


PLAN OPERATIONS	 From DentaQuest		
	<i>Policy and Procedure</i>		
	Policy Name:	Accessibility of Services	Policy ID: PLANCG-01
	Approved By:	Quality Assurance Performance Improvement Committee	Last Revision Date: 01/09/2026
	States:	Oregon	Last Review Date: 04/06/2026
Application:	Medicaid	Effective Date: 04/07/2026	

PURPOSE

To ensure that applicable information and services shall be accessible to enrollees.

POLICY

1. The Dental Subcontractor (Dental Subcontractor) shall not deny or reduce the amount, duration, or scope of an Oregon Health Plan (OHP) Covered Service solely because of an enrollee’s diagnosis, type of illness, or condition.
2. The Dental Subcontractor shall provide all enrollees with dentally appropriate covered services in an amount, duration, and scope that is no less than the amount, duration and scope for the same services furnished to clients under Fee-for-Service.
3. The Dental Subcontractor shall provide all enrollees Covered Services such that they are sufficient in amount, duration and scope to achieve, as can be reasonably expected, the purpose for which the services are furnished. Such Covered Services shall include, without limitation, the following: (1) The prevention, diagnosis, and treatment of a disease, condition or disorder that results in health impairments or disability; (2) The ability to achieve age-appropriate growth and development; and (3) The ability to attain, maintain or regain functional capacity.
4. The Dental Subcontractor providers shall comply with applicable provisions of the American Disabilities Act (ADA). The Dental Subcontractor will require all contracted provider offices to self-report on ADA facility compliance to ensure physical access, reasonable accommodations, and accessible equipment for enrollees with physical and mental disabilities. Self-reporting will be completed upon contracting and annually thereafter. For purposes of such self-reporting, provider offices will use a Facility Inspection Checklist provided by Dental Subcontractor.
5. In the event that a provider is unable to meet the unique needs of a Dental Subcontractor enrollee by reason of that enrollee’s specific disability, the provider shall notify Care Coordination of the enrollee’s need for service and the enrollee’s physical limitations.
 - a. Care Coordination shall secure the appropriate dental services for the enrollee, including enrollees that are aged, blind, disabled or having complex medical needs, Special Health Care Needs, or who are children receiving Children Adult and Family Services (CAF) or Oregon Youth Authority (OYA) services, to the extent of arranging for a home visit or securing the services of a non-participating provider.
 - b. If a non-participating provider is selected to provide needed dental services to the enrollee, Care Coordination shall notify the enrollee’s Primary Care Dentist (PCD) to complete the required referral form for submission to the Preauth & Referral Department. Care Coordination shall change the enrollee’s PCD if necessary to ensure access to appropriate dental services.

- c. If the Dental Subcontractor is unable to obtain an appropriate dental resource to meet the enrollee's dental needs, the matter shall be immediately called to the attention of the CCO and/or Oregon Health Authority (OHA) staff for assistance and guidance.
 - d. All efforts to locate a provider shall be documented in the enrollee's file.
6. Enrollees may receive assistance from Traditional Health Workers.
7. Providers shall, with prior notice (from enrollee or Dental Subcontractor), be prepared to meet the special health care needs of visually and hearing-impaired enrollees.
8. The Dental Subcontractor informs enrollees of their rights and responsibilities, including their right to reasonable accommodations, and specifies how to obtain reasonable accommodations from the Dental Subcontractor and providers, including the process, who decides whether the accommodations will be provided, and the process for appealing any decisions. The Dental Subcontractor may update these rights and responsibilities periodically. If member rights and responsibilities change, revised notices will be made available to members on the Dental Subcontractor's website, and upon request, the Dental Subcontractor will mail a revised notice to members.
9. All enrollee materials shall be at a sixth (6th) grade reading level or lower and written in a language sufficiently clear that a layperson could understand the notice and make an informed decision. Those that require OHA review and approval will be sent to OHA and the CCO for approval prior to use.
10. Alternative format for enrollee materials (such as braille, large print and audio) are available upon request.
11. All enrollee materials will be in at least a 12-point font or large print 18-point font. Fonts used may include Times New Roman, Calibri or Arial.
12. **Electronic Communications**
Enrollee information will not be provided electronically by the Dental Subcontractor unless all of the following are met: The recipient has requested or approved electronic transmittal; The format is readily accessible; The information is provided in an electronic form which can be electronically retained and printed; The information is consistent with the content and language requirements for OHP enrollees; The enrollee is informed that the information is available in paper form without charge upon request and is provided within 5 business days; The information does not constitute a direct notice related to an Adverse Benefit Determination or any portion of the Grievance, Appeal, Contested Case Hearing or any other Member rights or Member protection process; All HIPAA requirements are satisfied with respect to personal health information.
13. Enrollees shall receive communications of individually identifiable health information from the Dental Subcontractor by alternative means or at alternative locations per 45 CFR 164.522 if the enrollee provides a written statement that includes:
 - a. A valid alternative address or other method of contact suitable for enabling the enrollee to receive communications from the Dental Subcontractor (e.g., valid cell phone number, verifiable e-mail address); and
 - b. If required by the Dental Subcontractor, a clearly stated disclosure that all or part of the protected health information could put the enrollee in danger.

DEFINITIONS

“Prevalent Non-English Language” A non-English language determined to be spoken by a significant number or percentage of potential enrollees and enrollees that are limited English proficient. 42 CFR § 438.10.

REFERENCES

410-141-3585 MCE Member Relations: Education and Information
 410-141-3580 Potential Member Information
 410-141-3590 Member Rights & Responsibilities
 410-141-3575 MCE Member Relations: Marketing
 42 CFR §438.10 Information Requirements
 45 CFR §164.522 Rights to request privacy protection for protected health information

FORMS AND OTHER RELATED DOCUMENTS

Facility Inspection Checklist
[Interpreter Services Flyer](#)

Revision History

Date:	Description
06/12/2012	Approval and adoption.
06/06/2014	Updates based on annual review.
02/23/2015	Updates based on annual review.
02/23/2016	Updates based on annual review.
02/14/2017	Updates based on annual review.
03/12/2018	Updates based on annual review.
04/23/2019	Updates based on annual review.
12/04/2019	Conversion to revised policy and procedure format and naming convention.
01/06/2020	Updates based on CCO partner audit findings.
05/18/2021	Updates based on annual review.
9/30/2021	Updates based on annual review.
06/21/2022	Updates based on OHA audit findings.
08/25/2022	Updates based on CCO partner audit findings.
12/31/2022	Updates based on annual review.
11/22/2023	Updates based on annual review.
03/28/2024	Updates based on annual review.

07/01/2024	Updates based on CCO partner audit findings.
01/09/2025	Updates based on annual review.
01/09/2026	Updates based on annual review.