BROWARD COUNTY
RYAN WHITE PART A PROGRAM

Oral Health Care
Service Delivery Model

Broward County Florida
Health Care Services
Ryan White Part A Program

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I. Service Definitions

HRSA Definition

Oral health care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Local Definition

Oral health care encompasses dental screenings, prophylaxes, fillings, simple extractions, as well as periodontal and other advanced treatments. Emergency, diagnostic, preventive, hygiene, basic restorative, limited oral surgical, and limited endodontic services are rendered by general dentists and dental hygienists. Clinical interventions are based on treatment guidelines, recognized clinical protocols, and established legal and ethical standards. Oral health care services provided to eligible individuals living with HIV are based on the following priorities:

- Prevention of oral and/or systemic disease where the oral cavity serves as an entry point
- Elimination of presenting symptoms
- Elimination of infection
- Preservation of dentition and restoration of function

II. Key Service Components & Activities

In addition to the Oral Health Care Service Delivery Model (SDM), all providers must adhere to the minimum requirements set forth in the Broward County Ryan White Part A Universal SDM. Providers must also adhere to standards and requirements set forth in the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers, individual contracts, and applicable contract adjustments. Providers must refer to their individual contract for service-specific client eligibility requirements. Providers of oral health care services are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category.

Oral health care services must be provided by Florida credentialed dentists and dental hygienists with the appropriate professional degrees. Provision of all oral health care services must be informed by the American Dental Association's (ADA) practice guidelines and in accordance with legal and ethical standards.

Coordination and Referral of Oral Health Care Services

Providers must act as a liaison between clients and other oral health care service providers to obtain and share information to support an optimal level of patient care and service provision, including HIV treatment and care. Clients must receive immediate referrals for emergency treatment, including relief of pain or infection.

Oral Health Care Prevention & Early Intervention

Providers must emphasize prevention and early detection of oral disease by educating patients about preventive oral health care practices, including instruction in oral hygiene. Additionally, providers must apply the following educational counseling when applicable:

- Tobacco cessation,
- Risks of unprotected oral sex,
- Complications with body piercing in oral structures, and

- Guidance on general health conditions that could compromise oral health.

Additionally, the impact of proper nutrition on preserving good oral health should be discussed. Basic nutritional counseling may be offered to assist patients in maintaining oral health; when appropriate, a referral to a registered dietitian or other qualified nutrition professional should be made.

III. Broward Outcomes and Indicators

Table 1. Outcomes, Indicators, and Measure

Outcomes	Indicators	Measure
1. Continuity of oral health care.	1.1. 75% of clients with a dental visit at least 2 times within the past 12 months.	1.1.1. Oral health care visits documented in designated HIV Management Information System (MIS).
2. Screening of periodontal health is provided.	2.1. 75% of clients with a history of periodontitis who received an oral prophylaxis, scaling/root planning, or periodontal maintenance visit at least 2 times within the past 12 months.	2.1.1. Periodontal charts and client medical history demonstrating oral prophylaxis, scaling/root planning, or periodontal maintenance in compliance with ADA guidelines.

IV. Assessment and Treatment Plan

Assessment

New clients presenting for non-emergency oral health care services must receive a comprehensive oral examination within 15 business days of the initial referral/visit to the provider. The comprehensive oral evaluation must include the following:

- Documentation of client's presenting complaint
- Caries charting
- Full mouth radiographs (or panoramic and bitewings) and selected periapical films
- Complete periodontal exam or periodontal screening record (PSR), which includes: full-mouth periodontal charting; presence, degree, and distribution of plaque and calculus; gingival health/disease; bone height and/or bone loss; mobility and fremitus; and presence, location, and extent of furcation involvement
- Head and neck exam
- Complete intra-oral exam, including evaluation for HIV-associated lesions
- Pain assessment

All oral examination findings must be documented in the client file. In addition, full medical status information from the client's medical provider, including most recent lab work results, must be obtained and considered by the provider. The medical history and current medication list must be updated regularly to ensure all medical and treatment changes are noted.

Treatment Plan
Providers must develop a comprehensive phase I treatment plan in conjunction with the client. Components of treatment plans must include, at minimum: diagnosis, prevention, maintenance, and/or elimination of oral pathology that results from dental caries or periodontal disease. This includes basic restorative treatment including fillings; basic periodontal therapy (non-surgical); basic oral surgery that includes simple extractions and biopsy; non-surgical endodontic therapy.

All treatment plans must be reviewed with and signed by the client and documented in the client file following the initial comprehensive oral examination. Treatment plans must include an appropriate dental check-up schedule and be reviewed and/or updated at least annually. The client's ability to adhere to treatment for an extended amount of time or return for sequential visits should be determined when a treatment plan is prepared or upon dental procedure initiation. Phase I treatment plans must be completed within 12 months from the date the client consented to treatment.

Client treatment plans may include services that are not covered by RWHAP funds. Providers must consult clients to discuss non-covered services that may be available through other payment sources.

Providers must consider each client's primary reason for the visit, concerns, and expectations when developing the treatment plan. Treatment priority must be given to the management of pain, infection, traumatic injury, or the emergency condition. Providers must manage client pain, dental anxiety, and behavior during treatment to facilitate safety and efficiency. Emergency services should be the foremost priority in provision of oral health care. Emergency need entails life-threatening, or potentially disabling conditions. Providers must document the disposition of the emergency, the dental site, and the specific treatment involved in the client file.

Adherence to Treatment
Providers must assist clients in adhering to an oral health care treatment plan. Clients with physical, behavioral or social needs that could potentially impair adherence to the oral health care treatment plan must be referred to other Ryan White Part A providers to support client adherence to oral health care treatment plan. The provider and client must sign all treatment plans and updates to treatment plans.

V. Standards for Service Delivery

Table 2. Oral Health Care Standards for Service Delivery

Standard	Measure
1. Provider reviews client medical and dental health history annually and updates the client file as needed.	1.1. Documentation of medical and dental health history in the client file.
2. New clients presenting for non-emergency oral health care services must receive a comprehensive oral examination within 15 business days of the initial referral/visit to the provider.	2.1. Documentation of completed comprehensive oral evaluation in the client file.
3. Provider develops treatment plan, in conjunction with the client, based on client oral evaluation.	3.1. Signed and dated treatment plan documented in the client file.

Standard	Measure
4. Treatment plans must be reviewed and/or updated at least annually	4.1. Signed and dated treatment plan documented in the client file.
5. A six-month recall schedule must be used to monitor changes in oral health care. If a patient's CD4 count is below 100, a three-month recall schedule should be considered.	5.1. Recall schedule documented in the client file.
6. Caries identified in the phase I treatment plan are treated within 12 months.	6.1. Documentation of treatment plan updates in the client file.
7. Provider refers clients to specialty oral health care services in accordance with client needs and treatment plan.	7.1. Documentation of specialty oral health care needs documented in the client treatment plan and file. 7.2. Referral documented in the designated HIV MIS.
8. Provider follows up on specialty care referrals within 30 days of referral.	8.1. Referral documented in the designated HIV MIS. 8.2. Referral follow up and communication documented in the client file.
9. Provider conducts oral health care education with clients annually.	9.1. Documentation of oral health education in the client file.
10. Provider reviews client medical history and vital signs prior to performing surgical procedures and whenever local anesthesia is provided. This includes, but is not limited to: Blood pressure, pulse/heart rates, basic vital signs, and CBC values.	10.1. Documentation of review of medical history and vital sign values in the client file.

Fort Lauderdale/Broward County EMA

Service Delivery Model Request for Approval Form

Date	6/15/2020
Service Delivery Model	Oral Health Service Delivery Model
Status	Update

Background/summary of service delivery model:

Oral Health Care encompasses dental screenings, prophylaxes, fillings, simple extractions, as well as periodontal and other advanced treatments. Emergency, diagnostic, preventive, hygiene, basic restorative, limited oral surgical, and limited endodontic services are rendered by general dentists and dental hygienists. Clinical interventions are based on treatment guidelines, recognized clinical protocols, and established legal and ethical standards. Oral Health Care services provided to eligible individuals living with HIV are based on the following priorities:

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How this service delivery model addresses identifying, engaging, and retaining clients in care and ensures all steps of the HIV Care Continuum are met:

People with HIV are at special risk for oral health problems. This service category addresses Some of the most common oral problems for people with HIV/AIDS, including: chronic dry mouth, gingivitis, bone loss around the teeth (periodontitis), canker sores, oral warts, fever blisters, oral candidiasis (thrush), hairy leukoplakia (which causes a rough, white patch on the tongue), and dental caries. Combination antiretroviral therapy, which is used to treat the HIV condition and restore immune system function, has made some oral problems less common. Oral conditions can be painful, annoying, and can lead to other problems.

THIS SECTION IS INTENDED FOR STAFF USE ONLY.	
Quality Management Committee:	
Service Delivery Model Request for Approval Decision ☒ Approved ☐ Denied Chair/ V. Chair Signature: X _____ Date: 6/15/2020	Reason(s) for denial:
HIV Planning Council:	
Service Delivery Model Request for Approval Decision ☐ Approved ☐ Denied Chair/ V. Chair Signature: X _____ Date: _____	Reason(s) for denial: