

## Dental Case Management Form for Patients with Special Healthcare Needs

Required documentation for CDT D9997 Dental Case Management Patients with Special Healthcare Needs

Date: \_\_\_\_\_

Member Name:				Phone:		
Address:				City:		
TennCare ID:		Sex at birth:		Age:		DOB:
Qualifying Diagnosis						
Additional Diagnoses:						
Behavioral Assessment from Primary Care Physician						

Dental Office:				Dentist:		
Address:				City:		
Office Phone:		Fax:		Email:		

Medical Office:				Physician:		
Address:				City:		
Office Phone:		Fax:		Email:		

Legal Guardian:				Relation:		
Address:				City:		
Office Phone:		Fax:		Email:		

Caregiver:				Relation:		
Address:				City:		
Office Phone:		Fax:		Email:		

Logistical Considerations:				Agency:		
Transportation:				Contact:		
Address:				City:		
Office Phone:		Fax:		Email:		
Alternate Transportation:						

<b>Motivational Interview</b> a.) Ask opened ended questions b.) Affirm the patient's strengths c.) Reflective listening d.) Summarize what was stated e.) Conclude with an open ended statement f.) Inform and advise when appropriate and when patient and caregiver are ready for a change 1. Introduce patient, family, caregiver to office and treatment team. 2. Educate patients and families/caregiver on treatment options and plans. 3. Communicate with patients, family/caregiver on appointment times and required preparations. 4. Establish most effective communication modality/style.	
Chief Concerns:	
Home Care Needs/ Challenges & Compliance Barriers:	
Communication Style:	
Summary of Motivational Interview:	

<b>Modifications Needed for Care</b> Limitations and special treatment considerations that require modifications to delivery of treatment			
Physical:		Developmental:	
Medical:		Cognitive:	
Other:			
<b>Treatment Sequencing</b> Narrative on treatment plan per phase including tooth numbers or area			
<b>Urgent Phase</b> Acute issues such as pain, infection, broken or cracked teeth should be addressed immediately			
<b>Control Phase</b> Eliminates active disease such as caries and inflammation; eliminate conditions that prevent maintenance of healthy oral cavity. Begin preventive dentistry treatment. Focus on oral health home care with patient and caregiver			
<b>Re-evaluation Phase</b> Determine the response to the treatment that has been rendered at the tooth level and the patient level, and decide on any further treatment			
<b>Definitive Phase</b> Reassessment of patient's needs and determine if they require further care. This may involve referral to specialty care			

<b>Maintenance Phase</b> Provide continued preventive and periodontal care and reassess the patients' oral condition and determine if any new interventions are needed. Establish re-care maintenance schedule	

<b>Oral Health Literacy Improvement Interview &amp; Plan</b>	
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<b>Chief Concerns:</b>	
<b>Summary of Oral Hygiene Interview:</b>	
a) Home care routine description	
b) Is assistance required? Implements used? Rotary or manual toothbrush used?	
c) Daily frequency and timing of home care routine	
d) What have been the historical oral hygiene goals for patient	
e) Explain compliance barriers that affect consistent home hygiene	
<b>Home Care Needs/Challenges &amp; Compliance Barriers:</b>	
<b>Caries Risk Assessment:</b>	
<b>Oral Hygiene Assessment &amp; Diagnosis:</b>	
<b>Periodontal Risk Assessment (PRA):</b>	
<b>Periodontal Assessment &amp; Diagnosis:</b>	
<b>Summary of Oral Hygiene Education</b> (OHI that was presented to patient & care team using visual tools and technology for oral health education that is appropriate for special needs patients & their care team)	
<b>Summary of the Oral Hygiene Plan</b> discussion with guardian, caregivers & agency. Delineate areas of responsibility.	

Dentist Signature:	Printed Name:	Date:
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