SPONSORED FREE HEALTH CARE EVENTS

REGISTRATION OF SPONSORING ENTITY UNDER NEVADA REVISED STATUTES (NRS) CHAPTER 629[1]

AMENDMENT

From:	
For Whom:	
For What Event:	Date of Event:

Attach a list of all out-of-state health care practitioners who you currently believe intend to apply for authorization to participate in the event. The list should include the name, profession, and a copy of their license for each identified individual.

- ✔ Name
- ✔ Profession
- ✔ Copy of License
- ☐ Check here to indicate that all items on the list are attached.

- I understand that the applicant has 10 days to supply changes to information in the application. Changes encompass edits to existing information in the application e.g., phone numbers and contact information for the providers submitted or changes to the contact information for the sponsoring organization. Pursuant to the Nevada Administrative Code (NAC)NAC 629.150 and required by NRS 629.460.

- I understand and agree to compliance with NRS 432B.140 in Attachment IV, and the Policy for Urgent Dental Issues Identified During Community Screening in Attachment V.

- I understand that adding new providers who will be performing voluntary health care service not on the original submission is not considered a change to the original application information and requires instead an amendment to the original application to add new individuals providing services (i.e. a supplemental application). Refer to new NRS 629 Registration Amendment.

- I understand that adding new providers requires the sponsoring organization to submit the required information for that provider no later than 1 business day after being informed that the provider of healthcare intends to provide voluntary health care service for the sponsoring organization, and DPBH shall review a registration form from a sponsoring organization within 5 business days after receipt of the form pursuant to NAC 629.150.

- I understand that I must maintain records in either electronic or paper form both at the sponsored event and for five (5) years in Nevada, per the record keeping requirements imposed by NRS 629.460.

This signatory certifies that all volunteers have been background checked by fingerprint prior to providing any voluntary health care services.

I certify under penalty of perjury under the laws of the State of Nevada, that the information provided on this form and any attachments is true and current, and that I am authorized to sign this form on behalf of the sponsoring organization:

Printed Name:	Title:

Date:

X_____
Signature

Disclosure of your personal information is mandatory. Failure to provide any of the required information will result in the form being rejected as incomplete. The information provided will be used to determine compliance with the requirements promulgated by the Division of Public and Behavioral Health. The information collected may be transferred to other governmental and enforcement agencies. A sponsoring organization may obtain information regarding the location of submitted forms and records by contacting the Division of Public and Behavioral Health.

This form, any attachments, and all related questions shall be submitted to:

Division of Public and Behavioral Health
Public Health Preparedness
4150 Technology Way, Suite 200
Carson City, NV 89706
Tel: (775) 684-4117 Fax: (775) 684-5951
Email: msouthard@health.nv.gov

VOLUNTARY HEALTH CARE SERVICE

NRS 629.400 Legislative declaration. The Legislature hereby finds and declares that:

1. Access to high-quality health care service is of concern to all persons;
2. Access to such service is severely limited for some residents of this State, particularly those who reside in remote, rural areas or in the inner city;
3. Physicians and other providers of health care have traditionally worked to ensure broad access to health care service;
4. Many providers of health care from this State and other states or territories of the United States are willing to volunteer their services to address the health care needs of Nevadans who may otherwise not be able to obtain such service; and
5. It is the public policy of this State to encourage and facilitate the provision of voluntary health care service.

(Added to NRS by 2013, 2280)

NRS 629.410 Definitions. As used in NRS 629.400 to 629.490, inclusive, unless the context otherwise requires, the words and terms defined in NRS 629.420, 629.430and 629.440 have the meanings ascribed to them in those sections.
(Added to NRS by 2013, 2280)

NRS 629.420 "Division" defined. "Division" means the Division of Public and Behavioral Health of the Department of Health and Human Services.
(Added to NRS by 2013, 2280)

NRS 629.430 "Sponsoring organization" defined. "Sponsoring organization" means an organization that:

1. Organizes or arranges for the provision of voluntary health care service in association with one or more providers of health care; and
2. Is registered with the Division pursuant to NRS 629.460.

(Added to NRS by 2013, 2280)

NRS 629.440 "Voluntary health care service" defined. "Voluntary health care service" means professional health care service that is provided to a patient by a provider of health care:

1. Without charge to the patient or to a third party on behalf of the patient; and
2. In association with a sponsoring organization.

(Added to NRS by 2013, 2280)

NRS 629.450 Provider of health care authorized to provide voluntary health care service; limitations.

1. Notwithstanding any provision of law to the contrary and except as otherwise provided in this section, a provider of health care may provide voluntary health care service in this State in association with a sponsoring organization.
2. A provider of health care shall not provide voluntary health care service in this State if:

(a) The professional license or certificate of the provider of health care is suspended or revoked, or has been suspended or revoked within the immediately preceding 5 years, pursuant to disciplinary proceedings in this State or in any other state or territory of the United States;

(b) The voluntary health care service provided is outside the scope of practice authorized by the professional license or certificate of the provider of health care; or

(c) The provider of health care has not actively practiced his or her profession continuously for the immediately preceding 3 years.

3. A provider of health care who provides voluntary health care service pursuant to this section shall not accept compensation of any type, directly or indirectly, or any other benefit or consideration from any person or other source for the provision of the service.

(Added to NRS by 2013, 2280)

NRS 629.460 Sponsoring organization to register with Division; contents of form; registration deemed prima facie evidence of due care; authority of Division to revoke registration.

1. A sponsoring organization shall, before organizing or arranging for the provision of voluntary health care service in this State, register with the Division by submitting to the Division a form prescribed by the Division which contains:

(a) The name, street address and telephone number of the sponsoring organization;

(b) The name, street address and telephone number of each person who is an officer, director or organizational official of the sponsoring organization and who is responsible for the operation of the sponsoring organization; and

(c) Any other information required for registration by the Division.

2. Each sponsoring organization shall:

(a) Notify the Division in writing of any change in the information required for registration pursuant to subsection 1 not later than 10 days after the change.

(b) File a report with the Division not later than 10 days after the end of each calendar quarter identifying each provider of health care who provided voluntary health care service during the calendar quarter in association with the sponsoring organization. The report filed pursuant to this paragraph must include a copy of the current license or certificate of each provider of health care identified in the report and the date, location and type of service provided by each provider of health care. A sponsoring organization shall maintain a record of each report filed pursuant to this paragraph for a period of not less than 5 years after the date on which the report is filed. Each report maintained pursuant to this paragraph, including copies thereof, must be made available for inspection by the Division upon reasonable request.

3. Compliance with this section shall be deemed to be prima facie evidence that a sponsoring organization has exercised due care in selecting a provider of health care to associate with the sponsoring organization to provide voluntary health care service.

4. The Division may, after reasonable notice and a hearing, revoke the registration of any sponsoring organization that fails to comply with the requirements of this section.

(Added to NRS by 2013, 2281)

NRS 629.470 Duty to carry liability insurance. Each provider of health care who provides voluntary health care service pursuant to NRS 629.400 to 629.490, inclusive, shall obtain or otherwise carry, before providing such service, a policy of professional liability insurance which insures the provider of health care against any liability arising from the provision of voluntary health care service by the provider of health care pursuant to NRS 629.400 to 629.490, inclusive.

(Added to NRS by 2013, 2282)

NRS 629.480 Provider of health care to report suspension or revocation of license to Division; submission of fingerprints. A provider of health care currently providing voluntary health care service pursuant to NRS 629.400 to 629.490, inclusive, shall:

1. Report to the Division:

(a) Any suspension or revocation of a license or certificate of the provider of health care or any other disciplinary action taken against the provider of health care by a regulatory body in another state or territory of the United States; and

(b) Any charge or complaint of malpractice made against the provider of health care or any final disposition of a court with respect to such a charge or complaint of malpractice.

2. If the state or territory of the United States in which the provider of health care is licensed or certified does not require, as a condition of licensure or certification, the submission of fingerprints for a background check by the Federal Bureau of Investigation, submit to the Division a complete set of fingerprints and written permission authorizing the Division to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report.

(Added to NRS by 2013, 2282)

NRS 629.490 Division to adopt regulations governing voluntary health care service. The Division shall adopt regulations to carry out the provisions of NRS 629.400 to 629.490, inclusive.

(Added to NRS by 2013, 2282)

[illegible]

[illegible] ([NRS 629.490](NRS 629.490))

1. Except as otherwise provided in NAC 629.170, not less than 10 business days before organizing or arranging for the provision of voluntary health care service in this State, a sponsoring organization must register with the Division pursuant to NRS 629.460 by submitting to the Division a form prescribed by the Division. In addition to the information required by subsection 1 of NRS 629.460, the form must:

(a) State the address of the physical location at which the voluntary health care service will be provided;

(b) State the dates and times during which the voluntary health care service will be provided;

(c) Identify each provider of health care intending to provide voluntary health care service for the sponsoring organization, including, without limitation:

(1) The name and profession of the provider of health care; and

(2) The number, expiration date and state of issuance of the professional license of the provider of health care; and

(d) Describe each type of voluntary health care service to be provided.

2. If a provider of health care not identified pursuant to paragraph (c) of subsection 1 intends to provide voluntary health care service for the sponsoring organization after the registration form has been submitted to the Division, the sponsoring organization must provide to the Division, electronically and not later than 1 business day after being informed that the provider of health care intends to provide voluntary health care service for the sponsoring organization, the information set forth in paragraph (c) of subsection 1 for each provider of health care.

3. The Division shall review a registration form from a sponsoring organization within 5 business days after receipt of the form. Upon review and approval of the registration form, the Division will provide the sponsoring organization an approval letter signed by the Division Filing Officer for the voluntary health care service to be provided. A copy of the signed and dated approval letter must be made available for inspection by the Division upon request on the date of an event at which voluntary health care service is being provided.

4. As used in this section, "Division Filing Officer" means an employee of the Division authorized to review all registration, reporting and supporting documentation from the sponsoring organization required pursuant to this section and NAC 629.160 and 629.170 and NRS 629.400 to 629.490, inclusive.

(Added to NAC by Div. of Pub. & Behavioral Health by R067-16, eff. 12-21-2016)

[illegible] (NRS 629.490) If no provider of health care provided voluntary health care service in association with a sponsoring organization during the immediately preceding calendar quarter, the sponsoring organization is not required to submit the quarterly report required by paragraph (b) of subsection 2 of NRS 629.460.

(Added to NAC by Div. of Pub. & Behavioral Health by R067-16, eff. 12-21-2016)

[illegible] (NRS 415.010, 415A.190, 629.490)

1. The provisions of NAC 629.150 and 629.160 do not apply to the provision of voluntary health care service in this State during an emergency or disaster.

2. As used in this section:

(a) "Disaster" has the meaning ascribed to it in NRS 414.0335.

(b) "Emergency" has the meaning ascribed to it in NRS 414.0345.

(Added to NAC by Div. of Pub. & Behavioral Health by R067-16, eff. 12-21-2016)

Approved Regulation of the State Board of Health No. R053-18

AUTHORITY: §§1-7, NRS 441A.120 and 441A.150.

A REGULATION relating to controlled substances; establishing the requirements relating to reporting of a drug overdose or suspected drug overdose by a provider of health care; requiring certain medical facilities and the Chief Medical Officer to adopt certain administrative procedures relating to such reports; and providing other matters properly relating thereto.

Legislative Counsel's Digest: Existing law requires the State Board of Health to adopt regulations governing the procedures for reporting cases or suspected cases of drug overdose to the Chief Medical Officer or his or her designee, including the time within which such reports must be made and the information to be included in such reports. (NRS 441A.120) Section 5 of this regulation prescribes: (1) the circumstances under which a provider of health care is required to report a drug overdose or suspected drug overdose; and (2) the time within which such a report must be made. Section 6 of this regulation prescribes the contents of such a report. Section 7 of this regulation requires certain medical facilities to adopt administrative procedures to ensure that a report of a drug overdose is made by only one provider of health care at the facility. Section 7 also requires the Chief Medical Officer to adopt administrative procedures to track and analyze reports of drug overdose and suspected drug overdose.

Section 1. Chapter 441A of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 7, inclusive, of this regulation.

Sec. 2. As used in sections 2 to 7, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 3 and 4 of this regulation have the meanings ascribed to them in those sections.

Sec. 3. "Discharge" means the physical release of a patient, regardless of whether the patient is alive, from a medical facility or from the care of a provider of health care to any other place, including, without limitation, the home of the patient, a transitional medical facility, a treatment center, the office of a coroner or a funeral home.

Sec. 4. "Drug overdose" means any intentional or accidental consumption of a controlled substance listed in schedule I, II, III, IV or V in an amount that exceeds the amount prescribed or intended to be consumed that:

1. Results in a patient receiving services from a provider of health care in a clinical setting; and
2. Corresponds to the code T40, T41.1, T42 or T43 as established in the International Classification of Diseases, Tenth Revision, Clinical Modification, adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services.

Sec. 5.

1. Except as otherwise provided in subsections 2 and 3, a provider of health care who provides services to a patient who has suffered or is suspected of having suffered a drug overdose shall, regardless of whether the patient is alive and not later than 7 days after discharging the patient, report the drug overdose or suspected drug overdose to the Chief Medical Officer or his or her designee as required by subsection 2 of NRS 441A.150.
2. A provider of health care who provides outpatient services to a patient whom the provider of health care reasonably believes previously suffered or is suspected of having suffered a drug overdose is not required to make a report of the drug overdose unless the provider of health care believes that such a report was not made by any other provider of health care. If the provider of health care has such a belief, the provider of health care must make a report not later than 7 days after the date on which the provider of health care first learned of the drug overdose or suspected drug overdose.
3. A provider of health care is not required to make a report of a drug overdose if the patient who has suffered or is suspected of having suffered the drug overdose was receiving hospice care or palliative care at the time of the drug overdose or suspected drug overdose.

Sec. 6.

1. A provider of health care shall include in a report of a drug overdose made pursuant to subsection 2 of NRS 441A.150 if known:

(a) The name, address and telephone number of the provider of health care making the report;

(b) he name, address, telephone number, sex, race, ethnicity and date of birth of the patient who suffered the drug overdose or suspected drug overdose;
(c) The number assigned to the medical record of the patient;
(d) he date on which the drug overdose or suspected drug overdose occurred;
(e) A statement of the disposition of the patient;
(f) Any code set forth in the International Classification of Diseases, Tenth Revision, Clinical Modification, adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services, or the code used in any successor classification system adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services, that corresponds to or is otherwise related to the drug overdose or suspected drug overdose; and
(g) y other information requested by the Chief Medical Officer or his or her designee.

2. In addition to the information required by subsection 1, a provider of health care may include in the report:
(a) Results from toxicology tests conducted by a laboratory concerning the drug overdose or suspected drug overdose;
(b) A atement of whether the patient was pregnant on the date on which the drug overdose or suspected drug overdose occurred;
(c) The social security number of the patient; and
(d) y other information that the provider of health care believes is relevant to the report.

3. After making a report pursuant to subsection 2 of NRS 441A.150, a provider of health care may provide supplemental or additional information as it becomes available.

Sec. 7.

1. A medical facility that may have more than one provider of health care provide services to a patient who has suffered a drug overdose or suspected drug overdose shall adopt administrative procedures to ensure that only one such provider of health care makes the report of the drug overdose required by subsection 2 of NRS 441A.150.
2. The Chief Medical Officer shall adopt administrative procedures to track and analyze reports of drug overdoses made pursuant to subsection 2 of NRS 441A.150.

PROTECTION OF CHILDREN FROM ABUSE AND NEGLECT

NRS 432B.140 Negligent treatment or maltreatment. Negligent treatment or maltreatment of a child occurs if a child has been subjected to harmful behavior that is terrorizing, degrading, painful or emotionally traumatic, has been abandoned, is without proper care, control or supervision or lacks the subsistence, education, shelter, medical care or other care necessary for the well-being of the child because of the faults or habits of the person responsible for the welfare of the child or the neglect or refusal of the person to provide them when able to do so.
(Added to NRS by 1985, 1370; A 2015, 2245)

NRS: CHAPTER 432 B – PROTECTION OF CHILDREN FROM ABUSE AND NEGLECT

POLICY FOR URGENT DENTAL ISSUES IDENTIFIED DURING COMMUNITY SCREENING

This policy was approved by the Advisory Committee on the State Program for Oral Health on May 3rd, 2018. Organizations should direct all questions on Basic Screening Survey data collection and Nevada policies for community screening to the Division of Public and Behavioral Health, Oral Health Program at: http://dpbh.nv.gov/Programs/OH/OH-Home/

Nevada Policy for Urgent Dental Issues Identified During Community Screening

This State policy provides a framework to guide dental/medical professionals when an urgent dental need has been identified as part of an oral health screening conducted at a health fair, school, or other community-based venue, and/or when people of any age are identified as having dental needs. This policy is rooted in the ethical belief that *any* type of public health screening includes a responsibility to recognize and report dental neglect and this obligation extends beyond informing the patient to simply seek care when a minor or vulnerable adult is the patient in question.

Dental caries is the most common chronic disease of childhood and can quickly progress to negatively and significantly impact overall health.1 It is for this reason that public health dental assessments/screenings followed by oral hygiene and dietary education for guardians and preventative fluoride varnish for children should be provided. Children especially those with dental needs should be assisted in finding a dental home to manage current oral health issues and establish a level of care that will protect against future infections. A similar protocol should exist for vulnerable adults or adult with special needs. In adults, poor oral health may be associated with or exacerbate chronic diseases such as diabetes and cardiovascular disease and may affect mental health and overall quality of life.2,3Every effort should be made to assist these patients in finding a qualified dental provider.

Background

Community outreach, patient education, and dental assessments or screenings provide a positive public service by quickly informing large groups of individuals on their current dental status, and empowering them to become active participants in their oral health. A dental assessment or screening is a visual examination that identifies overall dental care, obvious signs of infection, dental cavities (caries), and oral disease and assigns a level of urgency regarding a dental visit. It should be noted that a dental assessment/screening does not constitute a comprehensive dental examination. A dental examination is a more thorough evaluation and includes the use of x-rays. For this reason, individuals that receive a screening and are identified as having an urgent or non-urgent dental finding should seek a more thorough clinical examination and health history to address the issue.

At a minimum, patients screened should receive oral health care education, information on their current dental status, and a dental referral in the form of a list of community dental clinics whose contact information has been verified. This clinical directory should include those offices that offer reduced fee, free, or Medicaid dental services. Some screening venues also notify area community clinics in advance of the date of a large-scale dental screening and have arranged to refer patients for same day care.

A more inclusive effort, particularly for individuals with urgent dental needs, includes some level of case management. Parents or guardians in the case of vulnerable adults if not onsite with the patient should be notified of the dental care needs, referred for treatment, assisted with information to address barriers, and contacted by phone to determine if the situation has been addressed. For the purposes of this Nevada policy, 'urgent dental needs' are defined as "needing dental care within 24 to 48 hours because of signs or symptoms that include pain, infection, or swelling"4.

1. Shlossman M, Knowler WC, Pettitt DJ, Genco RJ. Type 2 diabetes and periodontal disease. J Am Dent Assoc 1990;121:532–6 *Basic Screening Surveys: An Approach to Monitoring Community Oral Health.* Association of State and Territorial Dental Directors.
2.Oral Health in America: A Report of the Surgeon General. Rockville, Md: US Dept of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research. 2000.
3. Schou L. Oral health, oral health care, and oral health promotion among older adults: social and behavioral dimensions. In: Cohen LK, Gift HC, editors. Disease Prevention and Oral Health Promotion. Copenhagen: Munksgaard; 1995.
4. Available at http://www.astdd.org/basic-screening-survey-tool/2

Legal Obligation

When a dental/medical professional conducts a dental assessment or screening, s/he has assumed the responsibility of recognizing and reporting dental neglect. Per the American Academy of Pediatric Dentistry Council on Clinical Affairs, dental neglect is defined as a, "willful failure of parent or guardian to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection."5 In Nevada, the protection of children from abuse and neglect is outlined in NRS 432. Negligent treatment or maltreatment is defined by NRS 432B.140 as occurring , "if a child has been subjected to harmful behavior that is terrorizing, degrading, painful or emotionally traumatic, has been abandoned, is without proper care, control or supervision or lacks the subsistence, education, shelter, **medical care** or **other care necessary for the well-being of the child** because of the faults or habits of the person responsible for the welfare of the child or **the neglect or refusal of the person to provide them when able to do so**."6 Medical neglect is a form of child abuse particularly when a guardian refuses to access dental/medical care for a child experiencing a dental/medical emergency.

In the case of suspected abuse in vulnerable adult or adult with special needs, a dental/medical professional who, "has reasonable cause to believe that a vulnerable person has been abused, neglected, exploited or isolated shall (a) Report the abuse, neglect, exploitation or isolation of the vulnerable person to a law enforcement agency; and (b) Make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the vulnerable person has been abused, **neglected,** exploited or isolated."7 "'Neglect' means the failure of (a) A person who has assumed legal responsibility or a contractual obligation for caring for an older person or a vulnerable person or who has voluntarily assumed responsibility for his or her care to **provide food, shelter, clothing or services which are necessary to maintain the physical or mental health** of the older person or vulnerable person; or (b) An older person or a vulnerable person to provide for his or her own needs because of inability to do so. "Older person" means a person who is 60 years of age or older. "Protective services" means services the purpose of which is to prevent and remedy the abuse, neglect, exploitation and isolation of older persons. The services may include investigation, evaluation, counseling, arrangement and referral for other services and assistance."8

Case Management

For minors and/or vulnerable adults, a consent form from the patient's guardian must be obtained before conducting a dental assessment/screening. The guardian's name, contact information, patient's name, and current dentist's name should be provided on dental screening forms. Every patient screened should be sent home with information about the dental screening, the dental findings, and at a minimum, verified contact information on community clinics as described above. For adult patients, the findings of the screening can be discussed with both the individual and the guardian. For children and vulnerable adults with urgent dental needs, some form of case management should be attempted to explain the dental findings and assist in removing barriers to treatment. Only through this type of follow-up communication can dental neglect be identified.

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5 *Definition of dental neglect.* American Academy of Pediatric Dentistry Council on Clinical Affairs. 2016. Available at http://www.aapd.org/media/Policies_Guidelines/D_DentalNeglect1.pdf

6 NRS 432B Protection of children from abuse and neglect

7 NRS 200.50935 Report of abuse, neglect, exploitation or isolation of vulnerable person.

8 NRS 200.5092 Definitions.

When dental screenings have been conducted by the State Oral Health Program, the State Dental Health Officer will initiate contact with the individual's parent/guardian and discuss the etiology and treatment needed. The seriousness of the individual's condition in regards to overall health will be reiterated to the parent/guardian. The parent/guardian will be asked to schedule an appointment with a dentist within 24 to 48 hours. Should a parent/guardian be willing but unable to make a dental appointment, the State Oral Health Program will provide a Community Dental Resource Inventory which outlines dental clinics throughout the state that offer reduced fee, free, or Medicaid dental services. Specifics regarding Nevada's Medicaid dental plan which provides comprehensive dental care for patients 0-21, emergency dental services for adult patients, and transportation services will be explained. Individuals will be provided with contact information for Medicaid agencies for more information regarding eligibility.

The Oral Health Program staff will make subsequent follow-up phone calls to confirm that the individual was seen by a dentist. If the appointment was cancelled without being rescheduled, a parent/guardian will be called and given 24 hours to reschedule the appointment. The parent/guardian will be advised that if they cannot schedule *and keep* a dental appointment (which will be determined by subsequent follow-up phone calls with the parent/guardian and dentist), the Division of Child and Family Services (DCFS) will be notified to provide additional case management. Should they refuse dental care or be unable to pay for treatment due to loss of Medicaid eligibility or financial hardship, further case management will be provided by the local child welfare agency.

If an individual with urgent needs resides on tribal land, then a report should be made to the tribal social work office or local Division of Child and Family Services (DCFS). The local welfare agency or DCFS will determine jurisdiction and proceed.

A similar protocol should be followed by dental/medical professionals conducting community or school dental assessments/screenings. When an urgent dental need has been identified, the individual's parent/guardian should be assisted in accessing care and scheduling a dental appointment. It is the obligation of the provider or provider's organization to ensure that some form of case management has been attempted and referral to government agencies (ie. DCFS or Oral Health Program) is made when appropriate.

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