| **Dental Plan and Evaluation Checklist** |  |  |  |  |
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| **Dental****Narrative Plan** | **Found on Page:** | **Yes** | **No** | **Explanation of “No” answer** |
| 1. A written description of all planned activities to address the Contractor’s minimum requirements for Dental services.
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| 1. Process for monitoring dental/oral health requirements as outlined in AMPM Policy 431.
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| 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.
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| 1. Description of activities used to identify the needs of Dental age members, coordinate their care, provide care management, conduct appropriate follow-up, and ensure members receive timely and appropriate treatment.
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| 1. Description of activities that ensure every six months written notification of all members/Health Care Decision Makers of Dental visits required by the AHCCCS Dental Periodicity Schedules. Second written notices shall be sent if each semi-annual visit is not completed.
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| 1. Process to reduce no-show appointment rates for Dental services and a description of outreach activities targeted to those members who did not attend scheduled appointments.
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| 1. Process for distributing and requiring use of the AHCCCS Dental Periodicity Schedules by all contracted providers.
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| 1. Process for monitoring that age appropriate screenings and services are conducted during each Dental visit, in accordance with the AHCCCS Dental Periodicity Schedule.
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| 1. Process for connecting all EPSDT/Dental age 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.
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| 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.
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| **Dental Plan and Evaluation Checklist** |  |  |  |  |
| **Dental Work Plan****Evaluation** | **Found on Page:** | **Yes** | **No** | **Explanation of “No” answer** |
| 1. An evaluation and assessment that documents the effectiveness of Dental program strategies, interventions, and activities directed at achieving healthy outcomes (report on the last year). The evaluation should include, but not limited to, raw data (percentages, numerator/denominator and for LOB), results for each quarter and a summary of the year end outcome whether their goals and objectives are being met..challenges/barriers to meeting goals.
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| **Dental Plan and Evaluation C****heck** |  |  |  |  |
| **Dental Plan and Evaluation Checklist** |  |  |  |  |
| **Dental Work Plan** | **Found on Page:** | **Yes** | **No** | **Explanation of “No” answer** |
| 1. A Dental 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 Dental Plan shall be limited to three, but no more than five goals. If submitting a combined work plan, goals must be identified for each line of business.
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| 1. Specific measurable objectives. Objectives must include written descriptors and eligibility criteria as stated in the methodology of the measure being utilized. Objectives can also be based on AHCCCS established minimum performance standards as stated in contract.
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| 1. In cases where AHCCCS minimum performance standards have been met, other generally accepted benchmarks that continue the Contractor’s improvement efforts will be used(e.g. National Committee on Quality Assurance, current Healthy People standards). Contractors may also develop their own specific measurable goals and objectives aimed at enhancing the Dental program. Objectives shall be clearly numbered or lettered for ease of identification and review. In these cases, specific methodology will need to be included in the Dental Plan.
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| **DENTAL PLAN AND EVALUATION CHECKLIST** |  |  |  |  |
| **DENTAL WORK PLAN** | **FOUND ON PAGE:** | **YES** | **NO** | **EXPLANATION OF “NO” ANSWER** |
| 1. Strategies and activities. The Contractor will, for each goal, describe unique interventions used for specific populations/LOB and /or GSA and evaluate quarterly the effectiveness of monitoring including coordination of care efforts, follow-up activities, and other interventions made as a result of performance. If the goal was not met or improvement was not noted, include the Identified Barriers and Identified Opportunities for Improvement.
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| 1. Targeted implementation and completion dates of Work Plan activities broken out for each quarter.
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| 1. A listing of local staff positions responsible and accountable for meeting established goals and objectives for Dental activities.
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| **Dental Plan and Evaluation Checklist** |  |  |  |  |
| **Relevant Policies and Procedures** | **Found on Page:** | **Yes** | **No** | **Explanation of “No” answer** |
| 1. Contractors shall attach all relevant and any referenced policies and procedures addressed in the Dental Annual Plan. Policies shall be properly branded indicating applicability to LOB, include a signature page, and, if currently being revised, a track edited version shall be submitted.
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