

**HIV Health Services Planning Council  
Sacramento TGA  
Policy and Procedure Manual**

**Subject:** Oral Health

**No.:** SSC03

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As directed by the HIV Health Services Planning Council established priorities, when funded, the following service standards will apply to Ryan White contracted service providers.

1. Ryan White CARE Act funding is to be used for any service designed to significantly improve client access and adherence to HIV/AIDS medical resources. As such, any Oral health services, which are provided by agencies and paid for using Ryan White Part A and Part B funding, shall be related to healthcare or other critical needs that present barriers to healthcare access or maintenance.

2. Ryan White CARE Act Part A and B funding is to be expended in a cost effective, equitable manner which is based upon verified client need and encourages self-reliance of clients. Clients may be referred to Oral Health Services through medical case management services, their medical provider, or self-referral. Regardless of referral source, Oral Health Services, which are paid for with Ryan White Part A and Part B funds, shall be delivered only after verification of client eligibility and payer of last resort, and shall be provided in accordance with the allocation priorities and directives which are adopted by the Sacramento TGA HIV Health Services Planning Council ("HIV Planning Council").

3. The United States Health Resources Services Administration (HRSA) defines Oral Health Care as outpatient diagnostic, preventive, and/or therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

In accordance with the HRSA HIV Performance Measures and with the above:

- A. Ryan White-funded Oral Health services must conform to the adopted Ryan White Oral Health Program Operations Manual and Oral Health Rate Schedule, as published by the Sacramento County Department of Health and Human Services.
  
- B. Providers shall provide oral health care to persons living with HIV, ensuring equal access across populations through direct service or referral processes that emphasize a full continuum of oral health care services including:
  - 1. Service that is determined medically necessary, including diagnostic screenings, shall be paid for with Ryan White funds, as defined by the Ryan White Program Dental Program Operations Manual and Dental Rate Schedule.
  - 2. Medical history taking
  - 3. Comprehensive oral exam
  - 4. A documented dental treatment plan including a referral system for urgent care matters and/or services needed by clients but not fundable through Ryan White.
  - 5. Diagnostic dental care
  - 6. Preventative dental care
  - 7. Therapeutic dental care
  - 8. Documentation of oral health education
  - 9. Coordination of care with primary care provider and other services
  - 10. Documented provision of at least one periodontal examination during the measurement year (March- February)
  - 11. Documentation of initial and updated health history including:
    - a. Current medications
    - b. Appropriate lab values
    - c. Name of primary medical care provider
    - d. Review of substance use (smoking/tobacco, alcohol and drug use)
  - 12. Documentation of progress, review and outcome of the dental treatment plan

C. Service Characteristics

**Initial Oral Health Care Appointments:** Initial Oral Health Care appointments should be made as soon as possible to avoid potential drop out. Emergency or urgent appointments should be provided as soon as possible, on the same day if feasible. Initial non-urgent appointments must occur no later than 90 calendar days after the first client referral.

Subsequent non-urgent appointments must be scheduled as soon as feasible, but no more than 30 days after request in order to minimize the need for urgent or emergency services.

As clients may miss appointments, agencies must have a process in place to ensure timely follow-up with patients. Missed appointments and provider attempts at rescheduling must be documented in the file.

### ***Eligibility Screening and Intake***

The Oral Health Care providers must ensure that the client has been deemed eligible for HCP services by the referring agency; HCP directly-contracted providers should verify that intake has been performed at the start of HCP service provision and if not, perform an intake. Providers should ensure that any consents and Releases of Information specific to dental care are completed and in the client's file; providers must take the necessary steps to obtain these forms if missing.

### ***Initial Assessment***

At the start of Oral Health Care Services, a baseline dental evaluation must be conducted. This evaluation should include, at a minimum:

- **Medical history.** The provider shall perform a complete medical history for every new patient. This should include:
  - Client's chief complaint
  - HIV medical care provider
  - Current medication regimen(s) and adherence, including HIV medications
  - Alcohol, drug, and tobacco use
  - Allergies
  - Usual oral hygiene
  - Date of last dental examination, and name of last dentist if known
  
- **Oral examination.** Each patient should be given a comprehensive oral examination and assessment. This examination should include:
  - Documentation of the client's presenting complaint
  - Medical and dental history
  - Caries (cavities) charting
  - X-rays: Full mouth radiographs or panoramic and bitewing x-rays
  - Complete oral hygiene and periodontal exam
  - Comprehensive head and neck exam
  - Complete intra-oral exam, including evaluation for HIV-associated lesions or STIs
  - Soft tissue exam for cancer screening
  - Pain assessment
  - Risk factors

**Education:** Clients should always be provided with information regarding prevention, early detection of oral disease, and preventive oral health practices, including what to do if having a dental emergency. See the *Preventative Care and Maintenance* section of this document for more details.

**Referral / Linkage:** Clients requiring specialized care should be referred for and linked to such care via the client's case manager and/or HCP care team, with documentation of that referral in the client file and available upon request.

**Documentation:** All client contacts, findings, procedures, diagnoses, education, and other information pertinent to patient care must be recorded in the client chart.

### ***Treatment Plan***

Oral Health Care providers should create an individualized dental treatment plan for each patient. The plan should:

- Identify and prioritize the patient's dental care needs
- Incorporate client input
- Describe the proposed interventions and treatment schedule
- Include any referrals and linkages to specialty care or other needed services
- Be signed and dated by the provider

**The treatment plan should be reviewed at each appointment and revised as needed.**

### ***Preventative Care and Maintenance***

Oral Health Care providers should emphasize prevention, early detection of oral disease, and preventive oral health practices.

Education shall include:

- Instruction on oral hygiene, including proper brushing, flossing, and mouth rinses
- Counseling regarding behaviors that may influence oral health (e.g., tobacco use, unprotected oral sex, body piercing)
- General health conditions that may compromise oral health
- The effect of nutrition on oral health.

NOTE: Toothbrushes, toothpaste, dental floss, and mouth rinses may be purchased under the Food Bank/Home-Delivered Meals service category.

In addition, clients should be scheduled for routine dental health maintenance visits, as follows:

- Routine examinations and prophylaxis twice a year
  - Comprehensive cleaning at least once a year
  - Other procedures, such as root planing/scaling as needed
- D. Reasonable efforts will be made to overcome any barriers to access and utilization, including efforts to accommodate linguistic and cultural barriers.
- E. All services will be provided in accordance with Public Health Service and American Dental Association Guidelines for treatment of HIV disease.
- F. Dental Service providers shall ensure and provide documentation that the dentists, hygienists, oral surgeons, nurses, and others providing oral health care are appropriately licensed/certified to practice within their area of practice, consistent with California laws.
- G Provider staff must receive ongoing training/continuing education relevant to dental health assessment and treatment of persons living with HIV.

#### 4. **Provider Qualifications**

##### **Education/Experience/Supervision**

Professional diagnostic and therapeutic services under this service category must be provided by clinicians licensed by the Dental Board of California.

Clinicians can include:

- General Dentists
- Endodontists
- Oral and Maxillofacial Surgeons
- Periodontists

Other professional and non-professional staff may provide services appropriate for their level of training/education, under the supervision of a clinician. These may include, but are not limited to:

- Dental Hygienists (RDH)
- Dental Assistants (RDA, RDAEF)
- Dental Students
- Dental Hygiene Students
- Dental Assistant Students

Any non-clinician staff providing services must be (1) supervised by a clinician; (2) hold current licensure as required by the State of California when applicable; (3) provide services appropriate for their level of training/education; and (4) be trained and knowledgeable about HIV.

### **Staff Orientation and Training**

**Initial:** All HCP-funded staff providing Oral Health Care must complete an initial training session related to their job description and serving those with HIV. Training should be completed within 60 days of hire. Topics must include:

- General HIV knowledge, such as HIV transmission, care, and prevention.
- Diagnosis and assessment of HIV-related oral health issues
- Privacy requirements and HIPAA regulations
- Navigation of the local system of HIV care including access to dental insurance through ADAP

**Ongoing:** Staff must also receive ongoing annual HIV training as appropriate for their position, including continuing education required by the State of California to maintain licensure. Training must be clearly documented and tracked for monitoring purposes.

5. All Dental services shall be provided in a culturally and/or linguistically competent manner, which is respectful to the client's cultural health beliefs, practices and preferred language.

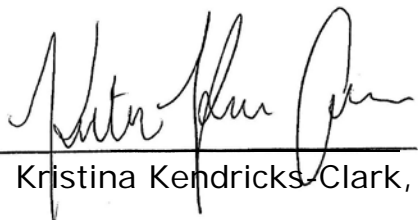
6. Agencies shall assure that no client receives any RW funded services unless such client is found to be eligible for services under such Eligibility Standards as may be adopted by the Planning Council.

7. Providers at RW Agencies may at any time submit to the RW Fiscal Agent requests for interpretation of these or any other Services Standards adopted by the HIV Health Services Planning Council, based on the unique medical/dental needs of a client or on unique barriers to accessing medical/dental care which may be experienced by a client.

8. RW Agencies shall provide a means by which providers can obtain in-servicing and on-call advice related to interpreting client medical/dental needs.

9. Clients shall have the right to request a review of any service denials under this or any other Services Standards adopted by the HIV Health Services Planning Council. The most recent review/grievance policies and procedures for the RW Agency shall be made available to each client upon intake.

Signed:



Kristina Kendricks-Clark, Chair

Date: 02/26/20