



## Dental Benefits Collaborative Process

- **Contractor / Vendor submits draft policy content** (based on national research into evidence based best practices)
- **Content is reviewed by Department policy team**
  - Sent out for colleague peer review, if deemed necessary
  - Content revised with Contractor / Vendor to incorporate comments, if necessary
- **Benefits Collaborative public meeting(s) scheduled**
  - Minutes are taken
  - Listening Log created
    - Listening log is posted to the web
    - Policy content is revised, where appropriate, to incorporate stakeholder feedback
- **Benefit Coverage Standard is fully drafted and distributed to Stakeholders**
- **Children’s Advisory Council (CAC) Meeting scheduled (if applicable)**
  - CAC reviews draft policy
  - Draft policy is revised, if needed
- **Night Medical Advisory Committee (MAC) Meeting scheduled**
  - Night MAC reviews draft policy
  - Draft policy revised, if needed
- **45 day Public Comment Period begins**
  - Public Notice posted to the web
  - Draft policy revised, if needed
- **Department Responses to Listening Log Finalized and Posted to the web**
- **Policy finalized and put into clearance for Medicaid Director signature**
- **Final Step: MSB Approval**
  - Final draft of policy is posted to the web and a Public Rule Review Meeting is held, usually two weeks prior to MSB meeting. Meeting comments are recorded and delivered to MSB members.
  - Benefits Collaborative Manager and Dental Benefit Manager present final draft of policy to the MSB for initial approval.
  - If initially approved, Benefits Collaborative Manager and Dental Benefit Manager return to MSB one month later to seek final approval.
  - Once approved, policy is incorporated by reference into Volume 8 rule.