Addendum to Safety Net Clinics Frequently Asked Questions

Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services Memorandum of Agreement, and Tribal Federally Qualified Health Centers

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Purpose of Addendum

- The purpose of the presentation is to review and elaborate on some of the frequently asked questions related to Safety Net Clinics, which include Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services Memorandum of Agreement, and Tribal Federally Qualified Health Centers.

QUESTION #1

» “Safety Net Clinic (SNC) policy guidelines indicate that the number of appointments for treatment should be in line with other health care delivery systems. Our clinic, however, has a policy that increases the number of appointments to deliver treatment, for example by separating dental examinations and dental prophylaxis. Is that acceptable?”

QUESTION #1
Response

All clinic polices should align with the SNC Policy guidelines.

These guidelines follow and are consistent with the Medi-Cal Dental Provider Handbook.

Each clinic should establish and modify policies, if necessary, to align with the Handbook.

Medi-Cal Dental

QUESTION #1 *Response*

Minimize number of dental visits for each patient

A clinic should <u>not</u> be creating policies to increase the number of visits

Pursuant to Section 4 of the Medi-Cal Dental Provider Handbook:

"To improve efficiency and timely access to care, maintain quality of care for a patient, a treating dental provider shall, when applicable, feasible, and consistent with the standard of care, minimize the number of dental visits. Each patient should receive an individualized treatment plan that is safe, effective, patient centered and equitable. Documentation must justify deviation from the treatment plan."

Medi-Cal Dental

QUESTION #2

- "Does Medi-Cal require a Registered Dental Hygienist in a SNC to have everything signed off by a dentist?"

QUESTION #2 *Response*

Each clinic needs to have proper policies and procedures in place to ensure compliance with the Dental Hygiene Board of California.

Additionally, each clinic needs to ensure that all providers and staff are practicing within their respective scope of practice.

Clinic policies, procedures, and staffing should be helping facilitate fewer visits for members and not the opposite.

QUESTION #3

- "I employ a treatment technique that is usually completed in one appointment by most providers. I have an alteration to this technique that requires multiple visits. Will I be paid for multiple visits?"

QUESTION #3
Response

This is not consistent with the Medi-Cal Dental Handbook and the SNC Policy training.

Treatment plans and techniques need to be in the patient's best interest in a timely and efficient manner.

Clinics should be looking to minimize visits, **not** maximize.

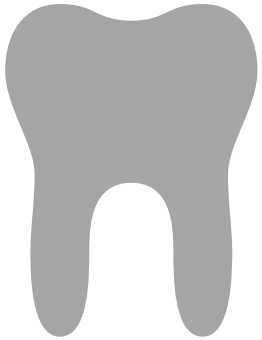
Medi-Cal Dental

QUESTION #4

- "We expected this procedure to take a certain number of appointments, but it will take more appointments to complete. Is this allowable?"

QUESTION #4 *Response*

“Documentation, Documentation, Documentation.”



All dental services provided must be sufficiently documented in the medical record or electronic health record to indicate the medical reason/justification to bring the patient back to the clinic for a separate visit to complete the procedure.

QUESTION #5

» "Is it required to complete a prophylaxis on the same day as a comprehensive new patient exam?"

QUESTION #5 *Response*

- No. A prophylaxis does not have to be completed on the same day as a comprehensive new patient exam. However, if circumstances arise that allow for this to be done, then proceed with the prophy so the patient does not have to return for an additional visit.

QUESTION #6

- “Is it required to complete a prophylaxis on the same day as a periodic exam for adult patients?”

QUESTION #6
Response

In general, periodic oral exams and prophylaxis should be done on the same day. If that is not possible, then documentation should be provided indicating the reason or reasons that this could not take place.

Treatment plans and techniques need to be in the patient's best interest and should be done in a timely and efficient manner and that, in general, clinics should be looking to minimize visits as much as possible and not maximize visits.

Example #1

- A clinic makes it a general practice to have three appointments for a crown.
- This would not be consistent with the Safety Net Clinic Policy Training, nor the Medi-Cal Dental Handbook, as most crowns can be prepared and cemented in just two visits.
- If a particular patient needs an additional visit to complete the crown procedure, the reason or reasons for the additional appointment should be well **documented**.

Medi-Cal Dental

Example #2

- A patient is treatment planned for four sealants. Instead of doing all four sealants in one visit, the clinic brings the patient back four times, doing one sealant at each visit.
- This should not be a routine practice in any clinic. If all 4 sealants cannot be done in one visit, the reasons for the additional visit or visits should be well **documented.**
- In most cases, all four sealants could and should be done in one visit.

Medi-Cal Dental

Example #3

- A twenty-year-old patient with autism comes in for a new patient exam. The patient has decay on the facial surfaces of #28, 29 and 30.
- Normally, the clinic would do those three fillings in one visit as they are one surface fillings all located in the same area. However, when the patient came back for the fillings, the patient was very difficult to work on.
- It took the provider a significant amount of time to calm the patient down and administer the anesthetic.
- The patient was terrified of the sound of the drill and would only allow the provider to work on the tooth for about 10 seconds at a time. Just to do tooth #28 took a much longer amount of time than normal and the provider, in the best interest of all, decided to reschedule and hoped to do the other two at the next visit, but informed the parents and patient that they may have to do one filling at a time.
- Situations like this, as long as it is **documented**, would be acceptable.

Example #4

- A twenty-six-year-old patient comes in for a new patient exam. Several teeth have caries, and the patient is scheduled for a filling appointment to do a facial filling on #4, MO filling on #5, DL filling on #7 and ML filling on the #8.
- The patient is pregnant and after the fillings on #4 and #5 are complete, the patient is not able to continue with the appointment.
- She is uncomfortable and just unable to sit in the dental chair any longer. The provider goes ahead and reschedules the patient to take care of the other two fillings at another appointment.
- Once again, as long as this is **documented**, this would be reasonable and acceptable.

Example #5

- A patient is seen for the first time and a new patient exam and radiographs are completed at the first visit. The patient has significant periodontal disease and needs to be brought back for scaling and root planning.
- Normally, for a case like this, the clinic would bring the patient back for two additional visits in order to complete the scaling and root planning. However, when the patient comes back for the scaling and root planning, the provider has difficulty anesthetizing the patient and the patient is very apprehensive.
- The patient needs several breaks and their anxiety level increases. The provider finally finishes the upper left quadrant and the patient does not feel they can sit through another quadrant that day.
- The provider elects to reschedule the patient for the lower left quadrant. This deviated from the individualized treatment plan, but the reason for the deviation was well documented.
- The importance of documentation cannot be overstated. **Documentation, Documentation, Documentation.**

Conclusion

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