| **Dental Narrative** | **Found on page:** | **Yes** | **No** | **Explanation of “No” answer/Reviewer comments** |
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| 1. A written description of all planned activities to address the Contractor’s minimum requirements, as specified in the Contractor requirements for providing dental services, including participation in community and/or quality initiatives within the communities served by the Contractor. The narrative description shall also include Contractor activities to identify member needs, coordination of care, and follow-up activities to ensure appropriate and medically necessary treatment is received in a timely and culturally competent manner. For services that are subcontracted, describe Contractor oversight. |  |  |  |  |
| 1. Description of activities that inform all participating dental providers and PCPs about dental requirements and how to monitor compliance with the requirements. This shall include informing dental providers of Federal, State and AHCCCS policy requirements for dental services and updates of new information, such as emergency and ALTCS benefits, as they become available. |  |  |  |  |
| 1. Description of activities used to identify the dental needs of EPSDT- aged members, coordinate their care, provide care management, conduct appropriate follow-up, and ensure members receive timely and appropriate treatment. |  |  |  |  |
| 1. Description of activities that ensure written notification is provided every six months informing all members/Health Care Decision Makers (HCDM) of dental visits required by the AHCCCS Dental Periodicity Schedules. Second written notices shall be sent if each semi-annual visit is not completed. |  |  |  |  |
| 1. Process to reduce no-show appointment rates for dental services and a description of outreach activities, including reducing barriers, for those members who did not attend scheduled appointments. |  |  |  |  |
| 1. Process for distributing and requiring use of the AHCCCS Dental Periodicity Schedules by all contracted providers. |  |  |  |  |
| 1. Process for monitoring that age-appropriate screenings and services are conducted during each dental visit, in accordance with the AHCCCS Dental Periodicity Schedule. |  |  |  |  |
| 1. Process for connecting all EPSDT members to a dental home by six months of age or upon enrollment to the Contractor, informing members of the selected or assigned dental home, and providing relevant contact information and recommended dental visit schedule. |  |  |  |  |
| 1. Process for monitoring provider efforts of dental home providers in engaging members to obtain ongoing care as recommended by the AHCCCS Dental Periodicity Schedule. |  |  |  |  |
| 1. Process to provide prevention member outreach related to importance of dental health care, age-appropriate dental decay prevention measures, recommended dental visits according to the dental periodicity schedule, information related to the availability and benefits of fluoride varnish applications during EPSDT and Dental visits. what is a dental home, benefits of dental home, ow to obtain more information from the Contractor if the member is unaware of the assigned dental home. |  |  |  |  |

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| **Dental Work Plan Evaluation** | **Found on page:** | **Yes** | **No** | **Explanation Of “No” answer/Reviewer comments** |
| 1. An evaluation and assessment that documents the effectiveness of dental program strategies, interventions, and activities directed at achieving healthy outcomes (report on the previous calendar year). The evaluation shall include, but not be limited to: 2. Raw data, including small numbers (percentages and numerator/denominator for each Lines of Business (LOB), 3. Results for each quarter of the effectiveness of monitoring including coordination of care efforts, follow-up activities, and other interventions made because of performance, 4. A summary of the year-end outcome, including whether or not goals and objectives were met, identified challenges/barriers to meeting goals, and identified opportunities for improvement. |  |  |  |  |

| **Dental Work Plan** | **Found on page:** | **Yes** | **No** | **Explanation Of “No” answer/ Reviewer comments** |
| --- | --- | --- | --- | --- |
| 1. A work plan that formally documents the dental program objectives, strategies, and activities and demonstrates how these activities will improve the quality of services, the continuum of care, and health care outcomes. The work plan shall be limited to at least three, but not more than five distinct, numbered goals which may or may not include select performance measures from Contract. Objectives shall be clearly numbered or lettered for ease of identification and review. If submitting a combined work plan, goals shall be identified for each line of business. |  |  |  |  |
| 1. Objectives shall include written descriptors and eligibility criteria as stated in the methodology of the measure being utilized. Objectives shall be based on minimum performance standards as specified in Contract. |  |  |  |  |
| 1. In cases where minimum performance standards have been met, other generally accepted benchmarks that continue the Contractor’s improvement efforts may be used (e.g. National Committee on Quality Assurance (NCQA), current Healthy People standards). The Contractor may also develop their own specific measurable goals and objectives aimed at enhancing the dental program. In these cases, specific methodology shall be included in the dental plan. |  |  |  |  |
| 1. The Contractor will, for each goal, describe unique interventions, strategies and activities planned for specific populations/LOB and /or Geographic Service Area (GSA) including coordination of care efforts, follow-up activities, outreach, etc. |  |  |  |  |
| 1. Targeted implementation and completion dates of work plan activities separated by quarter. |  |  |  |  |
| 1. A listing of local staff positions responsible and accountable for meeting established goals and objectives for dental activities. |  |  |  |  |

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| **Relevant EPSDT Dental Policies and Procedures** | **Found on page:** | **Yes** | **No** | **Explanation Of “No” answer/Reviewer comments** |
| 1. The Contractor shall attach all relevant and any referenced policies and procedures addressed in the Dental Plan. Policies shall be properly branded indicating applicability to LOB, in alignment with Contract requirements, and, if currently being revised, a track edited version shall be submitted. |  |  |  |  |