LIBERTY DENTAL PLAN

NEW JERSEY LONG TERM CARE FACILITY, SKILLED NURSING FACILITY, & DENTAL MOBILE SURVEY

Please complete the following information for *each* participating provider who treats your members who reside in a Residential Long-Term Care Facility. Thank you for your assistance.

Name:		
Address:		
City:	State:	Zip:
Business Phone Number:		

PROVIDERS IN LONG TERM CARE FACILITIES

In which NJ counties does practice see patients? _____

How many dentists in the group treat patients in Long Term Care Facilities? _____

Do any hygienists employed by the practice work in Long Term Care Facilities? ❑ YES ❑ NO

If yes, how many? _____

Do they use a Mobile Van? ❑ YES ❑ NO

Is practice linked to "brick and mortar" facility (this does not include a billing office)? ❑ YES ❑ NO

Do they have referral relationship with practice(s) in close proximity to all facilities they serve? ❑ YES ❑ NO

Is practice accepting new facilities? ❑ YES ❑ NO

Is practice accepting new patients at all facilities they serve? ❑ YES ❑ NO

MOBILE DENTAL PRACTICE (PORTABLE EQUIPMENT)

Please provide a list of the LTC, SNF, other sites or areas they serve. _____

_____

Indicate whether they provide comprehensive and emergency care. ❑ YES ❑ NO

Indicate if they make referrals when necessary for continuity of care. ❑ YES ❑ NO

When treatment is provided at a Long-Term Care Facility or a Skilled Nursing Facility are duplicate records maintained at the facility? ❑ YES ❑ NO

MOBILE DENTAL VAN (SPECIALLY EQUIPPED VEHICLE)

Please provide a list of the LTC, SNF, other sites or areas they serve. _____

_____

Please provide a list of the LTC, SNF, other sites or areas they serve. _____

_____

Does the brick and mortar practice serve as a dental home providing comprehensive and emergency services? ❑ YES ❑ NO

Referrals to Specialists? ❑ YES ❑ NO

Is the brick and mortar practice located within the geographic access limitations as defined by 4.8.8 of the MCO Contract? This is determined by each site serviced. ❑ YES ❑ NO

Are dental records stored at the brick and mortar practice? ❑ YES ❑ NO

Do they participate in health fairs or one-time events? ❑ YES ❑ NO

