

Oral Health Services Standards

Definition: Diagnostic, preventive and therapeutic dental care provided in compliance with dental practice laws, includes evidence-based clinical decisions that are informed by the American Dental Association Dental Practice parameters is based on an oral health treatment plan, adheres to specified service caps, and is provided by licensed certified dental professionals.¹

Objectives:

- Provide access to dental services and manage the oral health conditions of persons living with HIV/AIDS.
- Encourage patients to achieve and maintain their oral health by practicing proper preventive procedures and receiving appropriate treatment from their dentist.

Performance Measures:

- Percentage of patients with HIV infection who received an oral exam by a dentist at least once during the measurement year.
- Percentage of Ryan White (RW) oral health patients with a dental treatment plan developed or updated at least once within the measurement year.
- Percentage of RW oral health patients with a Phase 1 treatment plan completed within 12 months of development.
- Percentage of RW oral health patients receiving oral health education at least once within the measurement year.
- Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two care markers in a 12 month period that are at least three months apart.

¹ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards–Program Part B (April, 2013),p.9.

1.0 Agency Policies & Procedures

National Monitoring Standards: Eligibility determination process requiring documentation in patient medical records of low-income status and eligibility based on a specified percent of the FPL and proof of an individual's HIV-positive status, residency. Determination and documentation of patient eligibility every six months.²

Standard	Measure
1.1 Patient eligibility for RW Part B services is determined.	1.1 Patient eligibility criteria verified every six months and documented in patient's record.
1.2 Patient's consent for release of information is determined by the RW overseeing agency.	1.2 Current <i>Release of Information Form</i> signed and dated by patient and provider representative and located in patient's record.
1.3 Treatment priority is given the management of: <ul style="list-style-type: none"> • Pain • Infection • Traumatic injuries • Other emergency conditions 	1.3 Signed, dated documentation of priority situations in patient's record.
1.4 When a third-party payer provides service, the subcontractor must maintain a patient record. At a minimum, the payer's record must contain a statement of: a) baseline evaluation; b) treatment plan and progress on plan; and, c) referrals and follow-ups. All reports must be signed and dated.	1.4 Signed, dated reports located in the patient's record.

2.0 Service Provision

National Monitoring Standards: Support for Oral Health Services including diagnostic, preventive, and therapeutic dental care that is in compliance with dental practice laws, includes evidence-based clinical decisions that are informed by the American Dental Association Dental Practice Parameters, is based on an oral health treatment plan, adheres to specified service caps, and is provided by licensed and certified dental professions.³

Standard	Measure
2.1 An initial dental evaluation (which may take up to 2 visits) should include: a) comprehensive dental and medical history; b) extra-oral and intra-oral hard and soft tissue examinations; c)	2.1 Documentation of evaluation in patient's record signed and dated by licensed provider.

² HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 6.

³ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 9.

oral manifestations of HIV and treatment modalities; d) x-rays of the teeth; and e) periodontal screening or examination.	
2.2 An oral health treatment plan is developed for each eligible patient and signed by the oral health professional rendering the services. The plan should address: a) cavities; b) missing teeth; c) periodontal health; d) extractions needed; e) replacement of missing teeth; and f) infections.	2.2 Dental file signed and dated by the patient and licensed provider and includes a treatment plan, services provided and referrals made. Applicable performance measures: <ul style="list-style-type: none"> • Percentage of RW oral health patients with a dental treatment plan developed or updated at least once within the measurement year. • Percentage of RW oral health patients with a Phase I treatment plan completed within 12 months of development.
2.3 Oral health treatment plan is updated at least every 6 months.	2.3 Documentation of review and update of treatment plan as appropriate signed and dated by licensed provider.
2.4 Patient education, including oral hygiene, instruction and tobacco-cessation counseling, as appropriate, provided at each visit.	2.4 Documentation of patient education in patient's record signed and dated by oral health staff. Applicable performance measure: <ul style="list-style-type: none"> • Percentage of RW oral health patients receiving oral health education at least once within the measurement year.
2.5 Referral for consultation and/or dental specialty care when appropriate.	2.5 Documentation of referral in patient's record signed and dated by licensed provider.
2.6 Provision of post-operative instructions to each patient for surgical procedures.	2.6 Documentation of instructions in patient's record signed and dated by licensed provider.

3.0 Personnel

National Monitoring Standards: Oral health services are provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries and meet current dental care guidelines. Oral health professionals providing services have appropriate and valid licensure and certification, based on State and local laws.^{4,5}

Standard	Measure
3.1 All oral health professionals, including third-party payers, have appropriate and valid licensure and certification as required by the Commonwealth of Virginia.	3.1 Copy of current licensure and certification in personnel file.
3.2 All oral health professionals must complete 2 hours of continuing education in HIV/AIDS annually.	3.2 Documentation of continuing education credits in personnel file.

4.0 Quality Management

National Monitoring Standard: Implement a Clinical Quality Management Program (CQM) to include: a) written QM plan; b) quality expectations for providers and services; c) method to report and track expected outcomes; d) monitoring of provider compliance with HHS treatment guidelines and Part B Program’s approved Standards of Care.⁶

Standard	Measure
4.1 Measure and report patient outcomes using oral health measures approved by VDH.	<p>4.1 Performance measurement data on the following indicators:</p> <p>Percentage of HIV-infected Oral Health patients with a Phase 1 treatment plan that is completed within 12 months. Phase 1 Treatment Plan is defined as prevention, maintenance and/or elimination of oral pathology that results from dental caries or periodontal disease to include: restorative treatment, basic non-surgical periodontal therapy, basic oral surgery, simple extractions and biopsy, non-surgical endodontic therapy, space maintenance and tooth eruption guidance for transitional dentition.</p> <ul style="list-style-type: none"> • Percentage of HIV-infected patients receiving oral health, who had a dental and medical health history (Initial or

⁴ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 9.

⁵ PHS Act 2612(b)(3)(D)

⁶ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 49.

	<p>updated) at least once in the measurement year.</p> <ul style="list-style-type: none">• Percentage of HIV-infected patients receiving Outpatient/Ambulatory Medical Care patients and Medical Case Management (MCM) services who received oral health education at least once in the measurement year. Oral health education should include: Oral hygiene instruction and smoking/tobacco cessation counseling as indicated. Oral health education may be provided and documented by a licensed dentist, dental hygienist, dental assistant and/or dental case manager.
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