the year prior to the proposed project start date. This can be a fiscal year, calendar year, or the most recent one-year period for which these numbers are available. Please specify the time period you are using.

Q. For children needing more extensive treatment that cannot be provided at the non-traditional site, will the grant funds cover non-reimbursable services? For example, children who do not qualify for Medi-Cal or do not have dental insurance, such as children who are undocumented? Also, another example of non-reimbursable service would be the provision of dental sealants on primary teeth (which Medi-Cal does not reimburse for).

A. Firstly, we encourage you to explore all possible coverage options for the children you plan to serve via this project, as First 5 LA funds should not be used to supplant existing funds. The First 5 LA contract states, “In no event shall CONTRACTOR or its officers, employees, agents, subcontractors or assignees supplant state, county, local or other governmental General Fund money with COMMISSION funds for any purpose.” For more
information, please refer to Appendix J on the RFP webpage, the Sample First 5 LA contract.

In regards to the question of coverage for undocumented children, Healthy Kids (which First 5 LA funds via LA CARE) provides dental coverage for undocumented children ages 0-5, up to 300% FPL. If you are interested in getting information about specific services that are reimbursed through this program, you can refer to the “Oral Health Benefits and Services” document, which includes contact information for each program (it can be found at the end of this FAQ’s document).

If you choose to include non-reimbursable services in the proposed project, it will be imperative to articulate in the proposal why these services are not covered through existing programs. And, we also encourage all applicants to clearly articulate enrollment and retention strategies in their proposals.

That being said, we do want to also emphasize that one of the main goals of the RFP is to support projects that demonstrate cost containment and sustainability. Therefore, while First 5 LA funds may be used to fund non-reimbursable services, proposals will be assessed both on cost-effectiveness (in relation to factors such as number of children served) and sustainability of proposed strategies beyond First 5 LA funding.

**Q: Can you clarify the statement in the eligibility criteria that states that "Applicant must serve residents of Los Angeles County". Is there a threshold amount of service? Does this apply only to the primary applicant organization or to the combination of primary applicant and all partners?**

**A:** In crafting this RFP, as well as in all funding through First 5 LA, we are trying to reach the greatest number of children in LA County. Because our funding is devoted to this geographic area, we have to prioritize and rank applicants based on the amount of children they propose to serve in LA County through the proposed projects. We do not have a “threshold” amount of services, but we will be looking at what each proposal presents in terms of the number of children that they can serve and the quality of services provided, as well as all of the other criteria listed in the review tools. In terms of whether this criterion applies only to the primary applicant organization or to the combination of primary applicants and partners; it will be a combination of the two.

**Q: Can you clarify use of portable equipment versus mobile units? Can existing mobile units be used at non-traditional sites that have no space to allocate for using portable equipment in?**

**A:** The intent of the proposal was to highlight some innovative methodologies to provide services to children in non-traditional settings and to look at containing cost. For those reasons we highlighted a few modalities in the RFP that we thought met those goals. We
understand that there are a range of modalities and strategies projects will use to meet the multiple goals and objectives of the project. And we are not excluding any modalities in that sense. The only exclusion that was made was in terms of the mobile vans. When we say when we exclude mobile vans, we want to clarify that First 5 LA funding should not be used to purchase new vans. However, if you have a mobile van that you are able to leverage with our funding as part of a larger strategy to reach children outside of clinic walls, this is something that you can propose within the RFP. One option would be to include the mobile van as an in-kind contribution in the matching funds column. In this case, we ask that you show how First 5 LA funding will help you to use that mobile van in a strategic way to access children outside of clinic walls.

**Q:** With only two awards available in Topic Area #2, Strengthening the Dental Safety Net, will First 5 LA fund a request that serves a region of Los Angeles County?

**A:** One of our level two criteria for both topic areas is the “degree to which project demonstrates geographic diversity” [throughout LA County], but it is only one criterion. The RFP does not exclude projects that focus on specific geographic areas. We encourage you to look at all of the other criteria as well and see how the proposed project can impact those other criteria, such as the ability to leverage, the sustainability plan, the evaluation component, and the ability to contain cost.

**Q:** Do consortia of clinics need to be formed at the time of the proposal submission

**A:** We would like to see that partnerships have been identified. We understand, given the time constraint in replying to the RFP that it would be challenging to have MOUS executed between agencies and therefore, this is not required. However, we do require letters of intent or letters of commitment that demonstrate working together, so we will be able to review those partnerships as a part of your application.

**Q:** I opened the on-line application as an existing user and did not see the Dental Innovation application. Should I open it as a new user? I did not receive an email that directed me to the site. Can one be sent?

**A:** If you have applied for First 5 LA grant in the past and have created an account but you are unable to access the Dental Health Innovation RFP, then create a new account. If you are unable to create an account then email us and we will look at this technical issue.

**Q:** One eligibility requirement for the RFP is that proposed projects should impact three or more of First 5 LA’s OHN project objectives. If all 5 of the objectives are met instead of 3, are more points allotted or do you just want 3 of them addressed?
A: Our criteria requires applicants to meet at a minimum three of the five OHN project objectives, but if you meet more than those we ask that you please outline them in your proposal and include how many children, parents and/or providers will be reached via those additional objectives. As you will see from the review tools, reviewers will be considering number of objectives reached in addition to quality of care provided. A number of our current OHN investments do meet more than three First 5 LA OHN objectives.

Q: Can grant funds be used for children linked back to our dental clinic for follow-up services if those costs were not reimbursable? ie not eligible for Medi-Cal

A: This question is a little bit more complex and we are awaiting clarification from the person who submitted this question. As soon as we have more information about this question, we will upload the answer to this FAQ.

Q: Please explain the interviews/site visit process.

A: As part of the process for funding with First 5 LA, once the proposal has gone through level 1 and 2 of the review process, those applicants that have been recommended by reviewers for consideration will be scheduled for either an interview or site visit, depending on what the proposal contains. It will be a site visit if we will be going out to look at your organization and how you propose engaging with children 0-5 (ie. if you are using a mobile van and are going to be leveraging this). We will look at that type of equipment. If the proposal is about technology and building that infrastructure, we may do this through an interview and ask more technical type questions to understand this better. Whether or not we schedule an interview or site visit will depend on the proposal and what elements need further clarification. We ask that applicants mark on their calendars the week of October 19th through 25th for a possible interview or site visit.

Q: People can email questions until what date?

A: The proposed final date to submit questions was September 15th, and these initial set of questions and answers will be posted on our website by September 19th. We will also extend the deadline for questions to September 28th, so that everyone has time to review the questions as well as the answers before the RFP due date. Final answers will be posted no later than September 29th. We recommend that you continue to view our website for updates on a regular basis.
Q: Does matching include in-kind services?

A: Yes, we encourage you take a look at page 14 of the RFP where there is a brief footnote on examples of leveraged funds - it includes in-kind contributions such as space, donated equipment, volunteer labor, and staff time. We encourage applicants to very clearly articulate leveraged funds in the budget narrative and the budget document (i.e. for in-kind staff time, please provide hourly rates, number of hours, etc.). Reviewers should be able to clearly understand how leveraged funds are being calculated.

Q: With regard to "equipment related to the project" - does this include operatories?

A: First 5 LA funding can be used to purchase equipment to provide dental services to children ages 0-5, but it should be proportional to the number of children ages 0-5 that will be served through the project. For example, if a dental chair is purchased with First 5 LA funds, but will be used to provide services to all children ages 0-18, applicants should allocate only a portion of the expenses for the chair to First 5 LA.

Please make sure to include a clear explanation for how equipment expenses are calculated in the budget narrative.
Medi-Cal

Medi-Cal is a program that pays for medically necessary health and mental health services for many low-income individuals. Eligibility for the program is based on age, family size, family income, residency, and immigration status. Individuals who meet all or some of the eligibility requirements can receive full-scope, restricted or Share of Cost Medi-Cal. For more information about Medi-Cal programs, eligibility and application, see “Medi-Cal” Chapter 3.

What dental benefits are covered for children?

*Children under 21* who are eligible for full-scope Medi-Cal services are eligible for a comprehensive set of dental services. Denti-Cal is the name for the fee-for-service Medi-Cal Dental Program (see below for description of Dental Prepaid Health Plan). This program covers many services including:
- Diagnostic and preventive dental services (e.g., examinations, x-rays, sealants, cleanings)
- Emergency services for pain control and treatment of infection
- Fillings and tooth extractions
- Root canal treatments
- Prosthetic appliances (e.g., dentures)
- Orthodontics for children who qualify (e.g., braces)

What dental benefits are covered for adults?

- **Most adults ages 21 and older** with full-scope Medi-Cal coverage are eligible for only a very limited number of dental procedures, referred to as Federally Required Adult Dental Services (FRADS). These are primarily services for the relief of pain, infection and trauma. A list of these services can be found at [http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_25_Number_22.pdf#page=4](http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_25_Number_22.pdf#page=4).

- **Pregnant women** with either full-scope or restricted-scope Medi-Cal coverage are eligible for some additional services, including exams, x-rays, fluoride treatments, cleanings and periodontal (gum) treatment. Those with restricted-scope coverage are also eligible for emergency dental services. A list of these services can be found at [http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_26_Number_11.pdf](http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_26_Number_11.pdf). A Treatment Authorization Request (TAR) is not required for pregnant women with pregnancy only benefits to access these services.

- **Adults residing in nursing facilities** are eligible for the same comprehensive set of dental services as children.

More details about the elimination of most adult dental services and the exceptions can be found at [http://www.denti-cal.ca.gov/WSI/Prov.jsp?fname=elim_adult_dental](http://www.denti-cal.ca.gov/WSI/Prov.jsp?fname=elim_adult_dental).

The chart below outlines many of the covered services for children under 21 only and associated costs to the member.
<table>
<thead>
<tr>
<th>Dental Benefits</th>
<th>Services and Restrictions</th>
<th>Costs to Member (co-payment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Services</td>
<td>Examinations – Once every 6 months</td>
<td>$1.00, except there is no co-payment required for:</td>
</tr>
<tr>
<td></td>
<td>X-rays – Frequency varies with type of x-rays</td>
<td>- Children aged 18 or under</td>
</tr>
<tr>
<td></td>
<td>Consultations</td>
<td>- Any woman under 21 receiving pregnancy-related services and 60 days after delivery</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>Fluoride applications – Once every 6 months</td>
<td>- Persons who are inpatients in a health facility (hospital, skilled nursing facility, intermediate care facility)</td>
</tr>
<tr>
<td></td>
<td>Cleanings – Once every 6 months</td>
<td>- Any child in AFDC-Foster Care</td>
</tr>
<tr>
<td></td>
<td>Sealants – As needed only for permanent 1st and 2nd molars</td>
<td>- Any service for which the Medi-Cal payment is $10 or less</td>
</tr>
<tr>
<td>Fillings</td>
<td>As needed</td>
<td></td>
</tr>
</tbody>
</table>
the family does not choose either FFS Denti-Cal or a Dental PHP Plan, they will automatically receive FFS Denti-Cal coverage.

What is the difference between Regular Denti-Cal and Dental Prepaid Health Plan (PHP)?
With Regular Denti-Cal families can select any Denti-Cal provider. The beneficiary will not be assigned to a single dentist. Families can also go to any specialist that accepts Denti-Cal, including pediatric dentists and other specialists. In Los Angeles County, Delta Dental administers the Denti-Cal program, which pays for dental services for these recipients. When visiting the dentist for the first time, and each time thereafter, families must present the Beneficiary Identification Card (BIC) of the individual seeking dental services.

For a list of Denti-Cal providers visit www.denti-cal.ca.gov/WSI/Bene.jsp?name=ProvReferral or call 1-800-322-6384, Monday through Friday, 8:00 am to 5:00 pm.

Dental Prepaid Health Plan (PHP) is a voluntary dental program in Los Angeles County. The program allows Medi-Cal recipients to choose to enroll in a dental managed care plan as an alternative to regular FFS Denti-Cal.

If families choose a Dental PHP, they must select a dental plan and primary care dentist. After selecting a plan and dentist, members will receive a separate membership card for the plan that they must present when visiting the dentist. Members must visit their primary care dentist for regular check-ups and for any dental issues. If specialty care is needed, members must first visit the primary care dentist who can give them a referral to see a specialist.

Recipients enrolled in a Dental PHP can change between Dental PHP managed care plans or return to FFS Denti-Cal by requesting and completing a Medi-Cal Dental Choice Form from Health Care Options by calling toll-free (800) 430-4263. The recipient will also need to select a new dentist when changing Dental PHP managed care plans. Depending on when during the month the request to change dentists is received, it will take between 15 and 45 days to establish eligibility in the new plan. Once eligibility has been established, Health Care Options will send the member a letter to indicate that the plan change has taken place. Until receiving that letter, the member should continue seeing their current dentist. To change dentists within the same plan, the member should call their plan’s member services department.

DENTAL PREPAID HEALTH PLANS IN LOS ANGELES COUNTY — VOLUNTARY PROGRAM

Access Dental Plan, Inc.
(800) 270-6743
TTY/TDD (877) 688-9891
www.accessdental.com

American HealthGuard-Dental
(800) 727-6453
TTY/TDD (800) 501-9505
www.ahdentalplan.com

Care 1st Health Plan-Dental
(800) 605-2556
TTY/TDD (877) 735-2929
www.care1st.com

American HealthGuard-Dental
(800) 727-6453
TTY/TDD (800) 501-9505
www.ahdentalplan.com

Community Dental Services/Smile Care
(800) 764-5393
TTY/TDD (866) 764-5305
www.smilecare.com
Health Net of California, Inc.-Dental  
(800) 977-7307  
TTY/TDD (800) 735-2922  
www.healthnet.com

SafeGuard Health Plan, Inc.  
(800) 880-3080  
TTY/TDD (800) 880-3165  
www.safeguard.net

Liberty Dental Plan of California, Inc.  
(888) 703-6999  
TTY/TDD (800) 430-7077  
www.libertydentalplan.com

Western Dental Services, Inc.  
(800) 805-8000  
TTY/TDD (877) 866-8476  
www.westerndentalsn.com

What is the cost for dental services?  
For individuals with no cost full-scope coverage, services that are included in the Medi-Cal Dental Program’s scope of benefits are provided at no cost (a $1 co-payment may be required—see table above). However, recipients with full scope Share of Cost Medi-Cal are responsible for any Share of Cost amount for dental services.

Where can families get more information?  
Families can contact Denti-Cal by calling the Telephone Service Center 1-800-322-6384 (Hearing Impaired/TTY 1-800-735-2922). The best time to call Denti-Cal is 8:00 a.m. to 10:00 a.m., Monday – Friday. Families enrolled in Medi-Cal dental managed care can also contact their dental managed care plan for more information.

Denti-Cal  
California Medi-Cal Dental Program  
P.O. Box 15539, Sacramento, CA 95852-1539
Healthy Families Program (HFP)

The Healthy Families Program (HFP) provides low-cost health insurance for children. With HFP, families pay small amounts each month, called premiums, to receive comprehensive health, dental and vision coverage for their children. For more information about HFP eligibility and application, see “The Healthy Families Program” chapter 4.

What dental benefits are covered?
Healthy Families offers comprehensive dental services all members. The following chart summarizes the dental benefits and member costs. For a detailed statement of benefits, members should refer to their Evidence of Coverage or Certificate of Insurance.

<table>
<thead>
<tr>
<th>Dental Benefits*</th>
<th>Services</th>
<th>Costs to Member (co-payment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care (Teeth Cleanings, Topical Fluoride)</td>
<td>Every 6 months</td>
<td>$0</td>
</tr>
<tr>
<td>Fillings</td>
<td>As needed</td>
<td>$0</td>
</tr>
<tr>
<td>Sealants</td>
<td>As needed only for permanent 1st and 2nd molars</td>
<td>$0</td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td>X-rays (Bitewing, Full-mouth, and Panoramic)</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Consultations</td>
<td>$0</td>
</tr>
<tr>
<td>Major Services</td>
<td>Root canals</td>
<td>$5-$10</td>
</tr>
<tr>
<td></td>
<td>Oral surgery</td>
<td>$5-$10</td>
</tr>
<tr>
<td></td>
<td>Crowns and bridges</td>
<td>$5-$10</td>
</tr>
<tr>
<td></td>
<td>Dentures</td>
<td>$5-$10</td>
</tr>
<tr>
<td>Orthodontia Services</td>
<td>Provided to subscribers under the age of 19 through the California Children's Services Program (CCS) when condition meets the CCS program criteria</td>
<td>No charge</td>
</tr>
</tbody>
</table>

*NOTE: Benefits are provided if the insurance plan determines them to be medically necessary. The Healthy Families Program has an annual dental benefit maximum of $1500 per member. This limit does not apply in the treatment of a California Children’s Services (CCS) eligible medical condition.

How do families access services?
Once the child is enrolled in the Healthy Families Program they will also have chosen a dental plan and, in some cases, a primary care dentist. The dental plan will send the family a Member Identification Card that they will need to show when visiting the dentist. Most dental plans require members to get a referral from their primary care dentist to see a specialty dentist. Families can change plans once a year during open enrollment or by submitting a request to HFP (see “Healthy Families” page 4-4).
As of November 1, 2009, a change in state law limits dental plan choices for some families. More information about limited dental plan choice can be found online at http://healthyfamilies.ca.gov/MyHealthyFamilies/Limiting_Dental_PlanChoices_20091101.aspx.

HEALTHY FAMILIES DENTAL PLANS IN LOS ANGELES COUNTY

Access Dental
1-888-849-8440
8:00 a.m. to 6:00 p.m., Monday - Friday
English and Spanish
available for other languages

Health Net Dental
1-800-213-6991
8:00 a.m. to 5:00 p.m.

SafeGuard Dental
1-800-880-3080
6:00 a.m. – 6:00 p.m., Monday - Friday
English, Spanish; interpreter services
available for other languages

Western Dental
1-800-805-8000
8:30 a.m. to 5:00 p.m., Monday-Friday
English and Spanish; interpreter Services
available for other languages

Where can families get more information?
For information about dental coverage, families should contact their dental plan to request specific information. The dental plan contact information is located on the back of the member identification card. If families are already enrolled in HFP and have general questions about coverage, they can call HFP directly at 1-866-848-9166, Monday to Friday, 8:00 a.m. to 8:00 p.m., and Saturday, 8:00 a.m. to 5:00 p.m. Information about Healthy Families can be found online at www.healthyfamilies.ca.gov.
Kaiser Permanente Child Health Plan (KPCHP)

Kaiser Permanente Child Health Plan (KPCHP) provides affordable health, vision and dental coverage to children who are not eligible for other healthcare coverage such as Medi-Cal, Healthy Families, California Children’s Services (CCS) or coverage that is paid for, in any part, by an employer. For more information about KPCHP eligibility and application, see “Kaiser Permanente Child Health Plan” chapter 5.

What dental benefits are covered?
KPCHP offers full dental coverage through the DeltaCare Program, administered by PMI, the HMO affiliate of Delta Dental. Here are some examples of what is covered and the cost to the member:

<table>
<thead>
<tr>
<th>Dental Benefits</th>
<th>Costs to Member (co-payment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive oral evaluation - new or established patient</td>
<td>No Cost</td>
</tr>
<tr>
<td>Intraoral radiographs - complete series (including bitewings)</td>
<td>No Cost</td>
</tr>
<tr>
<td>limited to 1 series every 24 months</td>
<td></td>
</tr>
<tr>
<td>Prophylaxis cleaning - child</td>
<td>No Cost</td>
</tr>
<tr>
<td>limited to 1 per 6-month period</td>
<td></td>
</tr>
<tr>
<td>Topical application of fluoride (prophylaxis not included) - child to age 19</td>
<td>No Cost</td>
</tr>
<tr>
<td>1 per 6-month period</td>
<td></td>
</tr>
<tr>
<td>Sealant - per tooth limited to permanent molars through age 15</td>
<td>$10</td>
</tr>
<tr>
<td>Amalgam - one surface, primary or permanent</td>
<td>$2</td>
</tr>
<tr>
<td>Extraction, coronal remnants - deciduous tooth</td>
<td>$5</td>
</tr>
</tbody>
</table>

NOTE: Orthodontic services are not covered. For a more complete listing of covered benefits and member costs, refer to the DeltaCare description of benefits and co-payments.

How do families access services?
During the application process, families will be automatically enrolled in DeltaCare USA and assigned a dentist in their area who is accepting new patients. Families will receive a DeltaCare USA membership packet in the mail within four to six weeks of enrollment in KPCHP. The family will have to show the child’s member card when visiting the dentist. Families can change dentists by contacting DeltaCare USA at 1-800-422-4234.

Where can families get more information?
Additional information or questions about the DeltaCare USA program may be obtained by calling 1-800-422-4234 Monday through Friday, 5 a.m. to 6 p.m., or visiting their website: www.deltadentalins.com. A complete listing of dental providers can be obtained from DeltaCare.
Healthy Kids (Los Angeles County)

Healthy Kids is a program in Los Angeles County to provide free or low-cost healthcare coverage to children who do not qualify for no-cost full-scope Medi-Cal or Healthy Families. In Los Angeles County, the Healthy Kids Program is administered by L.A. Care Health Plan. For more information about Healthy Kids eligibility and application, see “Healthy Kids” chapter 6.

What dental benefits are covered?
Healthy Kids offers comprehensive dental benefits provided through SafeGuard Dental. Below is a summary of covered benefits. For questions about benefits, members should contact SafeGuard Dental directly and must provide their member number to get information about their plan.

<table>
<thead>
<tr>
<th>Dental Benefits</th>
<th>Services</th>
<th>Costs to Member (co-payment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care (Teeth Cleanings, Topical Fluoride)</td>
<td>Every 6 months</td>
<td>$0</td>
</tr>
<tr>
<td>Fillings</td>
<td>As needed</td>
<td>Up to $5*</td>
</tr>
<tr>
<td>Sealants</td>
<td>As needed only for permanent 1st and 2nd molars</td>
<td>$0</td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td>X-rays (Bitewing, Full-mouth, Panoramic)</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Consultations</td>
<td>$0</td>
</tr>
<tr>
<td>Major Services</td>
<td>Root Canals</td>
<td>$5 per canal</td>
</tr>
<tr>
<td></td>
<td>Oral surgery (including local anesthesia and post-operative care)</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Crowns</td>
<td>$5*</td>
</tr>
<tr>
<td></td>
<td>Dentures</td>
<td>$5</td>
</tr>
<tr>
<td>Orthodontia Services</td>
<td>Provided to subscribers under the age of 19 through the California Children's Services Program (CCS) when condition meets the CCS program criteria</td>
<td>$0</td>
</tr>
</tbody>
</table>

*There may be an additional charge for precious and semi-precious metal.

How do families access services?
A child’s eligibility for dental benefits begins on the first day after the child’s eligibility for the Healthy Kids program is approved. The family will receive a separate membership identification card from SafeGuard Dental. They must show this card when visiting the dentist.

What is the cost for dental services?
Children receive covered dental services at no- or low-cost.

Where can families get more information?
Contact SafeGuard Dental at 1-800-880-3080 or LA Care Member Services Department at 1-888-839-9909.

National Health Foundation- Rev. April 2011
CaliforniaKids

CaliforniaKids is a private, non-profit program that provides low-cost preventive and primary health care benefits to children ages 2-18. For more information about CaliforniaKids eligibility and application, see “CaliforniaKids” chapter 6.

What dental benefits are covered?
CaliforniaKids covers preventive diagnostic and restorative services. Dental services are administered by SafeGuard Dental Plan and all dental services must be approved by SafeGuard. When receiving treatment provided by the child’s SafeGuard general dentist, the following benefits and co-payments apply.

<table>
<thead>
<tr>
<th>Dental Benefits</th>
<th>Services</th>
<th>Costs to Member (co-payment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>Teeth cleaning (2 times every 12 months)</td>
<td>$15</td>
</tr>
<tr>
<td></td>
<td>Topical fluoride (2 times every 12 months)</td>
<td>$2</td>
</tr>
<tr>
<td></td>
<td>Sealant</td>
<td>$15 per tooth</td>
</tr>
<tr>
<td>Fillings</td>
<td>Amalgam (silver filling)</td>
<td>$4-$17*</td>
</tr>
<tr>
<td></td>
<td>Resin-based composite (white filling)</td>
<td>$17-$25*</td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td>X-rays (intraoral complete series)</td>
<td>$10</td>
</tr>
<tr>
<td></td>
<td>Consultations</td>
<td>$5</td>
</tr>
<tr>
<td>Major Services</td>
<td>Crowns</td>
<td>$95 for primary tooth $110 for permanent tooth</td>
</tr>
<tr>
<td>Oral &amp; Maxillofacial Surgery</td>
<td>Extraction, erupted tooth or exposed root</td>
<td>$8</td>
</tr>
<tr>
<td>Other services</td>
<td>Palliative (emergency) treatment of dental pain-minor procedure</td>
<td>$35</td>
</tr>
<tr>
<td>Orthodontia Services</td>
<td>Provided to subscribers under the age of 19 through the California Children’s Services Program (CCS) when condition meets the CCS program criteria</td>
<td></td>
</tr>
</tbody>
</table>

*Co-payment varies based on the number of surfaces filled.

How do families access services?
The child will be enrolled in CaliforniaKids SafeGuard Dental Plan and must choose a Safeguard General Dentist. If families choose to receive treatment from a SafeGuard contracted specialty care provider, the co-payment will be 75% of that provider’s usual fee for the services. A list of contracted dentists is available through the online directory at www.safeguard.net.

Where can families get more information?
Contact SafeGuard Dental at 1-800-800-1800 or CaliforniaKids at 818-755-9700.
Child Health and Disability Prevention (CHDP) Program

The Child Health and Disability Prevention (CHDP) program is a federal and state supported preventive healthcare program that provides free health check-ups for infants, children, teens, and young adults in low-income families. CHDP helps identify and prevent health problems, links children with treatment, education and support services when needed, and encourages families to seek preventive health care.

CHDP Gateway is an enrollment process that allows families to temporarily enroll their children into Medi-Cal through an online automated system. This enrollment process occurs when a child visits a CHDP provider for a physical examination. Eligible children will receive temporary fee-for-service, full scope no-cost Medi-Cal coverage. Families must complete a Medi-Cal/Healthy Families application to continue receiving healthcare coverage. For more information about CHDP and CHDP Gateway eligibility and enrollment, see “Programs with Special Focus” chapter 7.

What dental benefits are covered?

At a CHDP physical examination, the doctor will complete a head-to-toe exam including a dental screening. If the child has an oral health problem, the doctor can provide a referral to a dentist. The doctor is required to refer the child to the dentist by age 3, but parents/caregivers can request that their child be referred to a dentist at an earlier age.

If the child is enrolled in temporary full scope no-cost Medi-Cal through the CHDP Gateway, they will receive the same benefits offered under full-scope no-cost Medi-Cal, including comprehensive dental services. Temporary Medi-Cal coverage through CHDP covers the month in which the child is enrolled and the following month.

How do families access services?

Services are provided by physicians or clinics that are “Enrolled CHDP Providers.” The local CHDP program will assist families with obtaining diagnostic and treatment services for dental problems identified during the health assessment. Children can get no-cost treatment for conditions or problems found during the exam. The child will receive a referral to visit either a county comprehensive health center or a Medi-Cal/Denti-Cal provider depending on the child’s type of healthcare coverage. The referral must be taken to the visit with the dental provider.

Children with temporary full-scope Medi-Cal through CHDP Gateway who need follow-up dental care can visit a county comprehensive health center or any Medi-Cal/Denti-Cal provider. When visiting a county comprehensive health center, the family must bring the PM 160 (screening report) and PM 161 (referral form). When visiting a Medi-Cal/Denti-Cal provider, the family must either bring the PM 160 with the referral slip from the referring CHDP provider.

Children with CHDP services only who need dental care will be referred to a Los Angeles County Clinic. When visiting the clinic, the family must bring both the PM 160 and PM 161.
What is the cost for dental services?
If the child is referred for treatment or services for an oral health problem or condition, he/she is eligible for those services at no cost. The family must show copies of the PM 160 (screening report) and PM 161 (referral form) or families must show the child’s temporary BIC card or a receipt with the BIC number. Children enrolled in temporary full scope no-cost Medi-Cal through CHDP receive dental benefits covered by Medi-Cal at no cost.

Where can families get more information?
For more information about CHDP and to find a Los Angeles County CHDP provider near you, call 1-800-933-2437 or visit http://publichealth.lacounty.ca.gov/cms/CHDP.htm.