HIV Health Services Planning Council
Sacramento TGA
Policy and Procedure Manual

Subject: Oral Health

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Consistent with the United States Health Resources Services Administration's (HRSA), Policy Clarification Notice 16-02 and as directed by the HIV Health Services Planning Council established priorities, when funded, the following service standards will apply to HIV Care Services Program contracted subrecipients.

1. Ryan White CARE Act funding is to be used for any service designed to significantly improve patient 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 patient need and encourages self-reliance of patients. Patients 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 patient 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. Coverage for patients is only good for twelve months and they must re-enroll to maintain coverage. Patient eligibility and status will be confirmed prior to the appointment. This will allow time for the subrecipient to contact the patient before their appointment if an update or various intake forms are needed. Updates and intake forms may include but are not limited to:

- CD4 **or** Viral Loads within the past 12 months
- Release of information,
- Grievance,
- Rights and responsibilities,

- State ARIES/HIV Care Connect (HCC) forms, etc.

All oral health care services, either in-house or specialty referral, are capped at $1,800 per person, annually. (Refer to Fiscal Requirements, Page 6)

Reimbursement for services can only be paid for active patients meeting eligibility.

4. 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 most current Medi-Cal Dental Program Provider Handbook including the Manual of Criteria & Maximum Allowances, as distributed by the Sacramento County Public Health, Sexual Health Promotion Unit, HIV Care Services Program.

B. Subrecipients 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:

- Service that is determined medically necessary, including diagnostic screenings, shall be paid for with Ryan White funds, as defined by the most current Medi-Cal Dental Program Provider Handbook including the Manual of Criteria & Maximum Allowances.
- Medical history taking
- Comprehensive oral exam
- A documented dental treatment plan including a referral system for urgent care matters and/or services needed by patients but not fundable through Ryan White.
- Diagnostic dental care
- Preventative dental care
- Therapeutic dental care
- Documentation of oral health education
- Coordination of care with primary care provider and other services
- Documented provision of any oral examination during the measurement year (March- February for Part A) (April-March for Part B)
- 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)

- Documentation of progress, review, and outcome of the dental treatment plan

Monitoring

Service- Develop scopes of work for the provision of oral health that:

- Specify allowable diagnostic, preventive, and therapeutic services.
- Define and specify the limitations or caps on providing oral health services.
- Ensure that services are provided by dental professionals certified and licensed according to state guidelines.
- Ensure that clinical decisions are informed by the American Dental Association Dental Practice Parameters.

C. Service Characteristics

Initial Oral Health Care Appointments: Initial Oral Health Care appointments should be made as soon as possible to avoid potential dropout. 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 patient referral to a Ryan White oral health provider.

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

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

Monitoring

Appointment Times - Procedures for ensuring the first appointment for new patients is offered within 90 days, as well as urgent/emergent appointments and subsequent non-urgent appointments, will be reviewed through submission of agency written procedures. Agencies will be asked to submit to the Ryan White Program, written procedures for client follow-up after missed appointments.

Eligibility Screening and Intake

The Oral Health Care subrecipients must ensure that the patient has been deemed eligible for Ryan White-funded services by the referring agency; subrecipients should verify that intake has been performed at the start of service provision and if not, perform an intake. Subrecipients should ensure that any consents and Releases of Information specific to dental care are completed and in the patient's file; subrecipients 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 subrecipient shall perform a complete medical history for every new patient. This should include:
  - Patient'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 patient'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

Patient Education: Patients 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.

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

Patient Treatment Plan

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

- Identify and prioritize the patient's dental care needs
- Incorporate patient 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 with patient input.

Preventative Care and Maintenance

Oral Health Care subrecipients 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
- Effects of poor oral health on overall 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, patients should be scheduled for routine dental health maintenance visits, as follows:

- Routine examinations and prophylaxis up to twice a year
- Comprehensive cleaning up to twice a year, preferably twice a year
- Other procedures, as determined medically necessary by using criteria listed in the most current Medi-Cal Dental Program Provider Handbook and as stated in the Manual of Criteria & Maximum Allowances.

Patient Referral / Linkage: Patients requiring specialized care should be referred for and linked to such care via the patient's case manager

and/or HIV care team, with documentation of that referral in the patient file and available upon request.

A referral to specialty care does not guarantee coverage by the HIV Care Services Program.

Fiscal Requirements

- Subrecipient will make every reasonable attempt to provide patients with a referral to local, free, or low-cost non-Ryan White related grant, community partner, or other service that may be available to the patient to access the service not provided by Ryan White Provider.
- The current Medi-Cal Dental Program's Manual of Criteria is followed when determining which services will be covered by the Sacramento TGA Ryan White HIV Care Services program.
- The current Medi-Cal Dental Schedule of Maximum Allowances is followed when determining the fee coverage maximum covered by the Sacramento TGA HIV Care Services program.
- No Medi-Cal Dental provider is located within 30 minutes or 15 miles of a patient's residence or workplace. (Medi-Cal Dental Provider Search)
- No Medi-Cal Dental provider is accepting new patients within 30 minutes or 15 miles of a patient's residence or workplace.
- A Medi-Cal Dental eligible patient who is having an oral health emergency and cannot get an appointment with a Medi-Cal Dental provider.
- The total cost for services per patient is capped at $1,800 annually, regardless of HIV Care Services funding stream.
    - Uninsured/Under-insured: $1,800 annual cap regardless of HIV Care Services Program funding stream.
    - Medi-Cal: Medi-Cal cap only
    - Private Insurance: Private Insurance cap only

  To exceed this cap, a request for approval must be submitted to the Recipient. Dental providers must document the reason for exceeding the yearly maximum amount and must have documented approval from the Recipient.

Subrecipients must show adequate documentation of the above-mentioned exceptions. In these situations, the subrecipient will submit a usual and customary reduced negotiated rate to the Recipient with a Treatment Authorization Referral (TAR), prior to services being rendered for approval for utilization of Ryan White funding.

Subrecipients cannot bill the HIV Care Services program for services billed, or eligible billable services, to the Medi-Cal Dental Program.

Subrecipients are not required to enter into a contract with a Medi-Cal Dental fee-for-service dentist if the proposed dentist is using the Medi-Cal Dental Manual of Criteria & Maximum Allowances. It is up to the subrecipient to ensure the dentist agrees to fee amounts set by the HIV Services Planning Council Subrecipients are required to enter into a subcontract/MOU with any Medi-Cal Dental fee-for service dentist or any dental provider not using the Medi-Cal Dental Manual of Criteria and Maximum Allowances. Subcontracts/MOUs must be reviewed and approved by the Recipient prior to execution.

Monitoring

Fiscal Requirements - In cases where patients are eligible for Medi-Cal Dental Program but no Medi-Cal Dental Program providers are available (i.e. the "time/distance exception" referenced above), providers must submit documentation to the Recipient that clearly demonstrates the absence of providers in this time/distance range per a recent review of Medi-Cal Dental Program providers listed on the DHCS website.

In El Dorado, Placer, and Yolo counties, when no Medi-Cal Dental Provider is available, the subrecipient will negotiate the best rate and request approval by the Recipient.

5. **Provider/Staff 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.

All services will be provided in accordance with Public Health Service and American Dental Association Guidelines for the treatment of HIV disease.

Dental Service subrecipients 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.

Subrecipient staff must receive ongoing training/continuing education relevant to dental health assessment and treatment of persons living with HIV.

Provider/Staff Orientation and Training

Initial: All RW-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.

6. In an effort to overcome any barriers to access and utilization, all Dental services shall be provided in a culturally and/or linguistically competent manner, which is respectful to the patient's cultural health beliefs, practices, and preferred language.

7. Subrecipients shall ensure that no patient receives any RW funded services unless such patient is found to be eligible for services under such Eligibility Standards as may be adopted by the Planning Council.

8. Providers/Staff at subrecipient agencies may at any time submit to the Recipient 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 patient or on unique barriers to accessing medical/dental care which may be experienced by a patient.

9. Subrecipients shall provide a means by which providers/staff can obtain in-servicing and on-call advice related to interpreting patient medical/dental needs.

10. Patients 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 subrecipient shall be made available to each patient upon intake.

Signed: ____________________________ Date: 9/25/2025

Richard Benavidez, Chair