



Policy & Procedure

Company:	ODS Community Dental	Reference Number:	QI-603
Department:	Dental Services		
Business unit:	Dental Medicaid	Category:	Quality Improvement
Title:	Care for Members with Special Needs		
Origination Date:	10/93	Original Effective Date:	10/93
Revision Effective Date:	12/96, 6/97, 6/98, 6/00, 12/02, 10/03, 10/04, 12/05, 12/06, 4/08, 6/09, 6/10, 6/11, 6/12, 6/13, 6/14	Published Date:	10/93
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State (select all boxes applicable to this policy) <input type="checkbox"/> Alaska <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington Product (check all boxes applicable to this policy) <input checked="" type="checkbox"/> Dental <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Vision <input type="checkbox"/> Other _____ Type of Business (check all boxes applicable to this policy) <input type="checkbox"/> Commercial Group <input type="checkbox"/> Commercial Individual <input type="checkbox"/> Exchange Business <input type="checkbox"/> EOCCO <input checked="" type="checkbox"/> OHP <input type="checkbox"/> Medicare <input type="checkbox"/> ASO/ Self-funded <input type="checkbox"/> Other _____			

I. Policy Statement and Purpose

ODS Community Dental accepts Oregon Health Plan (OHP) clients regardless of their health status at the time of enrollment. ODS Community Dental ensures that our OHP members who are aged, blind, and/or disabled have access to dental care and referral, and accommodation under the Americans with Disabilities Act. We make provisions for special needs members who, due to physical, emotional, mental, or medical limitations, cannot travel to a dentist’s office to receive dental care. ODS works with the appropriate caregivers and staff in residential care facilities or homes providing ongoing care to ensure these members have timely and appropriate access to dental care.

II. Definitions

A. Special Need

1. Having complex medical needs; being aged, blind, or disabled; or having other special health care needs.

B. Special Health Care Need

2. Having high health care needs, multiple chronic conditions, mental illness, substance use disorders, functional disabilities, and/or living with health or social conditions that place them at risk for developing functional disabilities (e.g., serious chronic illnesses or certain environmental risk factors, such as homelessness or family problems, that may lead to the need for placement in foster care).

III. Procedures

C. Physical Access Expectations for Providers

ODS Community Dental expects dental providers to ensure appropriate physical access in accordance with the Americans with Disabilities Act (ADA). Practitioner accommodations include the following, as it applies to the ADA:

- a. Disabled parking spaces are identified
- b. Disabled parking spaces available
- c. Street level access or accessible ramp into facility
- d. Doors with levered hardware or other special adaptation for wheelchair access
- e. Elevators operable from wheelchair
- f. Wheelchair access to examination room
- g. Wheelchair access to lavatory

D. Guidelines for Members with Special Needs

The following guidelines apply to members with special needs:

1. Prioritize and Arrange Treatment
 - a. A member with a special need is identified by the coverage code and information received from the member, family, providers, and caregivers.
 - b. An ODS customer service representative documents the request on an OHP Dental Referral Request Form. The form is forwarded to an OHP coordinator for follow-up.
2. OHP Coordinator Steps
 - a. Documents the referral on the OHP Dental Case Management Database and the ODS Central Claims Processing System.
 - b. Contacts the member or caregiver to coordinate the member's dental care.
 - c. Reviews the service requested and whether the member is in pain in order to appropriately prioritize the referral. ODS contracts with dental providers to provide care to the OHP members who, due to physical, emotional, mental, or medical limitations, require hospital or general anesthesia for treatment to be completed.
3. Additional OHP Coordinator Steps for Members Unable to Travel
 - a. If the member is unable to travel, the OHP coordinator refers the member information to the provider who has agreed to see the member. ODS contracts with dental providers to provide mobile care to OHP members who live at home, in a residential care facility, or at a group home and are unable to travel. The provider's office is responsible for arranging an appointment at the appropriate location.
 - b. When a participating or contracted provider is not available, ODS contacts a non-participating provider to provide the services through a one-time member agreement.
4. Members Unable to Authorize Treatment
 - a. When a member is unable to authorize needed treatment on their own, OHP Dental Services Rules require an Informed Consent Form be signed by the member's legal guardian. When there is no legal guardian, the staff member or doctor at the facility where the member resides (e.g., residential care

facility or group home) who has the legal right to consent to treatment, must sign a Consent to Treat Form. No services can be provided without this form.

5. Follow-Up for Members with Special Health Care Needs
 - a. OHP Coordinators conduct appropriate monthly follow up with members with special health care needs to determine if they have scheduled appointments or were seen recently.

IV. Monitoring

The OHP Dental Case Management team shares quarterly reports on the number of and reasons for referrals processed by ODS Community Dental on behalf of special needs members to the Dental Quality Improvement Committee (DQIC). Additionally, the OHP Dental Services team provides quarterly reports to the DQIC on referrals for members with special needs who are unable to travel to the dentist’s office. These reports ensure our members have access to appropriate dental care and that referrals are completed in a timely manner.

The DQIC reviews member complaints quarterly, identifies areas for improvement, and implements appropriate interventions when necessary.

Physical access complaints are reported to the ODS credentialing department where the complaint is noted in the provider’s credentialing files.

V. Related Policies & Procedures, Forms and References

Policies and Procedures

OHP Dental Access Policies and Procedures

Forms

OHP Dental Referral Request Form

Consent to Treat Form

Informed Consent Form

References

410-141-0220 (1) (b) (C) (7) (d) (C) (i-iv)

VI. Revision Activity

New P & P /Change / Revision and Rationale	Final Review/Approval	Approval date	Effective Date of Policy/Change
Annual review – updated on new company policy	DQIC	6/12/15	6/1/15
Annual review – added definition section	DQIC		6/1/16
Annual review – no changes	DQIC	6/9/17	6/1/17
Annual review – no changes	DQIC	6/8/2018	6/1/2018
Annual review – Updated logo, renamed policy, and underwent policy consolidation, which combined the following policies: OHP Dental Access – Care for Members with Special Needs, OHP Dental Access – Care for Special	DQIC	8/9/19	7/1/19

Needs Members Who Cannot Travel, and OHP Dental Access – Physical Access Americans with Disabilities Act). These policies have been archived.			
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VII. Affected Departments:

OHP Customer Service, Dental
Professional Relations, Dental