


<b>PLAN OPERATIONS</b>	 From DentaQuest			
	<i>Policy and Procedure</i>			
	Policy Name:	<b>Accessibility of Services</b>	Policy ID:	<b>PLANCG-01</b>
	Approved By:	Quality Assurance Performance Improvement Committee	Last Revision Date:	03/28/2024
	States:	Oregon	Last Review Date:	04/26/2024
Application:	Medicaid	Effective Date:	04/27/2024	

**PURPOSE**

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

**POLICY**

1. The Dental Care Organization (DCO) 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 DCO 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 DCO 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 DCO providers shall comply with applicable provisions of the American Disabilities Act (ADA). The DCO 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 DCO.
5. In the event that a provider is unable to meet the unique needs of a DCO 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 DCO 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. The DCO will ensure that its written materials that are critical to obtaining services, including, at minimum, provider directories, enrollee handbooks, appeal and grievance notices and denial and termination notices available in the prevalent non-English languages for the particular service area. Written materials will also be made available in alternative formats upon request of the potential enrollee, enrollee or enrollee's representative, at no cost. Auxiliary aids and services will also be made available upon request of the potential enrollee, enrollee or enrollee's representative at no cost. Enrollee materials will comply with OHA's formatting and readability standards in OAR 410-141-3585 and 42 CFR §438.10. Written materials will include taglines in the prevalent non-English languages in 18-point font, as well as large print, explaining the availability of written translation or oral interpretation (including American Sign Language) to understand the information provided, how to request auxiliary aids and services for members who have limited English proficiency or a disability, as well as alternate formats at no cost, and the toll-free and TTY/TDY telephone number of the DCO's member services team.
  - a. To comply with CCO contractual requirement with OHA, DCO shall determine Prevalent Non-English Language by reviewing assigned OHA/CCO enrollee files quarterly.
  - b. Preferred spoken language of non-English-speaking enrollees which has been included in the 834-enrollment file supplied by the CCO/OHA is communicated to network providers through the online DCO provider portal.
  - c. During business hours, the DCO shall provide access to qualified or certified interpreters who can interpret in the primary language of each non-English-speaking enrollee, including American Sign Language. Such interpreters shall be capable of communicating in English and in the primary language of the enrollee and be able to interpret dental information effectively.
    - i. The DCO shall provide interpreter services by teleconference:
      - For Telephone Services  
Call the DCO at 1-866-268-9631 and a Member Services Representative will assist with the communication need; or
    - ii. Refer to the Interpreter Services Flyer on the Provider Portal
    - iii. There shall be no charge to the enrollee for interpreter services.
7. Enrollees may receive assistance from Traditional Health Workers.
8. When conducting eligibility verification, providers shall determine if an enrollee requires interpretation services based on the language flag status in the DCO provider portal. Providers shall document the enrollees request or refusal of interpretation services from an OHA qualified or certified interpreter. Providers shall ensure that all interpretation services are provided by OHA qualified or certified interpreters. If an enrollee's preference is that a friend/family enrollee/provider office staff/provider deliver interpreter services, the refusal of OHA certified or qualified interpreter services must be documented. It is the providers responsibility to maintain documentation of interpreter services declined by enrollees.
9. The DCO shall require that telehealth services offered by network providers must be culturally and linguistically appropriate for enrollee needs.

10. Providers shall, with prior notice (from enrollee or DCO), be prepared to meet the special health care needs of visually and hearing-impaired enrollees.
11. All enrollee materials shall include a tagline in large print (font size 18) explaining the availability of written translation or oral interpretation to understand the information provided, as well as alternate formats, and the toll-free and TTY/TDY telephone number of the DCO's member services department.
12. 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.
13. Alternative format for enrollee materials (such as braille, large print and audio) are available upon request.
14. 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.
15. **Electronic Communications**  
Enrollee information will not be provided electronically by the DCO 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.

## **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

## **FORMS AND OTHER RELATED DOCUMENTS**

Facility Inspection Checklist

**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.