ADVANTAGE DENTAL SERVICES, LLC
Policy and Procedure

POLICY/PROCEDURE: Case Management System

It is the primary business philosophy of DCO to:

- Establish a dental home for each enrollee, which he/she can access on a regular basis to: 1) develop a relationship with their PCD; and 2) address their dental health care needs;

- Mainstream all enrollees into a dental home from the time of enrollment; and

- While supporting enrollees in mainstreaming into a dental home, provide case management with dentists, staff, caseworkers, CCOs, etc., to those enrollees who may experience difficulty in their dental home.

New enrollees are mailed a Enrollee Handbook or Supplemental Handbook with information on: (1) how to make an appointment, (2) keeping appointments, (3) what to do in a dental emergency, (4) their rights and responsibilities, (5) the complaint and appeal procedures; and (6) instructions on how to obtain a listing of all DCO providers.

The information flows to the Case Management Department through one or more of the following:

- Customer Service – Production
- Complaints – verbal or written from enrollee/client
- Provider Offices – submission via Advantage electronic Case Management System including Special Health Care Needs Enrollees
- Care Facilities – Special Health Care Needs Enrollees
- Physician Offices
- Coordinated Care Organization - including Special Health Care Needs Enrollees
- MAP Client Services Unit
- OHP Regional Meetings
**DCO’s responsibilities are to report the following:**

- Suspected child neglect and elder abuse to appropriate authority (See Mandatory Reporting Policy and Procedure)
- Fraud and Abuse (See Fraud and Abuse Policy and Procedure)
- Contact local authorities if we suspect someone is threatening harm to themselves, providers and their staff
- Protective Services

**DCO’s Case Management System includes the following:**

- Complaint/Grievance/Appeal Process (see Grievance & Appeal Policy and Procedure)
- No Show/Missed Appointment Counseling
  - Enrollees who have frequently missed appointments or exhibit behavioral issues.
  - Provider offices will continue to report enrollees who miss appointments via the DCO’s secure web portal. Each missed appointment entered will generate a “Reminder Letter” to the enrollee regarding the importance of keeping dental appointments.
  - Providers are responsible to call and confirm all appointments for OHP Enrollees. When a enrollee has three documented missed appointments, enrollees are then scheduled for emergent/urgent care only, until contact is made by the DCO with the enrollee and there is agreement by the enrollee to keep their appointments. The DCO will continue to work with the enrollees, CCOs, caseworkers, and caregivers to achieve this goal.
  - Providers will also use the DCO’s secure web portal to refer a enrollee to Case Management.

- Behavioral Counseling
  - The goal is to help correct and educate enrollees who (1) exhibit behavioral issues, (2) have been dismissed from a dental office, (3) have special health care needs, and/or (4) commits, or threatens to commit, acts of physical violence and/or fraudulent or illegal acts.
  - The Case Management Department shall contact the enrollee either verbally or in writing, depending on the severity of the
problem, to develop an agreement regarding the issues. If contact is verbal it shall be documented in the enrollee’s record. If the severity of the problem and intervention warrants, the DCO shall develop a care plan that details how the problem is going to be addressed and/or coordinate a case conference. Involvement in a case conference may include the provider, CCO, caseworkers, enrollee, family and other appropriate agencies depending on the circumstances and the enrollee’s needs.

- Emergency Room Use for Dental (See Hospital Emergencies Policy and Procedure)
- Adverse Outcomes (See Adverse Outcomes Policy and Procedure)
- Fraud & Abuse Prevention & Detection (See Fraud & Abuse Policy and Procedure)
- Help Enrollees Arrange for Transportation, if needed, for a scheduled dental appointment. (See Transportation Policy and Procedure)
- Help Enrollees and Providers arrange for Interpreter Services (See Communication Services Policy and Procedure)
- Dismissal of Enrollee from Dental Practice (See Dismissal of Enrollee from Practice Policy and Procedure).
- Second Opinion Requests (See Second Opinion Request Policy and Procedure)
- Help Enrollees and Providers with ongoing referrals (See Referral Policy and Procedure)
- Help Enrollees with Accessing Services (See Accessibility of Services Policy and Procedure).

Special Health Care Needs (SHCN):
Definition: 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 facts such as homelessness or family problems that lead to the need for placement in foster care.) Patients shall be assessed to determine whether the meet the definition of SHCN

Patients with SHCN shall have direct access to specialists as needed for enrollees with special healthcare needs within 5 days or, if a high
priority, within 1-2 business days. See Referrals Policy and Treatment Planning & Documentation Policy.

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