


PLAN OPERATIONS	 From DentaQuest		
	<i>Policy and Procedure</i>		
	Policy Name:	Treatment Planning and Documentation	Policy ID: PLANCG-57
	Approved By:	Peer Review and Credentialing Committee	Last Revision Date: 11/11/2021
	States:	Oregon	Last Review Date: 01/18/2022
Application:	Medicaid	Effective Date: 01/19/2022	

PURPOSE

To establish the Dental Care Organization’s (DCO’s) policy on treatment planning for enrollees and what documentation is needed for treatment planning.

POLICY

Treatment planning and documentation shall follow all Board of Dentistry guidelines.

1. In the treatment planning and documentation the provider will incorporate the treatment and recommendations of other agencies and providers as it pertains to the enrollee’s special health needs.
2. The provider will develop this treatment plan with the enrollee’s participation. Enrollees may also choose to have family involved in such treatment planning. Charts must be completed accurately, timely and completely to avoid negative findings in DCO chart reviews and audits.
3. Always present the enrollee with a treatment plan, as well as what is covered and not covered under the enrollee’s Oregon Health Plan. The treatment plan must be presented in a manner appropriate to the member’s health condition, preferred language and ability to understand.
4. Enrollees have the right to accept or refuse treatment. If treatment is accepted, obtain the enrollee’s consent prior to beginning treatment. Treatment plans must be signed by the enrollee or the enrollee’s legal guardian. The age of consent for medical services is 15 years old.

Important: Procedures that are considered a non-covered benefit under the Oregon Health Plan will need to be documented on the agreed treatment plan and an Agreement to Pay Form will need to be filled out acknowledging the enrollee’s responsibility for non-covered services. Copies of the treatment plan and Agreement to Pay form will be given to the enrollee at the time of the appointment.

REFERENCES

- 42 CFR 438.100 Enrollee rights
- OAR 410-141-3870 Intensive Care Coordination
- OAR 410-141-3705 Criteria for CCOs
- OAR 410-141-3590 MCE Member Relations: Member Rights and Responsibilities

FORMS AND OTHER RELATED DOCUMENTS

- Agreement to Pay Form

Revision History

Date:	Description
06/14/2012	Updates based on annual review.
06/06/2014	Updates based on annual review.
03/12/2015	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.
05/20/2019	Updates based on annual review.
12/09/2019	Conversion to revised policy and procedure format and naming convention.
04/23/2021	Updates based on annual review.
11/11/2021	Updates based on annual review.
1/18/2022	Updates based on annual review.