



# LETICIA CASTILLO

## 58TH ASSEMBLY DISTRICT

### **Assembly Bill 1717: Medi-Cal dental reimbursement: house/extended care facility call.**

#### **SUMMARY**

AB 1717 improves access to dental care for Medi-Cal patients by requiring the Department of Health Care Services (DHCS) to increase the reimbursement base rate for CDT Code D9410 (House/Extended Care Facility Visit) to better reflect the reasonable travel costs associated with delivering dental services in homes, skilled nursing facilities, and other extended-care settings. By aligning reimbursement with the actual cost of providing mobile care, the bill addresses a key barrier that limits access to oral health services for non-ambulatory and medically complex Medi-Cal beneficiaries.

#### **BACKGROUND**

Medi-Cal serves some of California's most vulnerable residents, including older adults, individuals with disabilities, and those living in skilled nursing and long-term care facilities. Many of these patients are unable to travel to traditional dental offices and rely on mobile or portable dental providers who deliver care directly where they live.

Under current Medi-Cal policy, CDT Code D9410—used to cover travel, setup, and coordination costs for these off-site visits—is reimbursed at just \$20 per visit. This rate has remained unchanged for decades and does not reflect real-world costs such as travel time, transportation of equipment, coordination with facility staff, or longer appointment times for medically complex patients.

As a result, many dentists and Registered Dental Hygienists in Alternative Practice (RDHAPs) cannot sustainably provide mobile services to Medi-Cal patients. This lack of access contributes to untreated dental disease, pain, poor nutrition, and avoidable emergency department utilization for dental-related conditions.

#### **ISSUE**

California continues to face significant disparities in oral health outcomes among individuals in skilled nursing facilities and other congregate care settings. These populations experience higher rates of untreated decay, tooth loss, and functional limitations, largely due to limited access to on-site dental care.

The current D9410 reimbursement structure fails to account for the additional costs associated with mobile dental care, including travel, equipment setup, coordination with care teams, and extended visit times. Without adequate reimbursement, providers are disincentivized from offering these services, leaving vulnerable patients without access to preventive and routine care.

#### **THE BILL**

AB 1717 adds Section 14132.87 to the Welfare and Institutions Code and requires DHCS to:

- Increase the Medi-Cal reimbursement base rate for CDT Code D9410 (House/Extended Care Facility Visit) to better reflect the reasonable travel costs associated with delivering care in a patient’s residence or care facility.
- Allow implementation through provider bulletins, plan letters, or similar guidance without requiring formal regulatory action, enabling timely updates.
- Implement the changes subject to legislative appropriation, necessary federal approvals, and the availability of federal financial participation.

By improving reimbursement for mobile dental services, AB 1717 is expected to increase provider participation and expand access to care for patients who are unable to travel to traditional dental settings. Improving access to preventive and routine dental care can help reduce untreated disease, improve quality of life, and avoid more costly emergency interventions.

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