



AmeriHealth Caritas[™]
District of Columbia

To: AmeriHealth Caritas DC Dental Providers

Date: January 10, 2025

Subject: Inclusive Dental Program

Dear Dental Provider,

AmeriHealth Caritas District of Columbia (DC) has launched a new program in DC to address the oral health concerns of some of our enrollees with physical or developmental disabilities called Inclusive Dental. We believe that you may be treating some of the enrollees identified in this population already. As a dentist who currently treats our enrollees living with disabilities, we are asking you to become part of the solution by becoming a part of a select group of dental providers with enhanced benefits for serving this population.

Daily dental hygiene tasks and routine dental services can be a major challenge for enrollees living with a disability. Neglecting these important oral health practices can pose serious health risks that directly affect the health of their mouth, teeth, and gums as well as medical conditions. With this in mind, we are focusing on understanding the needs of this population and the barriers impacting their access to care. This initiative will commit to improving access to dental care in the community with an added focus of managing care with general anesthesia as a last resort. Solutions that we are working on include:

- Engaging with industry experts to create learning and training opportunities for dental staff, family members and caregivers.
- Developing an enhanced fee schedule that addresses reimbursement for behavioral management needs and desensitization sessions.
- Creating a Dental Network that can address the unique and individual needs of this population.
- Give a voice to community advocates, agencies, and members of the disabled and special needs communities to help fine-tune our dental programs to ensure the whole person needs of our enrollees are being met.

A brochure on supporting the oral health of enrollees with special needs can be found here:

<https://www.amerihealthcaritasdc.com/pdf/provider/resources/provider-oral-health-special-needs-brochure.pdf>

We are asking you to become part of the solution by participating in the Inclusive Dental Program. As we continue with our efforts to enhance this initiative, your Dental Account Executive, Donna Fisher will be available to assist with any questions at dfisher@amerihealthcaritasdc.com. As always, thank you for your continued participation in our network and your commitment to the care of our enrollees. We hope you will enhance our capabilities to better serve this population by joining this select group of providers.

If you have questions about this communication, please contact Dental Provider Services at **1-855-609-5170**.

Sincerely,

Nathan Fletcher, DDS

Nathan Fletcher, DDS, FADC
Dental Director

Inclusive Dental Office Assessment Form



Group name:		TIN:
Group NPI:	Address:	
Phone number:	Please select one: <input type="checkbox"/> Adult dentistry <input type="checkbox"/> Pediatric dentistry <input type="checkbox"/> Both	
Please list the participating dentists at this location.		
Are any dentists bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what languages are spoken?	
Have any dentists had advanced training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the staff had advanced training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
On average, how many unique special needs/special care patients do you treat yearly?		
Is the facility handicapped accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is parking easily available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can the waiting room accommodate a wheelchair comfortably? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can the waiting room accommodate a motorized scooter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the bathroom handicapped accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the office include a wheelchair-accessible operatory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the office skilled at transferring a patient from a wheelchair to the dental chair? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the office skilled at treating a patient in a wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the office equipped with digital radiography? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the office have a quiet room to accommodate patients with sensory sensitivities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you or your staff facilitate and accommodate a desensitization visit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the office comfortable treating patients with sensory impairments including vision and hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the office comfortable treating highly anxious patients? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the office comfortable treating nonverbal patients? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the office treated patients from nearby group homes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the office had any experience with stabilization techniques? If yes, please describe. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the office understand the importance of interprofessional relationships and is it willing to interact with the patient's primary care practitioner (PCP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your office committed to becoming a Center of Distinction by continuing to become more proficient in special needs care with the goal of expanding the office to provide more access to this population? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please summarize your office's capabilities of treating individuals with various levels of special needs. For example, patient level 5 demands a high level of expertise and the facility can accommodate those needs, while for patient level 1, the office has the desire and a level of comfort to deliver reasonable care as opposed to immediately referring the patient for care under general anesthesia.		

Form submission date: _____

Submitted by: _____