



SERVICE CATEGORY DEFINITION

Oral Health Services:

Oral Health Services provide outpatient diagnostic, preventative, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Allowable activities include:

- Treatment plan with an estimate of cost to be approved by the TGA
- Routine dental examinations
- Prophylaxis
- X-rays
- Fillings
- Endodontology
- Oral surgery
- Emergency procedures will be treated on a walk-in basis as available and provisions allow. If the provider cannot provide adequate services for emergency care, the patient will be referred to a hospital emergency room.
- Health Literacy assessment using the TGA's Health Literacy screening tool

NOTE: Cosmetic dentistry for cosmetic purposes only is prohibited.

CLIENT INTAKE AND ELIGIBILITY

All Subrecipient's are required to have a client intake and eligibility policy on file that adheres to the TGA eligibility policy. It is the responsibility of the Subrecipient to determine and document client eligibility status, as outlined in the Ryan White Part A Eligibility Policy in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every six months.



Eligible clients must:

- ◇ Live in the City of Paterson, Passaic County, and/or Bergen County, New Jersey;
- ◇ Have a documented diagnosis of HIV/AIDS;
- ◇ Have a household income that is at or below 500% of the federal poverty level;
- ◇ Be uninsured or underinsured.

Services will be provided to all Ryan White Part A qualified clients without discrimination on the basis of: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law.

PERSONNEL QUALIFICATIONS

Oral Health Services must be provided by trained licensed or certified health care workers to include:

1. Dentists must be licensed and accredited as specified by the state licensure Board;
2. Dental hygienists must be licensed and accredited as specified by the state licensure Board and supervised by a licensed dentist;
3. Dental assistants must register with the state Board within one year if they administer x-rays and supervised by a licensed dentist;
4. Annual credentialing of providers and active licensure in credentialing file;
5. Provider/Agency shall be accredited and/or licensed to deliver dental services.

CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall treatment goal of Oral Health Services is to sustain proper nutrition and improve the oral health of persons living with HIV/AIDS.

Clinical Quality Improvement outcome goals for Oral Health Services are:

- 100% of all oral health client files have a dental treatment plan developed or updated in the measurement year.



- 90% of all oral health client files include documentation of oral health education provided at least once in the measurement year.

SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
1. Services are provided by trained professionals.	Documentation of current licensure and credentials.	100%
2. Provider obtains and documents referral from HIV primary care provider contact.	Documentation of HIV primary care provider information in the patient's chart/file.	90%
<p>Provider collects and documents health history information for each patient. This information should include, but not be limited to:</p> <ul style="list-style-type: none"> • Current (within the last 6 months) Viral Load and CD4; • Current Medications; • Allergies and drug-sensitivities; • Hepatitis status; • Usual oral hygiene; • Date of last dental examination. 	Documentation of health history information in patient's chart/file.	100%
<p>4. Provider completed an initial comprehensive oral and semi-annual exam hard/soft tissue examination to include:</p> <ul style="list-style-type: none"> • Charting of caries; • X-rays; • Periodontal screening; • Written diagnoses, where applicable; • Treatment plan. 	Documentation of initial and semi-annual comprehensive oral exam information in patient's chart/file.	90%
<p>5. Provider must provide patient oral health education once each year which includes the following:</p> <p>Caries prevention:</p> <ul style="list-style-type: none"> • Fluoride (ADA code D1310); • Nutritional (ADA code D1310); • Smoking/tobacco cessation; • Oral hygiene 	Documentation of oral health education in patient's chart/file.	90%



CLIENTS RIGHTS AND RESPONSIBILITIES

Subrecipient's providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each Subrecipient will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer understands fully his or her rights and responsibilities.

CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

Subrecipient's providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of consumers Personal Health Information (PHI). Subrecipient's must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the client's record. Information on all clients receiving Ryan White Part A funded services must be entered in the HRSA sponsored, Bergen-Passaic TGA managed, ECompass Database.

CULTURAL AND LINGUISTIC COMPETENCY

Subrecipient's providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services.

CLIENT GRIEVANCE PROCESS

Each Subrecipient must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the client's record.

CASE CLOSURE PROTOCOL

Each Subrecipient providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client's file. If a client chooses to receive services from another provider the Subrecipient must honor the request from the client.