**Oral Health Standards of Care**

**DEFINITION OF SERVICES**

Diagnostic, preventative, and therapeutic services provided by general dental practitioners, dental specialist, dental hygienists and auxiliaries, and other trained primary care providers.

*Key activities include:* Screening/Intake, Annual Diagnostic Services, Treatment Plan Development and Implementation, Oral Health Education, Support, Referral and Coordination

**II. PURPOSE OF SERVICES**

Provide access to routine and emergency dental care for eligible persons living with HIV/AIDS, who reside within the Oakland Transitional Grant Area (TGA).

Through the provision of periodic preventive and educational services, reduce the incidence of more serious dental and periodontal conditions.

**III. GOALS OF SERVICES**

To maintain the oral health of consumers with HIV/AIDS to sustain proper nutrition.

To maintain and improve the oral health of persons living with HIV/AIDS.

**IV. CLIENT CHARACTERISTICS AND NEEDS**

The Oakland TGA has adopted a standardized continuum of care for HIV+ people. Oral Health resources are intended for those who fall in the following categories:

- Persons living with HIV/AIDS who reside within the Oakland TGA, who have no dental third party payment source (Medi-cal or other insurance), who have limited third party coverage, or who have been denied coverage by a third party payer.
V. CLIENT CASELOAD OR UNITS OF SERVICE

An oral health care Unit of Service (UOS), used for reporting purposes and for tracking service utilization, is determined by each local jurisdiction within a multi-County TGA on a contract basis and may include one or both of the following definitions:

- A face-to-face encounter between a patient and a dentist or dental hygienist occurring during a single visit.
- A fee-for-service dental care dollar associated with a pre-determined schedule of eligible dental services.

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<tr>
<td>0.1. FTE per contract and Units of Service must be reflected in the oral health workplan.</td>
<td>0.1 Documentation of Units of Service.</td>
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VI. SERVICE ACTIVITIES

Diagnostic services: Exams, X-rays

Restorative services: Fillings

Emergency services: Treatment for pain or infection

Fixed Prosthetics: Crown and bridges

Preventative services: Dental prophylaxis, home care instructions, occlusal sealants, drug therapies (fluoride, chlorhexidine mouth rinses.)

Removable Prosthetics: Partials or complete dentures

Periodontal treatment: (gum) scaling, root planing, gingivectomy, crown lengthening

Endodontics (root canal therapy): Post and build ups

Other services: Occlusal night guards, laboratory services, development of health history, treatment plan, referrals and follow-up, oral health education

Oral Medicine Services: Biopsies and other oral medical procedures indicated in the identification and management of the oral manifestations of HIV/AIDS
1. PROVIDER QUALIFICATIONS
Oral health services must be provided by a licensed dentist, dental hygienist, or other auxiliary staff.

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<td>1.1 Staff meets the minimum qualifications detailed in the job description and standard of care.</td>
<td>1.1 Resume, license (as applicable); and written job descriptions</td>
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2. SCREENING/INTAKE

To accomplish a thorough intake, oral health staff must screen for Medi-cal or other payment sources to ensure the client can access the most comprehensive payment source and ensure Ryan White Program funds are used as a last resort. A health history assessment should be obtained annually, and include the following:

- Prior dental history
- Contact information from primary care providers
- Current medications and changes in regimen
- Allergies (baseline)
- Current and past alcohol, tobacco, and other substance use
- Laboratory data
  - Hepatitis B & C status (baseline)
  - CD4 and viral load results

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<td>2.1 Staff must screen clients for Medi-cal eligibility or other payer sources.</td>
<td>2.1 Documented denial of eligibility for other funding sources (Medi-cal, etc.).</td>
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<td>2.2 A health history assessment should be obtained annually.</td>
<td>2.2 Documentation in the client record.</td>
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3. ANNUAL DIAGNOSTIC SERVICES

An intraoral exam should be performed at least annually and include the following components:

- Dental caries examination
- Soft tissue examination

A periodontal exam should be performed at least annually and include the following:

- Examination of pocket depths, gingival inflammation, plaque index, fremitus, gingival recession, bleeding assessment, or tooth mobility.

An extraoral (head and neck) exam should be performed and include the following:
• Documentation of any of the following: examination of facial symmetry, lymph nodes, thyroid glands, or lips.

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<td>3.1 An annual intraoral, periodontal and extraoral exam should be performed.</td>
<td>3.1 Documentation in the client record. (appointment scheduled)</td>
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<tr>
<td>3.2 Agencies must make available an array of treatment modalities.</td>
<td>3.2 Documented written procedure on type of services billed.</td>
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### 4. TREATMENT PLAN DEVELOPMENT AND IMPLEMENTATION

The purpose of the treatment plan is to guide the provider in delivering high quality care corresponding to the client’s level of need, including the determination of emergency versus non-emergency care, triage care and referral as indicated. With “patient-centered” treatment planning, either the doctor’s plan will be listed with notations regarding which treatments will be delivered (as per client’s request) or the treatment plan as both provider and patient decide will be listed.

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<td>4.1 Oral health providers will develop a treatment plan with input from the client. 4.2 A written treatment plan should at a minimum be updated annually.</td>
<td>4.1. Documentation in the client record. 4.2. Treatment plan to include a summary of existing conditions, problems, course of action, and a maintenance program.</td>
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### 5. ORAL HEALTH EDUCATION

Oral Health Education should be provided to the client at least annually, and include the following components:

• Caries prevention (e.g. oral hygiene instruction, dietary counseling)
• Smoking cessation

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<tr>
<td>5.1 Oral health staff must provide oral health education at least annually to all clients.</td>
<td>5.1. Documentation in the client record</td>
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### 6. SUPPORT, REFERRALS AND COORDINATION
Services are part of the coordinated continuum of HIV care. Coordination and referral services are performed to follow through on the strategies for addressing client need and referral to needed services. Coordination and referral include identification of other service providers or staff members with whom the client may be working. The agency will: identify and communicate with collateral client caregivers to support coordination and delivery of high quality care; provider appropriate referrals to any necessary specialty care in accordance with the client’s treatment plan; track referrals both into the agency and out to other services and providers.

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<td>6.1 Agency has a system in place to refer and follow up on clients.</td>
<td>6.1 Documentation in client record of written referral, follow-up process/policy.</td>
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**Client Level Outcomes**

- **Outcomes** are benefits or other results for clients that may occur during or after their participation in a program. Outcomes can be client-level or system-level. An **Indicator** is a measure used to determine, over time, an organization’s performance of a particular element of care. The indicator may measure a particular function, process or outcome. An indicator can measure: accessibility, continuity, effectiveness, efficacy, efficiency, and client satisfaction. Data (from indicators) collected should be fed back into the quality management process to assure that goals are accomplished and improved outcomes are realized.

The following indicators are recommended for **Oral Health Services. (2002-2008)**

- % of clients with HIV infection who have a medical visit with an HIV specialist at least every 6 months
- % of HIV+ clients with an intraoral exam performed annually and include the following: dental caries and soft tissue examination
- % of HIV+ clients with oral health education that includes the following components: caries prevention, smoking cessation

- See Administrative Standards for additional requirements of all Ryan White Program service providers.

- The Standards of Care will be reviewed every two years by the Oakland TGA Quality Management Staff to address changes in the scope of practice.