PLAN OPERATIONS

Advantage Dental
From DentaQuest

Policy and Procedure

Policy Name:	**Care Coordination**	Policy ID:	**PLANCG-07**
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PURPOSE

To establish the Dental Care Organization's (DCO) care coordination program, in which enrollees can receive additional support in accessing dental and health care services in an effective, coordinated manner.

POLICY

The DCO's Care Coordination Department oversees its care coordination program. Care coordination involves the timely coordination of dental and health care services to meet an enrollee's specific needs in a cost-effective manner that ensures continuity and quality of care and promotes positive outcomes. Care Coordinators serve as patient advocates, while at the same time assuring appropriate use of resources. Care coordination is a collaborative process between the enrollee, the DCO, and providers, and requires the cooperation of all parties to achieve success. The DCO's Care Coordination Department ensures a consistent and confidential flow of information among the variety of health care services and access points to arrive at positive treatment outcomes for enrollees. The DCO is committed to the use of individual care plans to the extent feasible to address the supportive, therapeutic, and cultural and linguistic oral health of each enrollee, particularly those with intensive care coordination health needs.

The Care Coordination Department will facilitate requests for enrollee care coordination from any person or entity making such request, including, but not limited to the Enrollee Services Department, through the grievance system, from PCDs and other healthcare providers, from care facilities, CCOs, the Oregon Health Authority, or any other Managed Care Entity.

The DCO is committed to providing care coordination services for all of its enrollees, including care coordination across the spectrum of health care services and at alternative access sites (ex. home settings, hospitals, and alternative care facilities). The DCO Care Coordination Department consults with the DCO Vice President of Clinical Services, or their designee who is a licensed dentist, on all care coordination cases that are clinical in nature.

The DCO ensures that in coordinating care, the enrollee's privacy is protected in a manner consistent with the confidentiality requirements in 45 CFR parts 160 and 164 subparts A and E (to the extent that they are applicable), and consistent with State laws and federal regulations governing privacy and confidentiality of health records.

The DCO provides culturally and linguistically appropriate services and supports, in locations as geographically close as possible, to where the enrollee resides or seeks services. The DCO offers coordination of access to providers (including physical health, behavioral health, mental health and substance use disorders, and oral health) within the delivery system network that are, if available, offered

in non-traditional settings that are accessible to families, diverse communities, and underserved populations.

1. The DCO is committed to care coordination and integration activities including, but not limited to:
    a. Enhanced communication and coordination between Coordinated Care Organizations (CCOs), the Oregon Health Authority (OHA), mental health and Substance Use Disorders (SUD) providers and PCDs;
    b. Implementation of integrated prevention, early Intervention, and wellness activities;
    c. Development of infrastructure support for sharing information, coordinating care, and monitoring results;
    d. Use of screening tools, treatment standards, and guidelines that support integration;
    e. Support of a shared culture of integration across service delivery systems.

2. Typical examples of oral health care coordination include but are not limited to:
    a. A dental hygienist notifying a medical provider when discussions with the enrollee indicate they are symptomatic of diabetes.
    b. A dentist's discussion and/or discussion plus hand-off of the enrollee to a tobacco cessation counselor.
    c. A referral to an oral surgeon when an oral health exam identifies possible disease of the mouth, including cancerous lesions.
    d. A Care Coordinator ensuring that the primary care dentist is informed of the outcome of their patient's hospital surgery so that the dentist can support the patient's recovery.

3. The DCO shall provide all of the elements of oral health care coordination on behalf of its enrollees, and, in doing so, shall:
    a. Support the appropriate flow of relevant information to manage enrollee care and, in the absence of full health information technology capabilities, implement a standardized approach to effectively plan, communicate, and implement transition and care planning and follow-up.
    b. The DCO utilizes a Care Profile for all enrollees that includes:
        i. The enrollee’s identifying and demographic information;
        ii. The enrollee’s communication preferences and needs (e.g. preferred language, method of communication, Alternate Formats, Auxiliary Aids and Services);
        iii. The enrollee's care team, along with their contact information, role, and any assigned Care Coordination Responsibilities. This includes but is not limited to: The person or team formally designated by the CCO as primarily responsible for coordinating the services accessed by the enrollee (if available); all providers serving the enrollee, including, at minimum, their PCD; and the appropriate individuals from all entities serving the enrollee;
        iv. The enrollee’s needs, goals and preferences determined on an initial and ongoing basis;
        v. Any open or closed Care Plans for oral health services; and
        vi. An overview of the supports, services, activities, and resources deployed to meet the enrollee’s identified needs.
    c. Upon a change in health-related circumstances, the DCO will update the enrollee’s Care Profile, determine if the development of a Care Plan is warranted, and document the outcome and actions of the determination.
    d. With support from OHA and/or CCO partners, work with Providers to develop the partnerships necessary to allow for access to, and coordination with, community and social and support providers.

e. Develop culturally and linguistically appropriate tools that providers may use to assist in educating enrollees about roles and responsibilities in communication and care coordination.
f. Use evidence-based practices and innovative strategies to ensure coordinated and integrated person-centered care for all enrollees, including those with severe and persistent mental illness, Special Health Care Needs, or other chronic conditions, who receive home and community-based services under Section 1915(i), the States Plan Amendment, or any LTSS through DHS.
g. Encourage and work with its providers to develop the tools and skills necessary to communicate in a culturally and linguistically appropriate fashion and to integrate the use of Health Information Exchange (HIE) and event notification.
h. Provide enrollees with adequate and appropriate access to PCDs for oral health services.
i. Provide enrollees with adequate, timely and appropriate access to specialty and outpatient hospital/ASC services. The DCO's service agreements with specialty and outpatient hospital/ASC providers will:
    i. address the coordinating role of patient-centered oral health care;
    ii. specify processes for requesting outpatient hospital/ASC admission or specialty services; and
    iii. establish performance expectations for communication and dental/dental records sharing for specialty treatments: (a) at the time of outpatient hospital/ASC admission or (b) at the time of hospital/ASC discharge for the purpose of facilitating after-outpatient hospital/ASC follow up appointments and care.
j. Maintain documentation demonstrating that enrollees have been informed of the various components of the delivery system, and received as applicable:
    i. Access to a consistent and stable relationship with an oral health care team that is responsible for comprehensive care management and transitions;
    ii. Assistance in having their supportive and therapeutic needs addressed in a holistic fashion, using patient centered primary care homes and individualized care plans to the extent feasible;
    iii. Assistance in navigating the health care delivery system; and
    iv. Health risk screenings, as appropriate.

PROCEDURES

1. **Intensive Care Coordination for Enrollees with Special Health Care Needs**
Care coordination can exist as a single referral or may be more expansive in scope, especially in circumstances where the enrollee has been identified and/or assessed as having Special Health Care Needs. Through its Care Coordination Department, the DCO provides care coordination services in circumstances where enrollees with Special Health Care Needs require enhanced oversight of services and/or care, which may or may not include integration of care with other care providers beyond oral health care. The DCO has a mechanism in place to allow an enrollee direct access to a specialist through a standing referral as appropriate for the enrollee's oral health condition and identified needs. The DCO offers intensive care coordination services to all enrollees, including those who are aged, blind, disabled or who have complex medical needs, including enrollees with severe and persistent mental illness.

Not all enrollees with Special Health Care Needs require care coordination services. In some situations, care coordination of an enrollee that had not been previously identified as exhibiting Special Health Care Needs may be required. The DCO prioritizes working with enrollees who have high health care needs such as multiple chronic conditions and mental illness or Substance Use Disorders. The DCO actively engages such enrollees in accessing and managing appropriate

preventive, remedial and supportive care and services to reduce the use of avoidable emergency room visits and hospital admissions.

2. Care Plans

The DCO's care coordination efforts include a care management assessment and the development of a care plan. The care plan may include access to a comprehensive directory of network providers, referral providers, community providers and alternative care settings necessary for the delivery of covered services to enrollees. In the event the DCO's network does not offer providers that can meet the needs of enrollees, it will refer its enrollees to a qualified non-participating provider.

The DCO arranges for dental care management for all enrollees through the enrollee's primary care dental home. The DCO has adopted a standardized caries risk assessment tool and urges all Primary Care Dentists (PCDs) to complete initial caries risk assessments and ongoing reevaluation during recall and periodic dental visits. When the DCO determines that an enrollee requires an enhanced level of care, such as having Special Health Care Needs, the enrollee is referred to the DCO's Care Coordination Department. The Care Coordination Department will collaborate with the providers involved to develop a care plan for the enrollee, with the enrollee's participation. This includes the enrollee's PCD and any specialist caring for the enrollee. care coordination services are provided in a consistent and confidential manner to ensure that the enrollee receives the necessary care under a care plan, and that the encounter between provider and enrollee results in a positive health experience. Each care plan is individual to the enrollee and generally requires the following elements:

a. Assessment of individual needs through the collection of health data, either through health records, input from contacts, enrollee interviews and/or communications with an enrollee's support system, including family, friends, or other care providers.
b. Development of an individualized plan through identification of needed services and treatment that address the enrollee's supportive and therapeutic needs.
c. Monitoring services and treatments in real time to confirm consensus among providers with the goal of identifying and correcting any gaps in treatment.
d. Facilitation, implementation, and coordination of providers' services to ensure seamless integration of care.
e. Assess enrollee satisfaction and compliance with services, providing a benefit value snapshot to quality of life.
f. Documentation of activities, services, and outcomes.
g. Report outcomes, on-going condition of care to the legally responsible parties.
h. The enrollee's preferences and goals, and if applicable, family or caregiver preference and goals to ensure engagement and satisfaction and ensure authorization of services.

The Care Plan is developed, or revised if needed:

a. In alignment with the enrollee's needs, goals, preferences, and circumstances as detailed in the care profile;
b. By incorporating information from any relevant assessments, treatment and service plans from providers involved in the enrollee's care, and if appropriate and with consent of the enrollee or the enrollee's representative or guardian, information provided by community partners including traditional health care workers;
c. In consultation with any other provider, case manager, traditional health care worker, or entity providing services to, or coordinating care for, the enrollee;
d. In consultation with a clinician that has the appropriate qualifications and clinical practice history to review and revise the Care Plan considering the enrollees' complex physical, developmental, behavioral or dental health care needs;
e. In accordance with a enrollees updated risk level when provided by the CCO;

f. With the enrollee, their representative or guardians' participation to the extent they desire or are able. The enrollee, their representative or guardian may be satisfied with and understand the Care Plan, including any of their own roles and responsibilities.

Open Care Plans are reviewed and revised at least annually until closure, or

a. When an enrollee, enrollee representative or guardian, or any provider serving the enrollee requests a review and revision; or
b. Upon a change in health-related circumstances or functional needs of the enrollee.

Open Care Plans are closed and the enrollee continues with Care Profile tracking only when requested by the member, their representative or guardian; or no longer warranted by the member's risk category or circumstances; or there is no contact with the enrollee, their representative or guardian after a minimum of three (3) attempts of outreach, utilizing at least two mixed modalities (e.g., telephonic, text, email, letter) over a sixty (60) day period , and with consultation and agreement of all available care team members.

Enrollees with difficulty communicating due to a medical condition, who need accommodation due to a disability, who have limited English proficiency, who are living in a household where there is no adult available to communicate in English, or there is no telephone, will be identified and services will be tailored to their individual needs.

3. Assessment and Interventions

The DCO's Care Coordination Department is responsible for the care coordination and monitoring of an enrollee's dental needs. When the DCO learns that an enrollee may require an enhanced level of care, the DCO's Care Coordination Department will begin the assessment. An assessment is conducted to identify potential medical, mental health, chemical dependency, oral health and social service needs and enrollees with Special Health Care Needs. As part of this process, the Care Coordination Department will provide the enrollee (orally and in writing) with information (including contact information) on the designated person or entity responsible for coordinating the services accessed by the enrollee. The letter to the enrollee will be mailed to the address on file for the enrollee within three (3) business days of the date the enrollee enters the care coordination system.

The DCO has a mechanism in place to allow an enrollee direct access to a specialist through a standing referral as appropriate for the enrollee's oral health condition and identified needs. The DCO shall ensure the services supporting enrollees with special health care needs are authorized in a manner that reflects the enrollee's ongoing need for such services and supports and do not create a burden to enrollees needing oral health medications or services to appropriately care for chronic conditions. For enrollees with requiring Care Coordination services, the DCO coordinates with the applicable CCO(s) to identify oral health services requiring direct access. This mechanism is intended to meet the CMS goal to reduce duplication of efforts with other providers and community partners and in improving outcomes for enrollees with Care Coordination needs.

4. Coordination of Care for Full Benefit Dual Eligible (FBDE) Enrollees

For FBDE enrollees, the DCO will collaborate with, social and support services as appropriate, including culturally specific community based organizations, and community-based mental health services, DHS Medicaid-funded Long Term Care Supports and Services and Home and Community Based Services, Type B Area Agencies on Aging or State APD offices in its service area, DHS Office of Developmental Disability Services, Community based developmental disability Providers and organizations and mental health crisis management services. As

appropriate these partnerships will be formalized through Service Agreements and/or Business Associate Agreements.

5. **Identification of Enrollees with Special Health Care Needs**
   Enrollees with Special Health Care Needs are identified through CCO health assessments, PCDs, specialist referrals, care coordination points, and/or upon contact from the enrollee's family or representative. Identification of enrollees with Special Health Care Needs can occur through enrollee contact with the Enrollee Services Department or through dental provider contact during the care coordination or utilization management processes. Upon identification, the DCO's Care Coordination Department works with the family or enrollee representative to ensure appropriate specialist referrals.

6. **Referral of Enrollees with Special Health Care Needs and General Care Coordination Cases**
   All complex and special needs cases will be referred to the Care Coordination Department for care coordination. Complex cases are defined as those cases where the dental condition is compromised by a medical condition, and either the care needs to be coordinated between medical and PCDs, or between the PCD and a specialty dental provider. Special needs cases are described as those enrollees with Special Health Care Needs.

7. **Referral for Care Coordination between Service Providers**
   a. PCDs initiate a request for care coordination by completing the request form online through the Provider Portal and by attaching all necessary information (x-rays, chart notes, treatment plans). All types of requests for care coordination cases (including participating specialists, out of network providers, special needs requests, and hospital) are to be submitted in this format.
   b. PCDs will ensure that the request is documented in the enrollee's dental record, along with appropriate entries in enrollee's chart notes identifying the dental procedure to be performed and the clinical basis for the procedure.
   c. PCD will maintain a comprehensive medication list, which includes all prescription medications the enrollee is taking and their medication allergies, including medications prescribed by the enrollee's PCP or specialists.
   d. Care coordination cases are to be processed within 24 hours to 7 days after PCD has requested the services dependent on the urgency of the referral.

8. **Referral for Care Coordination for Behavioral Concerns**
   a. PCDs initiate a request for care coordination by completing the request form online using the secure provider portal and by attaching all necessary information (x-rays, chart notes, treatment plans). All types of requests for care coordination cases (including behavioral issues, suspected acts of fraud, waste or abuse, and threats or acts of violence) are to be submitted in this format.
   b. PCDs will ensure that the request is documented in the enrollee's dental record, along with appropriate entries in enrollee's chart notes identifying the behavioral concern.
   c. Care coordination cases are to be processed within 24 hours to 7 days after PCD has requested the services from the DCO, dependent on the urgency of the referral.

9. **Care Coordination's Administrative Procedures**
   The Care Coordination Department is responsible for maintaining official documentation for all care coordination requests. In cases where extensive treatment is required over multiple visits, the Care Coordination Department will ensure the DCO receives provider progress reports for additional visits beyond initial approval.

The Care Coordination Department may conduct the following activities for complex and special needs cases:

a. In conjunction with the VP of Clinical Services a licensed Oregon dentist, PCD, primary care medical provider, and mental health provider, as applicable, develop a dental treatment care plan.
b. In conjunction with the VP of Clinical Services a licensed Oregon dentist, PCD, primary care medical provider, and mental health provider, as applicable, assist with coordinating delivery of dental care with the most appropriate general or specialty dentist.
c. Assist with coordinating communication between medical providers and PCDs to ensure that dental treatments do not interfere with medical treatments.
d. Monitor and reevaluate the progress of the dental treatment care plan to ensure effectiveness.
e. In conjunction with the VP of Clinical Services a licensed Oregon dentist, PCD, primary care medical provider, and mental health provider, as applicable, modify the dental treatment care plan, as indicated by updated information.
f. Report any issues affecting access, availability, and coordination of care to the VP of Clinical Services a licensed Oregon dentist for referral to the Quality Assurance and Performance Improvement Committee.

10. Monitoring

The Care Coordination Department regularly monitors care coordination files to ensure appropriate follow-up, accuracy, and case closure. The VP of Clinical Services, a licensed Oregon dentist, reviews findings of care plans, to determine whether the care plan(s) are dentally/medically appropriate and consistent with OHA/CMS guidelines and meet the requirements set forth. During the audit, the Compliance Department and VP of Clinical Services a licensed Oregon dentist meet with the Care Coordination Department Manager and update care plan protocols, as necessary, to ensure on-going quality of care. Results of the monthly audits will be presented bimonthly to the DCO Quality Assurance and Performance Improvement Committee for review.

DEFINITIONS

"Care Coordination" means the act and responsibility of CCOs to deliberately organize a enrollee's service, care activities and information sharing among all participants involved with a enrollees care according to the physical, developmental, behavioral, dental and social needs (including Health Related Social Needs and Social Determinants of Health and Equity) of the enrollee.

"**Care Coordinator**: is a single, consistent individual who (i) is familiar with (a) an Enrollee's history, strengths, needs and support system; Providers and legal status, and (b) the systems with which an Enrollee is involved; (ii) follows an Enrollee through transitions in levels of care (iii) is responsible for taking a system-wide view to ensure services are unduplicated and consistent with the Enrollee's identified strengths and needs; (iv) is responsible for ensuring that participants involved in an Enrollee's Care Coordination facilitate the appropriate health care services and support activities; and (v) fulfills the Care Coordination standards identified in CCO Contract.

"Care Plan" means a care plan that is developed for and in collaboration with the enrollee, their family, representatives or guardian; and in consultation with the enrollee's providers, community supports and

services, where applicable, to ensure continuity and coordination of a enrollee's care according to their needs.

"Care Coordination Services" means services provided to ensure that DCO enrollees obtain health services necessary to maintain physical, mental, and emotional development and oral health. Care coordination services include a comprehensive, ongoing assessment of medical, mental health, substance use disorder or dental needs plus the development and implementation of a plan to obtain or make referrals for needed medical, mental, chemical dependency, or dental services, referring enrollees to community services and supports that may include referrals to Allied Agencies.

"Special Health Care Needs" means individuals who have high health needs, multiple chronic conditions, mental illness or Substance Use Disorders and either 1) have functional disabilities, or 2) live with health or social conditions that place them at risk of developing functional disabilities (for example, serious chronic illnesses, or certain environmental risk factors such as houselessness or family problems that lead to the need for placement in foster care), or 3) are an enrollee of the Prioritized Populations listed in contracts with CCOs.

REFERENCES
OAR 410-141-3515 Network Adequacy
OAR 410-141-3860 Care Coordination: Administration, Systems and Infrastructure
OAR 410-141-3865 Care Coordination: Identification of Enrollee Needs
OAR 410-141-3870 Care Coordination: Service Coordination
OAR 410-141-3500 Definitions
OAR 410-120-000 Acronyms and Definitions 45 CFR parts 160 and 164 subparts A and E The HIPAA Privacy Rule

FORMS AND OTHER RELATED DOCUMENTS
SOP
Care Plan Form

Revision History

Date:	Description
12/17/2018	Adoption and approval.
04/23/2019	Updates based on annual review.
12/05/2019	Conversion to revised policy and procedure format and naming convention.
12/30/2020	Updates based on annual review. Elements from Case Management policy incorporated herein. Case Management policy retired.
12/30/2021	Updates based on annual review.
1/31/2022	Updates based on annual review.
11/13/2023	Updates based on annual review.
04/11/2024	Updates based on annual review.