NODS		Policy & Procedure					
Company:	ODS Community Dent	al	Reference Number:	QI-603			
Department:	Dental Services						
Business unit:	Dental Medicaid		Category:	Quality Improvement			
Title:	Care for Members with Special Health Care Needs						
Origination Date:	10/93		Original Effective Date:	10/93			
Revision Effective Date:	12/96, 6/97, 6/98, 6/ 12/02, 10/03, 10/04, 12/05, 12/06, 4/08, 6/09, 6/10, 6/11, 6/1 6/13, 6/14, 6/21, 12/ 4/24	2,	Published Date:	10/93			
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State (select all boxes applicable to this policy) □ Alaska ☑ Oregon □ Washington Product (check all boxes applicable to this policy) ☑ Dental □ Medical □ Pharmacy □ Vision □ Other							
Type of Business (check all boxes applicable to this policy) ☐ Commercial Group ☐ Commercial Individual ☐ Exchange Business ☐ EOCCO ☒ OHP ☐ Medicare							

I. Policy Statement and Purpose

☐ Other

☐ ASO/ Self-funded

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 provided under the Americans with Disabilities Act. We make provisions for special health care needs members who, due to physical, emotional, mental, or medical limitations, cannot travel to a dentist's office, or require special assistance 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 covered dental services.

II. Definitions

A. Special Health Care Needs

Having complex or high health care needs; multiple chronic conditions, mental illness or Substance Abuse Disorders and have a functional disability such as being aged, blind, or disabled; 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) or are part of the prioritized population as defined in 410-141-3870.

B. Prioritized Populations

individuals who:

- (a) Are older adults, individuals who are hard of hearing, deaf, blind, or have other disabilities;
- (b) Have complex or high health care needs, or multiple or chronic conditions, or SPMI, or are receiving Medicaid-funded long-term care services and supports (LTSS);
- (c) Are children ages 0-5:
- (d) Showing early signs of social/emotional or behavioral problems, or
- (e) Have a Serious Emotional Disorder (SED) diagnosis;
- (f) Are in medication assisted treatment for SUD;
- (g) Are women who have been diagnosed with a high-risk pregnancy;
- (h) Are children with neonatal abstinence syndrome;
- (i) Children in Child Welfare;
- (i) Are IV drug users;
- (k) People with SUD in need of withdrawal management;
- (I) Have HIV/AIDS or have tuberculosis;
- (m) Are veterans and their families; and
- (n) Are at risk of first episode psychosis, and individuals within the Intellectual and developmental disability (IDD) populations.

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

III. Procedures

A. Guidelines for Members with Special Health Care Needs

The following guidelines apply to members with special health care needs:

1. Prioritize and Arrange Treatment

- a. A member with a special need is identified by the coverage code, information received from the member, family, providers, and caregivers, the CCO Health Risk Screening, if applicable.
- 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 in the OHP Dental Case Management Database.
- b. Contacts the member or caregiver to coordinate the member's medical/ dental care.
- c. Coordinate care with the members physical health plan and or behavioral health plan.
- d. Reviews the service requested/needed and whether the member is in pain to appropriately prioritize the referral. ODS contracts with dental providers to provide care to 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. Contacts the member or caregiver to coordinate the member's medical/ dental care. If the member is unable to travel for any reason, the OHP coordinator sends a request to the dental hygienist or dental clinician on staff to perform a telehealth appointment.
 - a. If the member can travel to other appointments, the OHP Coordinator assists with arranging non-emergent medical transportation for members who are able to travel but assistant is needed.
- b. 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.
- c. 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.
- d. If the member requires treatment in a hospital or clinical setting, the OHP Coordinator will connect the member or caregiver with the transportation services and a referral to a provider with hospital access.

4. Follow-Up for Members with Special Health Care Needs

a. OHP Coordinators conduct appropriate follow up, as needed, with members with special health care needs to determine if they have scheduled appointments or were seen recently.

NOTE: Members Unable to Authorize Treatment

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.

B. Monitoring

1. The ODS Dental Case Management Team maintains a report of all their case management activities and meets regularly to review and discuss any issues. The team also shares reports on prioritized populations (such as, DHS metric for foster children, and ED utilizers) and referrals to the Dental Quality Improvement Committee (DQIC) for review. Referral reports are also generated and submitted to CCO partners on a quarterly basis. Members with special health care needs referrals are identified in Facets reports of subscriber member notes. The DQIC also reviews member complaints quarterly for persistent or significant problems regarding members with special health care needs. The Committee identifies areas for improvement and implements appropriate interventions.

IV. Related Policies & Procedures, Forms and References

Policies and Procedures

OHP Dental Access Policies and Procedures

Forms
OHP Dental Referral Request Form

References

410-141-3515

410-141-3860

410-141-3865

410-141-3870

V. 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 Needs Members Who Cannot Travel, and OHP Dental Access – Physical Access Americans with Disabilities Act). These policies have been archived.	DQIC	8/9/19	7/1/19
Annual Review- change policy title to Care for Members with Special Health Care Needs. Edited definitions of Special Health Care Need and prioritized population and added physical access expectations. Specified use of Dental Health Risk Screening and removed use of ODS Central Claims Processing System. Added monitoring section with various reports and activities and changed members unable to authorize treatment as a note instead of within procedures. Also updated OAR's.	DQIC	6/11/21	6/11/21
Annual review – no changes	DQIC	12/9/2022	12/9/2022
Annual review – no changes	DQIC	10/13/202	10/13/2023
Annual Review-Updated numbering in Definition section. Updated III.	DQIC	4/12/24	4/12/24

Procedures sections A. 2. and 3. to		
reflect the current process of OHP		
Coordinators. Updated OAR's.		

VI. Affected Departments:

OHP Customer Service, Dental Professional Relations, Dental Dental Case Management