

# Oral Health

**Health Resources and Services Administration (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.

**Eligibility:** Clients accessing Oral Health Services must meet the eligibility standards as described in the System-Wide Standards of Care.

## 1.0 Responsibilities of the Oral Health Providers

Oral Health Providers shall ensure compliance with the following Standards.

## 1.0 Responsibilities of the Oral Health Providers

Standards	Measures
1.1 Oral Health Provider shall maintain a client chart including: Demographic information, medical/dental history, medication list intraoral/extraoral examination, odontological and periodontal charting.	1.1 Use of an Electronic Medical Record (EMR) or other client health record system to capture patient information.  Intake forms shall include identifiers (Name, SSN, DOB, Gender, Race/Ethnicity, date of program entry).
1.2 Medical/Dental history shall be updated annually and shall include at a minimum; general medical history, Primary Care physician contact information, medication listed with dosages, and other necessary medical information.	1.2 Documentation included in EMR or other client health record system.

<p>1.3 Radiographs, of appropriate diagnostic quality should be present for all endodontic therapy and post crown insertions. This is a standard part of these procedures.</p>	<p>1.3 Copies of radiographs included in EMR or other client health record system.</p>
<p>1.3 Levels of service shall be in accordance with the established Dental Services. A Treatment Plan shall be developed to meet the needs and overall condition of the client.</p> <p>All Treatment Plans shall be signed by the client.</p>	<p>1.3 Documentation of signed Treatment Plans in EMR or other client health record system.</p>
<p>1.4 Client Records shall contain a general and specific consent for treatment.</p>	<p>1.4 Documentation of signed consent in EMR or other client health record system.</p>
<p>1.5 Current, appropriate and legible treatment notes shall be maintained.</p>	<p>1.5 Documentation of treatment notes in EMR or other client health record system.</p>
<p>1.6 Perio exam documenting pocket depths, mobility and bleeding shall be updated annually</p>	<p>1.6 Documentation of appropriate perio exam in EMR or other client health record system.</p>
<p>1.7 Periodontal treatment shall be provided at a minimum of every six months.</p>	<p>1.7 Documentation of appropriate periodontal treatment in EMR or other client health record system.</p>
<p>1.8 Oral Health Provider shall provide Education/Counseling to the client on:</p> <ul style="list-style-type: none"> <li>• Oral Hygiene</li> <li>• Nutrition, as appropriate</li> </ul>	<p>1.8 Documentation of appropriate education in EMR or other client health record system.</p>

<ul style="list-style-type: none"> <li>• Tobacco cessation, as appropriate</li> </ul> <p>Referral for Tobacco Cessation treatment shall be made as appropriate.</p>	<p>Documentation of Tobacco Cessation referral in EMR or other client health record system.</p>
<p>1.9 Oral Health Provider shall contact Case Management Agency to obtain Lab values when an Oral Health Exception Request is needed.</p>	<p>1.9 Documentation of Lab values maintained in EMR or other client health record system are secure in accordance with HIPAA and HITECH Laws.</p>
<p>1.10</p> <p>Oral Health Provider shall comply with the Oral Health Exception Request process &amp; guidelines when a client reaches the maximum overcap amount for the fiscal year.</p>	<p>1.10 Documentation in EMR or other client health record system shall contain the following:</p> <ul style="list-style-type: none"> <li>• Exception letter</li> <li>• treatment plan,</li> <li>• Pano/Xrays,</li> <li>• FMX,</li> <li>• Perio-chart</li> <li>• medical history including medication list and CD4/Viral Load</li> <li>• Or any other documentation requested by the Recipient's Office.</li> </ul>
<p>1.11 The Oral Health Provider shall maintain a copy of the current Orlando EMA Dental Fee Schedule.</p>	<p>1.11 The Oral Health Provider has a copy of the current Orlando EMA Dental Fee Schedule on file.</p>
<p>1.12 Oral health providers shall provide copies of valid licensure and certifications, in compliance with State and local laws of all oral health professionals providing the services to the Recipient for approval.</p>	<p>1.1 Documentation of valid licensure and certifications of all oral health professionals providing services submitted to the Recipient.</p>
<p>1.13 Oral health services are provided by general dental practitioners, dental specialists, dental hygienists and</p>	<p>1.13 Documentation of valid licensure and certifications of all oral health</p>

	auxiliaries and meet current dental care guidelines.		professionals providing services available for review.
1.14	The clinical decisions shall be supported by the American Dental Association Dental Practice parameters.	1.14	Recent edition of the American Dental Association Dental Practice parameters available for review.

## 2.0 Responsibility of Case Management Agencies

The Purpose of the Responsibility of Case Management Agencies is to establish the scope of work for the coordinating of oral health services.

The agency policy and procedure shall ensure compliance with the following standards.

### 2.0 Responsibility of Case Management Agencies

Standards	Measures
2.1 The Case Management Agency shall maintain a list of approved oral health providers in all four counties.	2.1 Updated list available and accessible at each agency for review.
2.3 Case Management Agency shall schedule and coordinate all initial oral health appointments and educate client about importance of keeping their appointments.	2.2 Documentation in the approved electronic database management system progress logs.
2.4 The Case Management Agency is responsible for educating the client regarding the missed appointment policy of the assigned provider at their initial contact.	2.3 Documentation in the approved electronic database management system progress logs.?
2.4 A complete and approved treatment plan shall be maintained by the Case Management Agency to facilitate	2.4 Documentation of signed, approved treatment plan in the

	scheduling of follow up appointments and management of the annual cost cap. A copy of the approved treatment plan shall be provided to the client.		approved electronic database management system.
2.5	Each eligible client is permitted two cleanings (oral prophylaxis) per contract year.	2.5	Documentation in the approved electronic database management system.
2.6	Oral prophylaxis (cleaning), twice a year are not included in the annual cost cap.	2.6	Documentation in the approved electronic database management system.
2.7	Initial appointments for urgent services (medical necessity) shall be given priority scheduling by the Case Management Agency.	2.7	Medical referral, documentation of medical necessity on file (ex: client verbalizes pain or abscess)
2.8	The Case Management Agency shall issue an Oral Health Authorization to eligible clients, which includes the following: <ul style="list-style-type: none"> <li>• A current Treatment Plan; no more than 6 months old.</li> <li>• Dental procedures codes included on the Orlando EMA Dental Fee Schedule list.</li> </ul>	2.8	Oral Health Authorization documented in the approved electronic database management system.
2.9	Oral Health Authorizations for extensive treatment plans shall be submitted in phases as determined by the Oral Health Provider.	2.9	Oral Health Authorization documented in the approved electronic database management system.

<p>2.10 Clients with another payer source, such as Medicaid or private insurance, are not eligible for Ryan White Oral Health services, unless approved by the Recipient on a case-by-case basis.</p>	<p>2.10 Client's payer source must be documented in the approved electronic database management system.</p>
<p>2.11 The Case Management Agency shall comply with the Oral Health Exception Request process &amp; guidelines when a client reaches the maximum cap amount for the fiscal year.</p> <p>The Case Management Agency shall notify the Oral Health Provider when an Oral Health Exception Request is needed.</p> <p>All Oral Health Exception Request must be approved by the Recipient's Office.</p>	<p>2.11 The approved Oral Health Exception Treatment Plan documented in the electronic database management system.</p>
<p>2.12 The Case Management Agency shall provide client's labs to the Dental Provider to start the Oral Health Exception Request process.</p>	<p>2.12 Documentation in the approved electronic database management system.</p>
<p>2.13 If the client indicates they have seen a dental provider within the past 6 months, the Case Management Agency shall request oral health records from the previous dental provider to be submitted directly to the current dental provider to prevent duplication of services and ensure Ryan White HIV/AIDS Program is the payer of last resort.</p>	<p>2.13 Documentation of Consent form in the electronic database management system as well as documentation in Progress Logs of request.</p>