

Richmond/Petersburg Oral Health Alliance

Dental Safety Net Workgroup

Thursday, November 29, 2018 | 1:00 pm – 3:00 pm

Workgroup Activities:

- Compile information about safety net clinic capacity in a central resource to find information about dental services, make appropriate referrals, and potentially combine with other data to identify areas of need.

Meeting Desired Outcomes:

- Consensus on format and questions for Capacity Survey
- Discussion on where the data will live
- Consensus on next steps to complete

Agenda:

1. Welcome and Introductions
2. Review: Purpose of capacity survey
3. Design Survey:
 - a. Review Richmond and UWSHR tools
 - b. Refine Questions
4. Determine Process and Next Steps
5. Schedule next meeting



Safety Net Capacity Survey Items

Indicator	Metrics
Organization Demographics	Organization Name, Address, Phone Number, Website
	Patient Demographics: Percent uninsured, underinsured, covered by public insurance
	Patient Eligibility: income, residence, transient/housing, insurance status, existing medical conditions, employment/income verification, age; how often is eligibility determined
Workforce	Number of providers employed by type (physicians, physician assistants, nurse practitioners, mental health providers)
	Number of employees by status (paid, contract, volunteer)
	Number of primary care and specialist providers
	Numbers of physicians/providers by specialty
	Provider to population ratios, by specialty
	Number of supportive staff by type (nurses, health aides, health center directors, health educators, social workers, nutritionists, dental health professionals, case managers; IT personnel)
	Provider hours per week, by type and specialty
	Number of vacancies by discipline (physicians by specialty, mid-level providers, other clinical staff) or turnover rate
	Difficulty recruiting (yes/no)
	Reporting unfilled positions for >= 7 months
	Expansions or decreases of staff by site
Organization Infrastructure & Capacity (Non-Acute)	Hours of operation per week
	reporting of wait list (yes/no)
	Expansions or decreases of services provided by site
	Expansions or decreases of hours of operation
	Acceptance rate for new patients (by insurance type) by providers (by specialty)
	Percent of providers reporting that "capacity is adequate to meet demand."
	Percent of providers reporting that "excess capacity" (whether they could see more patients with existing resources).
	Percent of providers reporting strained capacity for specific services (primary care, dental, behavioral health, pharmacy).
No show rates overall and by service type	
Organization Infrastructure & Capacity (Acute Care)	Inpatient psychiatric capacity in the area
	Psychiatric emergency department capacity
	Number of hospital beds that a hospital would be able to staff
	Number of operating rooms
	Inpatient beds per 1,000 patient population for all ages and for the population over 65, occupancy rates
	Patients left ED without being seen
	Estimates of ED waiting times
	ED use for non-urgent care

Safety Net Capacity Survey Items

Indicator	Metrics
Range of Services	Availability of primary care providers
	Availability of on-site services and mental health specialist staffing for adult patients? for pediatric patients?
	Availability of specialist services for adult patients? for pediatric patients?
	Substance abuse treatment facilities: number of treatment options per site (intensive outpatient therapy, partial hospitalization, non-hospital residential therapy and/or hospital inpatient therapy) for adult patients? for pediatric patients?
	Substance abuse treatment facilities: provision of substance abuse disorder treatment services, provision of buprenorphine, provision of methadone treatment for opioids for adult patients? for pediatric patients?
	Family planning facilities: provision of primary care, emergency contraception, Depo, less available contraceptives
	Availability of diabetes educators, physical activity classes, nutrition counseling, group counseling for adult patients? for pediatric patients?
	Availability of language interpretation services (on-site and off-site interpreters, bi/multilingual staff, ancillary services available in multiple languages) by language; languages spoken by patients
	Availability of case management, substance abuse counseling, learning problems and support, group counseling and peer support, grief counseling, classroom behavior modification, gang prevention programs for adult patients? for pediatric patients?
	Availability of adult/pediatric dental services offered on site: dental examinations, dental cleaning (“prophies”), dental sealants, extractions, root canals, crowns, bridges, dentures, periodontal procedures, written oral health education materials, verbal oral health education, e.g. as part of well-care (staff responsible for providing), types of anesthesia offered and for which procedures
	Availability of adult/pediatric dental services offered referred out: dental examinations, dental cleaning (“prophies”), dental sealants, extractions, root canals, crowns, bridges, dentures, periodontal procedures, written oral health education materials, verbal oral health education, e.g. as part of well-care (staff responsible for providing), types of anesthesia offered and for which procedure
	Access and Availability
Clinic providers available full-time, evening hours, weekend hours	
Appointment waiting time <1 week, clinic time <30 minutes	
Type of appointments offered: scheduled appointments, walk-ins, urgent care	
Located near bus line, if so which bus lines	
Are any patients fast tracked	
To whom do you refer when you can't provide the services needed?	
Scheduling method: in-person, phone, text, email, patient portal, other	
How do you handle no-shows? What efforts have been made to reduce them?	
Appointment reminder method: postal mail, phone calls (automated, or not) text messages, email, patient portal	
Financial Operations	Payment model: fee for service, sliding scale, value-based care, etc.
	Funding model: operations or program grants (federal, state, foundation)

Unite Us Network Provider Registration Form

Page 1

1. Organization Name
2. About Us (brief description of your organization's mission and services)
3. Organization Address
4. Days and Hours of Operation
5. Does your organization have multiple physical locations that will be providing services within the network? (Yes/No)
6. Please list each office location (including name, address, phone number)
7. Organization Website
8. Main Phone Number
9. General Email Address
10. Main Fax

Page 2: Point of Contact Info

1. Point of Contact Name (used internally only)
2. POC Title
3. POC Phone Number
4. POC Email Address
5. Should this user be able to edit the organization's profile and add/remove users?
6. Should this user be able to accept/reject referrals sent from other providers? (This user would be notified via email when a referral is sent to your organization.)
7. Should this user be able to see all cases at your organization, or just the cases assigned to them?
8. At which office is this staff member located?
9. Do you wish to add more staff? (Add any staff who will need access to the Unite Us platform to send/receive referrals and update cases.)
10. How many additional staff would you like to register (1/2/3/4/5/6+)

Page 3: Additional Staff Member 1

1. Name (used internally only)
2. Title
3. Phone Number
4. Email Address
5. Should this user be able to edit the organization's profile and add/remove users?
6. Should this user be able to accept/reject referrals sent from other providers? (This user would be notified via email when a referral is sent to your organization.)
7. Should this user be able to see all cases at your organization, or just the cases assigned to them?
8. At which office is this staff member located?

Page 4: Additional Staff Member 2

1. Name (used internally only)

2. Title
3. Phone Number
4. Email Address
5. Should this user be able to edit the organization's profile and add/remove users?
6. Should this user be able to accept/reject referrals sent from other providers? (This user would be notified via email when a referral is sent to your organization.)
7. Should this user be able to see all cases at your organization, or just the cases assigned to them?
8. At which office is this staff member located?

Page 5: Additional Staff Member 3

1. Name (used internally only)
2. Title
3. Phone Number
4. Email Address
5. Should this user be able to edit the organization's profile and add/remove users?
6. Should this user be able to accept/reject referrals sent from other providers? (This user would be notified via email when a referral is sent to your organization.)
7. Should this user be able to see all cases at your organization, or just the cases assigned to them?
8. At which office is this staff member located?

Page 6: Additional Staff Member 4

1. Name (used internally only)
2. Title
3. Phone Number
4. Email Address
5. Should this user be able to edit the organization's profile and add/remove users?
6. Should this user be able to accept/reject referrals sent from other providers? (This user would be notified via email when a referral is sent to your organization.)
7. Should this user be able to see all cases at your organization, or just the cases assigned to them?
8. At which office is this staff member located?

Page 7: Additional Staff Member 5

1. Name (used internally only)
2. Title
3. Phone Number
4. Email Address
5. Should this user be able to edit the organization's profile and add/remove users?
6. Should this user be able to accept/reject referrals sent from other providers? (This user would be notified via email when a referral is sent to your organization.)
7. Should this user be able to see all cases at your organization, or just the cases assigned to them?

8. At which office is this staff member located?

Page 8: Add 6 or More Staff Members:

To register six or more staff, please contact support@uniteus.com.

Page 9: Programs

How many programs will participate in the network? (1/2/3/4/5/6+)

In this next step, you will tell us about the programs (or departments) that you wish to receive referrals for in the Network. You'll be asked to describe the services and identify the eligibility criteria for each program. This information will be used by network providers making referrals to your organization to determine if your organization/program can serve the client.

Later, you will have the opportunity to connect staff members with specific programs. This information will be used to assign clients to a program and staff member once a referral has been accepted.

If your organization is not separated into programs or departments, we recommend that you select '1' below, and type in your organization's name as the Program Name.

If you wish to add more than 5 more programs, please contact support@uniteus.com.

Page 10: Program 1

The information you include regarding your organization's programs will ensure that other providers send you referrals for individuals that are eligible for your services.

1. Program Name:
2. Brief Overview of Program:
3. Which office locations offer this program?
4. Which counties/cities does this program serve?
5. Days and Hours of Operation of Program:
6. Payment options for this program:
 - a. Free
 - b. Insurance
 - i. Please list the insurance plans this program accepts (including both carrier and plan/insurance type).
 - c. Self-pay
 - d. Sliding Scale
7. Accessibility options for this program:
 - a. ADA accessible
 - b. Blind accommodation
 - c. Deaf and hard of hearing accommodation
 - d. Interpretation/translation services available
8. Is transportation available for clients enrolled in or applying for this program? (Yes/No)
 - a. If yes, please describe:

9. Primary method of service delivery:
 - a. In home
 - b. In office
 - c. Web-based
 - d. Phone-based
10. Are any languages other than English supported by and/or spoken at the program? (Yes/No)
 - a. If yes, which languages?
11. Please list the staff members you would like connected to this program.
12. Services your program directly provides and should receive referrals for (*Unite Us categorizes programs into 20 total service types to assist providers in finding applicable services for their clients; you can reference the Unite Us Service Types Glossary to help categorize your program(s). Please choose the service type(s) that best fit the types of services your program directly provides and should receive referrals for.*)

Page 10: Program 1 Eligibility

1. Are there any residency requirements to be eligible for this program? (Yes/No)
 - a. If yes, please describe.
2. Are there any income requirements to be eligible for this program? (Yes/No)
 - a. If yes, please describe, addressing the following (as applicable):
 - i. Is there a maximum % AMI (Area Median Income) or % FPL (Federal Poverty Line) for eligibility?
 - ii. Are income requirements based on the head of household/client seeking services, or on the entire household's income?
 - iii. Please be sure to include ALL income criteria and considerations for this program.
3. Is U.S. citizenship or a particular immigration status required to be eligible for the program? (Yes/No)
 - a. If yes, please describe which statuses clients can have to be eligible.
4. Does the program require the client to be able to work? (Yes/No)
5. Is a disability required to be eligible for the program? (Yes/No)
 - a. If yes, please describe, addressing the following (as applicable):
 - i. Who must have the disability? (e.g. head of household, any household member)
 - ii. Does the disability need to be documented?
 - iii. What kinds of disabilities are eligible/not eligible?
6. Is there an age requirement for this program? (Yes/No)
 - a. If yes, please describe the age requirement.
7. Population(s) that the program is restricted to serving (*If your program is limited to serving specific populations (i.e. cannot serve any other populations besides these due to grant requirements, etc.), please select those populations you serve below. Please avoid selecting all.*):
 - a. Can serve all populations
 - b. Adolescents (13-19 years)

- c. Caregivers (non-paternal)
 - d. Children (4-12 years)
 - e. Domestic violence survivors
 - f. Homebound
 - g. Homeless
 - h. Immigrants and refugees
 - i. Infants and toddlers (0-3 years)
 - j. Justice-involved
 - k. LGBTQ+
 - l. Low-income individuals and households
 - m. Native Americans or Alaska Natives
 - n. People with cognitive disabilities
 - o. People with developmental disabilities
 - p. People with HIV/AIDS
 - q. People with mental health issues
 - r. People with physical disabilities
 - s. People with substance use issues
 - t. Pregnancy
 - u. Registered sex offenders
 - v. Seniors
 - w. Sexual assault survivors
 - x. Unemployed
 - y. Veterans and military families
 - z. Victims of crime
 - aa. Victims of natural disaster
 - bb. Other
 - i. If Other, please describe
8. If limited to a particular populations, are any family or household members eligible for the program (Yes/No)
- a. If yes, who is eligible for the program?
 - i. Spouse
 - ii. Dependents
 - iii. Any Household Members
 - iv. Other
 - 1. If Other, please describe.
9. Population(s) that the program specializes in serving (*If your program specializes in serving a specific population(s) (i.e. has developed expertise in serving specific population(s) but can serve others outside of the population), please select those populations below. Please avoid selecting all.*)
- a. Same as above
10. If applicable, please select the documents needed to participate in the program:
- a. Birth certificate
 - b. Death certificate
 - c. DD-214

- d. Eviction notice
- e. Employment Authorization Document (EAD)
- f. Government-issued ID
- g. Proof of citizenship/immigration status
- h. Proof of disability
- i. Proof of diagnosis/psychological evaluation
- j. Proof of expenses
- k. Proof of income
- l. Proof of insurance/insurance ID card
- m. Proof of residence
- n. Proof of resources
- o. Proof of student status
- p. Utility bill(s)
- q. None
- r. Other
 - i. If other, please describe

11. Are there any other eligibility criteria for this program?

Page 11: Program 2

Same info as above

Page 11: Program 2 Eligibility

Same info as above, option to copy eligibility criteria from previous program

Page 12: Program 3

Same info as above

Page 12: Program 3 Eligibility

Same info as above, option to copy eligibility criteria from a previous program (and indicate which program)

Page 13: Program 4

Same info as above

Page 13: Program 4 Eligibility

Same info as above, option to copy eligibility criteria from a previous program (and indicate which program)

Page 14: Program 5

Same info as above

Page 14: Program 5 Eligibility

Same info as above, option to copy eligibility criteria from a previous program (and indicate which program)

Page 15: Add 6 or More Programs:

If you need to register more than five programs, please contact support@uniteus.com.

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1. You selected that your organization provides Physical Health, Mental/Behavioral Health, and/or Substance Use Services. Is your organization a covered entity under HIPAA? (Yes/No/Don't Know) *(Only shows up if program is marked as providing physical health, mental/behavioral health, or substance use services.)*
2. Please upload your organization's logo (JPEG or PNG file), in a square format. By uploading your logo, you authorize it to be featured on UniteUs.com, and AHI's Coordinated Network website/collateral. Square images are preferred, such as the logo your organization may use for its Facebook, Twitter, or other social media accounts.

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