

Oral Health Services Service Standards

HRSA Definition: Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Limitations: Cosmetic dentistry for cosmetic purposes only is prohibited.

Services: Services will include routine dental examinations, prophylaxes, radiographs, restorative therapies, basic oral surgery (e.g., extractions and biopsy), endodontics, and prosthodontics. Referral for specialized care should be completed if clinically indicated.

Emergency procedures will be treated on a walk-in basis as availability and funding allows. Funded Oral Health Care providers are permitted to provide necessary emergency care regardless of a client's annual benefit balance.

Oral health services are an allowable core service with an expenditure cap of \$3,000/client per calendar year. Local service regions may set additional limitations on the type or number of procedures covered and/or may set a lower expenditure cap, so long as such criteria are applied equitably across the region and the limitations do not restrict eligible individuals from receiving needed oral health services outlined in their individualized dental treatment plan.

In the cases of emergency need and/or where extensive care is needed, the maximum amount may exceed the above cap. Dental providers are required to document the reason for exceeding the yearly maximum amount and must have documented approval from the local Administrative Agency.

Service Standard and Performance Measure

The following Standards and Performance Measures are guides to improving health outcomes for PLWH.

Standard	Performance Measure
<p>Dental and Medical History: To develop an appropriate treatment plan, the oral health care provider shall obtain complete information about the patient's health and medication status.</p> <p>This information shall include, but not be limited to, the following:</p> <ul style="list-style-type: none"> • The client's HIV-prescribing primary medical care provider name and phone number; • Pregnancy status as applicable; • A baseline current CBC laboratory test; • Current CD4 and Viral Load laboratory test results; • Coagulants (PT/INR, aPTT, and if hemophiliac baseline deficient factor level [e.g., Factor VIII activity]) and inhibitor titer (e.g., BIA); • Tuberculosis screening result; • Patient's chief complaint; • Current Medications, including any osteoporotic medications; • Sexually transmitted diseases; • HIV-associated illnesses; • Allergies and drug sensitivities; • Alcohol use; • Recreational drug use; • Tobacco use; • Neurological diseases; • Hepatitis A, B, C status; • Usual oral hygiene; • Date of last dental examination; and • Any predisposing conditions that may affect the prognosis, progression, and management of oral health condition. 	<p>Percentage of oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year. (<i>HRSA HAB Measure</i>)</p>

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All lab results documented in the medical and dental history must align with current treatment guidelines.	
<p>Limited Physical Examination: The oral health provider is responsible for completing an initial limited physical examination in accordance with the Texas Board of Dental Examiners that shall include, but not be limited to:</p> <ul style="list-style-type: none"> • Blood Pressure; • Pulse/Heart Rate; and • Basic vital signs. <p>Dental practitioner shall also record blood pressure and pulse heart rate as indicated for invasive procedures involving sedation and anesthesia.</p> <p>If the dental practitioner is unable to obtain a patient's vital signs, the dental practitioner must document in the patient's oral health care record why the attempt to obtain vital signs was unsuccessful.</p>	Percentage of oral health patients with a documented limited physical examination completed in the primary client oral health record.
<p>Oral Examination: Clinical oral evaluations include evaluation, diagnosis and treatment planning.</p> <p>Patient must have either an initial comprehensive oral exam or a periodic recall oral evaluation once per year such as:</p> <ul style="list-style-type: none"> • Comprehensive oral evaluation, to include bitewing x-rays, new or established patient; • Periodic Oral Evaluation to include bitewing x-rays, established patient; • Detailed and Extensive Oral Evaluation, problem focused by report; • Re-evaluation, limited, problem focused (established patient; not post-operative visit); or • Comprehensive Periodontal Evaluation, new or established patient. <p><i>Source:</i> http://ada.org</p> <p>Please reference Dental Practice Parameters on the above website.</p>	Percentage of oral health patients with a documented oral examination completed within the measurement year in the client's primary oral health record.
<p>Periodontal Screening or Examination: A periodontal screen shall include the assessment of medical and dental histories, the quantity and quality of attached gingival, bleeding, tooth mobility, and radiological review of the status of the periodontium and dental</p>	Percentage of oral health patients who had a periodontal screen or examination as least once in the measurement year. (HRSA HAB Measure)

<p>implants.</p> <p>A comprehensive periodontal examination includes:</p> <ul style="list-style-type: none"> • Evaluation of periodontal conditions; • Evaluation and recording of dental caries; • Evaluation and recording of missing or unerupted teeth; • Evaluation and recording of restorations; • Evaluation and recording of occlusal relationships; • Evaluation of oral cancer; • Probing and charting; • Evaluation and recording of the patient's dental and medical history; and • General health assessment. <p>Some forms of periodontal disease may be more severe in individuals affected with immune system disorders. Patients with HIV may have especially severe forms of periodontal disease. The incidence of necrotizing periodontal diseases may increase with patients with acquired immune deficiency syndrome.</p>	
<p>Dental Treatment Plan: A dental treatment plan that includes preventive care, maintenance, and elimination of oral pathology shall be developed and discussed with the patient.</p> <p>Various treatment options shall be discussed and developed in collaboration with the patient.</p> <p>A treatment plan appropriate for the patient's health status, financial status, and individual preference must include as clinically indicated:</p> <ul style="list-style-type: none"> • Provision for the relief of pain; • Elimination of infection; • Preventive plan component; • Periodontal treatment plan if necessary; • Elimination of caries; • Replacement or maintenance of tooth space or function; • Consultation or referral for conditions where treatment is beyond 	<p>Percentage of oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year. (<i>HRSA HAB Measure</i>)</p>

<p>the scope of services offered;</p> <ul style="list-style-type: none"> • Determination of adequate recall interval; • Invasive Procedure Risk Assessment (prior to oral surgery, extraction, or other invasive procedure)¹; • Dental treatment plan will be signed by the oral care health professional providing the services. (<i>Electronic signatures are acceptable</i>) 	
<p>Phase 1 Treatment Plan: Phase 1 treatment includes prevention, maintenance, and/or elimination of oral pathology that results from dental caries or periodontal disease. This includes:</p> <ul style="list-style-type: none"> • Restorative treatment; • Basic periodontal therapy (nonsurgical); • Basic oral surgery that includes extractions and biopsy; • Non-surgical endodontic therapy; and • Space maintenance and tooth eruption guidance for transitional dentition. <p>A Phase 1 treatment plan will be established and updated annually to include diagnostic, preventative, and therapeutic services that will be provided.</p> <p>The Phase 1 treatment plan, if the care was completed on schedule, is completed within 12 months of initiating treatment.</p>	<p>Percentage of oral health patients with a Phase 1 treatment plan that is completed within 12 months. (HRSA HAB Measure)</p>
<p>Oral Health Education: Oral health education must be provided and can be documented by either a licensed dentist, dental hygienist, dental assistant, or dental case manager and shall include:</p> <ul style="list-style-type: none"> • Oral hygiene instruction; • Daily brushing and flossing (or other interproximal cleaning) and/or prosthetic care to remove plaque; • Daily use of over-the-counter fluorides to prevent or reduce cavities 	<p>Percentage of oral health patients who received oral health education at least once in the measurement year. (HRSA HAB Measure)</p>

¹ <https://www.ada.org/en/member-center/oral-health-topics/antibiotic-prophylaxis>. Source: <https://www.ncbi.nlm.nih.gov/pubmed/10875698> and www.hivguidelines.org.

<p>when appropriate and applicable to the patient. If deemed appropriate, the reason is stated in the patient's oral health record; and</p> <ul style="list-style-type: none"> • Smoking/tobacco cessation counseling as indicated. <p>Additional areas for instruction may include Nutrition.</p> <p>For pediatric patients, oral health education shall be provided to parents and caregivers and be age-appropriate for pediatric patients.</p> <p>Source: http://ada.org</p> <p>Please reference Dental Practice Parameters on the above website.</p>	
<p>Referrals: Referrals for other services must be documented in the patient's oral health care chart. Any referrals provided by the oral health provider must have documented evidence of outcomes of the referral and/or follow-up documentation regarding the referral.</p>	<p>Percentage of oral health patients with documented referrals provided have outcomes and/or follow-up documentation in the primary oral health care record.</p>

References

American Dental Association. Dental Practice Parameters. Patients requiring a comprehensive oral evaluation. Available at: http://www.ada.org/prof/prac/tools/parameters/eval_comprehensive.asp. Accessed on January 11, 2018.

HRSA/HAB Division of Service Systems Program Monitoring Standards – Part A April, 2011, page 9-10.

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April, 2013, page 9-10.

Texas Administrative Code. Title 22, Part 5 State Board of Dental Examiners. Chapter 108, Rule 7. Minimal Standards of Care located at [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=5&ch=108&rl=7](http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=5&ch=108&rl=7)

Texas Health and Safety Code, Title 2, Subtitle D, Chapter 85. Acquired Immune Deficiency Syndrome and Human Immunodeficiency Virus Infection, located at <http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.85.htm>

HRSA/HAB Clinical Care & Quality Management. HAB Oral Health Performance Measures located at <https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>. Accessed January 11, 2018.

HRSA/HAB Program & Grants Management. Policy Clarification Notice 16-02, located at <https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>. Accessed January 11, 2018.

REVIEW LOG

Reviewed by:	Action taken:	Approval date:
HIV Planning Council	No changes	May 20, 2019
<i>add rows as needed</i>		

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