Level of Care Support for People with Disabilities

Going to the dentist can be stressful. If a person has a disability they might need help deciding what kind of dentist they need. Most people with disabilities will need no extra supports except maybe a little more time and understanding. Other people with disabilities may need medication to complete a visit or help to safely relax to allow for dental services.

There is a dentist for everyone.

We call this “Levels of Care”.

You and/or your family members or support staff can make decisions about what is best for you. Your dentist or dental hygienist can help you decide what level of care you need. Your primary care doctor can help as well. Sometimes people can have a routine service (like cleaning) with no extra help but, may need a higher level of care for other services. It all depends on you or the needs of the person you support.
There is help available.

Your primary care doctor can help answer questions, as can your dentist or dental hygienist. Your Medical Assistance (Medicaid) or Managed Care Organization staff can also help. There are some great tools for people who would like to work on needing less support in the dental office, such as de-sensitization and practicing what will happen during a dental visit, before it occurs. Information about levels of care and how to have successful dental visits are available at ACHIEVA’s website. (below)

Being prepared for the dental appointment can make the appointment less stressful. Please find the pre-visit form on the next pages, which will help you decide what level of care you or the person you support needs.

Your Medical Assistance (Medicaid) or Managed Care Organization staff have been trained on levels of care and can help you to identify a dentist who provides the level of care you need.

* Please send the pre-visit form to your dentist before the visit or bring it with you.

These forms may be printed and completed or downloaded to your computer and completed. Currently available at these websites:

• The Pennsylvania Health Care Quality Units
http://achieva.nurelm.com/services.jsp?pageId=216139224061293465379274
ACHIEVA website - Look under HCQU contact lists

• ACHIEVA
www.achieva.info

This project was supported by grants from the Pennsylvania Developmental Disabilities Council and the FISA Foundation.

The development of the Levels of Care concept and the Dental Pre-Visit form is a joint project funded by the Pennsylvania Developmental Disabilities Council, FISA Foundation and undertaken by representatives from ACHIEVA, the Pennsylvania Offices of Medical Assistance Programs and the Office of Developmental Programs, Department of Public Welfare, as well as the Pennsylvania Northeastern and Southeastern Health Care Quality Units.
**Dental Pre Visit Form**  
**Special Needs**

Instructions: Please complete this form for yourself or for the special needs person you are supporting.  
Print or complete on the computer. USE TAB TO GO TO NEXT AVAILABLE SPACE WHEN ENTERING INFORMATION.

### Section I: Patient Demographics

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Date of Birth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Residence (check which is applicable)</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family/Assisted Living</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent/Own Home</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Agency Phone</th>
</tr>
</thead>
</table>

### Emergency Contact Information

<table>
<thead>
<tr>
<th>Emergency Contact Name</th>
<th>Relationship to Patient (title, if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Telephone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legal Guardian</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Guardian Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Guardian Phone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Insurance Information

<table>
<thead>
<tr>
<th>Name of Insured</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Relationship to Patient</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Employer Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Medical Assistance/Access Number</th>
<th>Managed Care Organization name and number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Private Insurance</th>
<th>Medicare (Managed Care Organization) name and number</th>
</tr>
</thead>
<tbody>
<tr>
<td>company name and number</td>
<td>company name and number</td>
</tr>
</tbody>
</table>
## Section II: Medical Diagnoses

**Check all that apply**

- Allergies, specify
  - Latex Allergy
  - Alzheimer’s Disease
  - Aspiration Precautions
  - Autism Spectrum
  - Blood Disorder
  - Cancer Treatment (History / Current)
  - HIV Positive
  - Hypertensive lattice formation
  - Hypereactive gag reflex
  - Hypereactive emetic reflex
  - Incontinence
  - Kidney Disease
  - Liver Disease
  - Mental Retardation: Level (Mild, Moderate, Severe, Profound)
  - Mental Illness: specify diagnosis
  - Mouth Pouching
  - Musculoskeletal concerns: specify (Contractures, Rigidity, Spasticity)
  - Special positioning needs
  - Uncontrolled body movements
  - PCA
  - Previous surgery: explain

- Hemophilia
- Hepatitis B
- High blood pressure
- History of heart valve replacement
- History of joint replacement
- HIV Positive
- Lung Disease
- Mental Retardation: Level (Mild, Moderate, Severe, Profound)
- Mental Illness: specify diagnosis
- Mouth Pouching
- Musculoskeletal concerns: specify (Contractures, Rigidity, Spasticity)
- Special positioning needs
- Uncontrolled body movements
- PCA
- Previous surgery: explain

- Diabetes (IDDM or AODM II)
- Does the patient require:
  - Insulin Injections
  - Oral medication
- Down Syndrome
- Dysphagia (swallowing problems)
- GERD/reflux
- Heart related conditions
- Hemophilia
- Hepatitis B
- High blood pressure
- History of heart valve replacement
- History of joint replacement
- HIV Positive
- Lung Disease
- Mental Retardation: Level (Mild, Moderate, Severe, Profound)
- Mental Illness: specify diagnosis
- Mouth Pouching
- Musculoskeletal concerns: specify (Contractures, Rigidity, Spasticity)
- Special positioning needs
- Uncontrolled body movements
- PCA
- Previous surgery: explain

- Cerebral Palsy
- Diabetes (IDDM or AODM II)
- Does the patient require:
  - Insulin Injections
  - Oral medication
- Down Syndrome
- Dysphagia (swallowing problems)
- GERD/reflux
- Heart related conditions

## Section III: General Functioning

Choose the best matching level, check boxes

### A. Speech/Communication

- Completely verbal, clearly expresses thoughts
- Somewhat verbal, sentences incomplete
- Somewhat verbal, uses signs or devices
- Primarily nonverbal, uses sounds, gestures, or signs
- Nonverbal, uses pictures
- Nonverbal, expresses with face and behavior
- Nonverbal, unable to communicate thoughts

Understands basic one step directions?  Yes  No
B. Hearing
- Normal
- Impaired (uses a hearing aide [ ] Yes [ ] No)
- Deaf

C. Vision
- Normal
- Impaired (uses glasses [ ] Yes [ ] No)
- Blind

D. Mobility
- Completely mobile, little or no assistance
- Able to walk, but unsteady
- Able to walk, needs assistance with steps
- Physical assistance (e.g., sighted guide)
- Mechanical assistance, cane, walker, crutches
- Needs mechanical and physical assistance
- Non-ambulatory, can operate a wheelchair
- Non-ambulatory, completely dependent

E. Eating
- Eats a regular diet
- Eats a soft or pureed diet
- Eats a liquid diet only
- Has feeding tube or g tube
- Reason for dietary modification:

Section IV: Behavioral Approaches

A.) Describe dental appointment behaviors based upon past experience
- Cooperative under all circumstances
- Cooperative under most circumstances
  Please describe what the patient can or cannot tolerate
- Fearful and tactile defensive
- History of biting
- Lip biting following anesthesia
- Resists contact
- Refuses to open mouth, requires mouth prop
- Combative
- Hyperactive/short attention span
- Tremors
- Vocal outbursts
- Waiting room behavior is disruptive

B.) Describe strategies that are effective
- Calm voice
- Directive
- Distraction
- Humor
- Pre-medication to relax patient
- Positive reinforcement/Rewards (specify what is rewarding)
- Demonstration of appointment activities
- Mechanical immobilization/Protective stabilization (light restraints)
- Other behavior management techniques

C.) Describe what relaxes the patient

B. Hearing
- Normal
- Impaired (uses a hearing aide [ ] Yes [ ] No)
- Deaf

C. Vision
- Normal
- Impaired (uses glasses [ ] Yes [ ] No)
- Blind

D. Mobility
- Completely mobile, little or no assistance
- Able to walk, but unsteady
- Able to walk, needs assistance with steps
- Physical assistance (e.g., sighted guide)
- Mechanical assistance, cane, walker, crutches
- Needs mechanical and physical assistance
- Non-ambulatory, can operate a wheelchair
- Non-ambulatory, completely dependent

E. Eating
- Eats a regular diet
- Eats a soft or pureed diet
- Eats a liquid diet only
- Has feeding tube or g tube
- Reason for dietary modification:

Section IV: Behavioral Approaches

A.) Describe dental appointment behaviors based upon past experience
- Cooperative under all circumstances
- Cooperative under most circumstances
  Please describe what the patient can or cannot tolerate
- Fearful and tactile defensive
- History of biting
- Lip biting following anesthesia
- Resists contact
- Refuses to open mouth, requires mouth prop
- Combative
- Hyperactive/short attention span
- Tremors
- Vocal outbursts
- Waiting room behavior is disruptive

B.) Describe strategies that are effective
- Calm voice
- Directive
- Distraction
- Humor
- Pre-medication to relax patient
- Positive reinforcement/Rewards (specify what is rewarding)
- Demonstration of appointment activities
- Mechanical immobilization/Protective stabilization (light restraints)
- Other behavior management techniques

C.) Describe what relaxes the patient
### Section V: Dental Specific Needs

1. Patient requires assistance to use the dental chair. [ ] Yes [ ] No
2. Patient needs physical support in the dental chair. [ ] Yes [ ] No
3. Patient cannot use a dental chair. [ ] Yes [ ] No
4. Is the patient currently experiencing pain, swelling, or redness? [ ] Yes [ ] No
5. Is the patient without teeth? [ ] Yes [ ] No
6. Is the patient missing some teeth? [ ] Yes [ ] No
7. Does the patient have dentures? [ ] Yes [ ] No
8. Would he/she tolerate dentures if teeth need replacement? [ ] Yes [ ] No
9. What is the patient’s oral hygiene routine? Circle all that apply:
   - Toothbrush
   - Floss
   - Electric toothbrush
   - Water pick
   - Cloth/sponge
   - Other tool
10. Can patient brush his/her own teeth? Circle one
    - With no assistance
    - With some assistance
    - Needs total assistance
11. Can patient rinse mouth well? [ ] Yes [ ] No
12. Does the patient have a history of oral or facial trauma? [ ] Yes [ ] No
13. Has sedation been required for dental care in the past? [ ] Yes [ ] No
14. Does the patient require any medications prior to dental treatment? If yes, specify:
    - Nitrous Oxide (laughing gas)
    - Oral sedation (medication)
    - IM sedation
    - IV sedation
    - General Anesthesia
15. Has the patient required physical restraints (protective stabilization/mechanical immobilization) to accomplish dental care in the past? [ ] Yes [ ] No
16. Will it be necessary to use protective stabilization for this person to receive dental care? [ ] Yes [ ] No
17. Most recent general dental visit: Date
18. How often does patient receive dental check ups?
19. Type of treatment received at the most recent visit (check all that apply):
    - Screening (exam)
    - Periodontal (cleaning)
    - Restorative (filling)
    - Surgery (to jaw, gums, mouth)
    - Extraction (tooth pull)
    - Orthodontics (braces)
    - Gum treatment

Please attach documentation of previous dental visits

---

### Section V: Dental Specific Needs

1. Patient requires assistance to use the dental chair. [ ] Yes [ ] No
2. Patient needs physical support in the dental chair. [ ] Yes [ ] No
3. Patient cannot use a dental chair. [ ] Yes [ ] No
4. Is the patient currently experiencing pain, swelling, or redness? [ ] Yes [ ] No
5. Is the patient without teeth? [ ] Yes [ ] No
6. Is the patient missing some teeth? [ ] Yes [ ] No
7. Does the patient have dentures? [ ] Yes [ ] No
8. Would he/she tolerate dentures if teeth need replacement? [ ] Yes [ ] No
9. What is the patient’s oral hygiene routine? Circle all that apply:
   - Toothbrush
   - Floss
   - Electric toothbrush
   - Water pick
   - Cloth/sponge
   - Other tool
10. Can patient brush his/her own teeth? Circle one
    - With no assistance
    - With some assistance
    - Needs total assistance
11. Can patient rinse mouth well? [ ] Yes [ ] No
12. Does the patient have a history of oral or facial trauma? [ ] Yes [ ] No
13. Has sedation been required for dental care in the past? [ ] Yes [ ] No
14. Does the patient require any medications prior to dental treatment? If yes, specify:
    - Nitrous Oxide (laughing gas)
    - Oral sedation (medication)
    - IM sedation
    - IV sedation
    - General Anesthesia
15. Has the patient required physical restraints (protective stabilization/mechanical immobilization) to accomplish dental care in the past? [ ] Yes [ ] No
16. Will it be necessary to use protective stabilization for this person to receive dental care? [ ] Yes [ ] No
17. Most recent general dental visit: Date
18. How often does patient receive dental check ups?
19. Type of treatment received at the most recent visit (check all that apply):
    - Screening (exam)
    - Periodontal (cleaning)
    - Restorative (filling)
    - Surgery (to jaw, gums, mouth)
    - Extraction (tooth pull)
    - Orthodontics (braces)
    - Gum treatment

Please attach documentation of previous dental visits
### Section VI: Proposed level of Dental Care

Select level of care based upon previous dental experiences or previous dental assessments. Use chart below.

- Level I
- Level II
- Level III
- Level IV

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Level of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1 Care</strong></td>
<td>The special needs of the patient do not require any special modalities other than time to provide the dental care. Dentists providing level 1 care may use the behavior management techniques.</td>
</tr>
<tr>
<td><strong>Community-based Care for people who are cooperative and are not fearful of the dentist, who may require little or no assistance to complete comprehensive dentistry.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Level 2 Care</strong></td>
<td>The special needs of the patient with some level of cooperation requires anxiolytic (chemical) support or desensitization and/or behavioral management to be successfully treated. (This includes nitrous oxide/oxygen.)</td>
</tr>
<tr>
<td><strong>Community-based care for people who are generally cooperative during a dental visit. Patient may need some behavioral support, desensitization, and/or nitrous oxide/oxygen.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Level 3 Care</strong></td>
<td>The special needs of the patient are not responsive to level 1 or 2 care modalities and/or historically has been unsuccessful in treatment attempts at level q or 2, and therefore, requires IV sedation (pharmacological treatment) in order to be successfully treated.</td>
</tr>
<tr>
<td><strong>Community or specialty clinic-based care for people who are historically not successful under level 1 or 2. These patients require a level of sedation above level 2, but not anesthesia or deep sedation, due to behaviors and/or medical complexity.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Level 4 Care</strong></td>
<td>The special needs of the patient are not responsive to levels 1, 2 or 3 care and/or historically have been unsuccessful in treatment attempts at levels 1, 2 or 3, and/or the treatment required is so extensive and/or urgent that the patient will require anesthesia for successful treatment.</td>
</tr>
<tr>
<td><strong>Patient cannot complete dental visit in a typical community practice due to resistant or difficult behaviors or medical complexity. Person will need specialized setting, ambulatory surgical center or hospital to complete comprehensive dentistry using deep conscious sedation or general anesthesia.</strong></td>
<td></td>
</tr>
</tbody>
</table>

Where has the patient received care in the past?
- [ ] Dental Office
- [ ] Specialty Clinical
- [ ] Hospital

Does this person require the level of care previously received or could the patient use less restriction?

Name of person completing this form (printed)

Signature Date

Title

Phone Number

Attach current physical exam and list of medications with last visit form

5