

Oral Health Services Standards of Care

Definition:

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 professionals.

Limitations:

Cosmetic dentistry for cosmetic purposes only is prohibited.

Services:

Services will include routine dental examinations, prophylaxis, x-rays, fillings, and basic oral surgery (simple extractions), 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. If a provider cannot provide adequate services for emergency care, the patient should be referred to a hospital emergency room.

Personnel and Staff Training

Staff Qualification	Expected Practice
<p>Qualifications According to the National Monitoring Standards oral health care professionals providing the services have appropriate and valid licensure and/or certification, based on Texas State Board of Dental Examiners.</p>	<p>All oral health care professionals, such as general dental practitioners, dental specialists, and dental hygienists shall be properly licensed by the State of Texas Board of Dental Examiners while performing tasks that are legal within the provisions of the Texas Dental Practice including satisfactory arrangements for malpractice insurance. Dental Assistants who make x-rays in Texas must register with the State Board of Dental Examiners. Dental hygienists and assistants will be supervised by a licensed dentist. Students enrolled in a College of Dentistry may perform tasks under the supervision of a licensed dentist.</p>
<p>Experience Service provider should employ individuals experienced in dental care and knowledgeable in the area of HIV/AIDS dental practice.</p>	<p>Personnel records/resumes/applications for employment will reflect requisite experience/education.</p>

<p>Confidentiality Confidentiality statement signed by dental employees.</p>	<p>Signed confidentiality statements of staff on file (HIPAA compliance).</p>
<p>Universal Precautions All health care workers should adhere to universal precautions as defined by Texas Health and Safety Code, Title 2, Subtitle D, Chapter 85.</p>	<p>It is strongly recommended that staff are aware of the following to ensure that all vaccinations are obtained and precautions are met:</p> <ul style="list-style-type: none"> • Health care workers who perform exposure-prone procedures should know their HIV status • Health care workers who perform exposure-prone procedures and who do not have serologic evidence of immunity to HBV from vaccination or from previous infection should know their HBsAg status and, if that is positive, should also know their HBeAg status. • Tuberculosis tests at least every 12 months for all staff. • OSHA guidelines must be met to ensure staff and patient safety.

Standards of Care

Standard	Measure
<p>Client Eligibility for Oral Health Services</p>	<p>Documentation for eligibility will either be kept on file at the referral/funding source, in the patient's oral health care record, or in the interagency database. Eligibility may include additional financial criteria for each service as established by the region.</p>
<p>Services Provided In accordance with the National Monitoring Standards, services fall within specified service caps, expressed by dollar amount, type of procedure, limitations on the number of procedures, or a combination of any of the above, as determined by the Planning Council or Grantee under Part A and Part B.</p>	<p>Maximum amount that may be funded by Ryan White/State Services per client/year is \$3,000.</p> <ul style="list-style-type: none"> • In cases of emergency, the maximum amount may exceed the above cap • In cases where there is extensive care needed once the procedure has begun, the maximum amount may exceed the above cap. <p>Dental providers must document in the patient's oral health care record the reason for exceeding the yearly maximum amount.</p> <p>Regions may set additional limitations on the type</p>

Standard	Measure
	<p>of procedure or number of procedures as long as the criteria is applied equitable across the region and the limitations do not restrict the individual from receiving the services outlined in their treatment plan.</p>
<p>Dental and Medical History To develop an appropriate treatment plan, the oral health care provider should obtain complete information about the patient's health and medication status.</p>	<p>Provider obtains and documents HIV primary care provider contact information for each patient.</p> <p>Provider obtains patient health history information with updates as medically appropriate prior to providing care. This information may include, but is not limited to, the following:</p> <ul style="list-style-type: none"> • 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 • 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 • Any predisposing conditions that may affect the prognosis, progression and management of oral health condition
<p>Limited Physical Examination Initial limited physical examination should include, but shall not necessarily be limited to, blood pressure, and pulse/heart rate as may be indicated for each patient according to the Texas Board of Dental Examiners.</p>	<p>Dental provider will obtain an initial baseline blood pressure/pulse reading during the initial limited physical examination of a dental patient. Dental practitioner should 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 an</p>

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	acceptable reason why the attempt to obtain vital signs was unsuccessful.
<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"> • D0150-Comprehensive oral evaluation, to include bitewing x-rays, new or established patient • D0120-Periodic Oral Evaluation to include bitewing x-rays, established patient, • D0160-Detailed and Extensive Oral Evaluation • D0170-Re-evaluation, limited, problem focused (established patient; not post-operative visit)
<p>Periodontal Screening/Examination Some forms of periodontal disease may be more severe in individuals affected with immune system disorders. Patients infected with human immunodeficiency syndrome (HIV), may have especially severe forms of periodontal disease. The incidence of necrotizing periodontal diseases may increase with patients with AIDS.</p>	<p>Patient must have a periodontal screening once per year.</p> <p>A periodontal screen should include:</p> <ul style="list-style-type: none"> • Assessment of medical and dental histories • Quantity and quality of attached gingival • Bleeding • Tooth mobility • Radiological review of the status of the periodontium and dental implants. <p>Comprehensive periodontal examination (ADA CDT D0180) includes:</p> <ul style="list-style-type: none"> • Evaluation of periodontal conditions • Probing and charting • Evaluation and recording of the patient's dental and medical history and general health assessment. <p>It may include the evaluation and recording or dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation.</p>
<p>Dental Treatment Plan A dental treatment plan should be developed appropriate for the patient's health status, financial status, and individual preference should be chosen.</p>	<p>A comprehensive dental treatment plan that includes preventive care, maintenance and elimination of oral pathology will be developed and updated annually. Various treatment options should be discussed and developed in collaboration with the patient.</p>

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	<p>Treatment plan should 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 the scope of services offered • Determination of adequate recall interval. <p>Dental treatment plan will be signed by the oral care health professional providing the services.</p>
<p>Phase 1 Treatment Plan In accordance with the National Monitoring Standards a Phase 1 treatment plan includes prevention, maintenance and/or elimination of oral pathology that results from dental caries or periodontal disease.</p>	<p>Phase 1 treatment plan will be established and updated annually to include what diagnostic, preventative, and therapeutic services will be provided.</p> <p>Phase 1 treatment plan will be established within 12 months of initial assessment.</p> <p>Treatment plan should include as clinically indicated:</p> <ul style="list-style-type: none"> • Restorative treatment • Basic periodontal therapy (non-surgical) • Basic oral surgery (simple extractions and biopsy) • Non-surgical endodontic therapy • Maintenance of tooth space • Tooth eruption guidance for transitional dentition <p>Phase 1 treatment plan will be signed by the oral care health professional providing the services.</p>
<p>Oral Health Education Oral health education may be provided and documented by a licensed dentist, dental hygienist, dental assistant and/or dental case manager.</p>	<p>Provider must provide patient oral health education once each year which includes but is not limited to the following: D1330 Oral hygiene instructions</p> <ul style="list-style-type: none"> • Daily brushing and flossing to remove plaque

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	<ul style="list-style-type: none"> • Daily use of over-the-counter fluorides to prevent or reduce cavities. <p>D1320 Smoking/tobacco cessation counseling as indicated</p> <p>Additional areas for instruction may include Nutrition (D1310).</p> <p>For pediatric patients, oral health education should be provided to parents and caregivers and be age appropriate for pediatric patients.</p>
<p>Referrals In accordance with National Monitoring Standards, referrals will be documented.</p>	<p>Referrals for other services must be documented in the patient's oral health care chart.</p> <p>Outcome of the referral will be documented in the patient's oral health care record.</p>
<p>Documentation</p>	<p>Agency/practice will maintain a dental file for each patient that is signed by the licensed provider and includes eligibility, treatment plan, services provided, and any referrals made. The following elements are part of each patient's initial comprehensive oral and semiannual exam hard/soft tissue examination:</p> <ul style="list-style-type: none"> • Charting of caries • X-rays, if appropriate • Periodontal screening • Written diagnoses, where applicable • Treatment plan

References:

American Dental Association. Dental Practice Parameters. Patients requiring a comprehensive oral evaluation (PDF).

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

Texas Health and Safety Code, Title 2, Subtitle D, Chapter 85. Acquired Immune Deficiency Syndrome and Human Immunodeficiency Virus Infection

**Oral Health Services Standards of Care
Austin TGA Ryan White Part A Modifications**

Services, page 1

Remove endodontistry and replace with endodontics; change is in italics:

Services will include routine dental examinations, prophylaxis, x-rays, fillings, and basic oral surgery (simple extractions), *endodontics* and prosthodontics.

Universal Precautions, page 2

Revised first bulleted item; remove “antibody” as follows:

- Health care workers who perform exposure-prone procedures should know their HIV status.

Client Eligibility for Oral Health Services, page 2

Revised first sentence as follows:

Documentation for eligibility will either be kept on file at the referral/funding source, in the patient’s oral health record, or in the interagency database.

Dental and Medical History, page 3

Revised second paragraph as follows:

Provider obtains patient health history information with updates as medically appropriate prior to providing care. This information may include, but is not limited to, the following: