Oral Health Services Service Standard

Health Resources & Services Administration (HRSA) Description:

Oral Health Care (OH) activities include outpatient diagnostics, prevention, and therapy provided 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 allow. Funded OH 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 per 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 (AA) for the purposes of funds only, but not the appropriateness of the clinical procedure.

Universal Standards:

Service providers for Oral Health Services must follow HRSA/DSHS Universal Standards 1-46 and 65-67.

Service Standards and Measures:

The following standards and measures are guides to improving health outcomes for people living with HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Measure
Dental and Medical History: To develop an appropriate treatment plan, the oral health care provider should obtain information about the patient's health and medication status. At a minimum, medical history and limited physical evaluation should be obtained and reviewed at the initial appointment and updated annually. This information may include but not be limited to, the following: • HIV-related history, including information on the client's HIV-treating provider • Pregnancy and breastfeeding status • Chief complaint • Current medications, including medications affecting coagulation and any osteoporotic medications • Allergies and drug sensitivities • Alcohol and other drug use • Tobacco use • Physical and/or mental health diagnoses, including any chronic conditions • Usual oral hygiene • Date of last dental examination	1. Percentage of clients who had a dental and medical health history (initial or updated) at least once in the measurement year. *(HRSA HAB measure)*
Limited Physical Examination: The oral health provider is responsible for completing an initial limited physical examination in accordance with the Texas Board of Dental	2. Percentage of clients who had a limited physical examination, consisting of blood pressure and heart rate check at a minimum, performed at least once in the

Examiners, which should include, at a minimum: • Blood pressure • Pulse/heart rate Dental practitioners must also record blood pressure and pulse heart rate for invasive procedures involving sedation and anesthesia. If the dental practitioner is unable to obtain a client's vital signs, they must document in the client's chart the reason the attempt was unsuccessful.	measurement year.
Oral Examination: Clients must have an initial comprehensive oral exam, a periodic recall oral evaluation, or a problem-focused oral exam once per year. This should consist of one of the following: • Comprehensive oral evaluation, to include x-rays (full mouth and panoramic), new client • Periodic oral evaluation to include bitewing x-rays, established client • Problem-focused oral evaluation for clients with an acute concern	3. Percentage of clients who had a documented oral examination completed within the measurement year.
Periodontal Screening or Examination: All clients should receive a periodontal screen or exam at least annually unless the client was only seen for evaluation or treatment of a dental emergency. This may consist of either a comprehensive initial screen or an annual re-evaluation. The initial periodontal screen should include the assessment of medical and dental histories, the quantity and quality of attached gingiva, bleeding, tooth mobility, and a radiological review of the status of the periodontium and dental implants. The comprehensive periodontal examination should include:	4. Percentage of clients who had a periodontal screen or examination at least once in the measurement year, unless the client was only seen for a dental emergency. *(HRSA HAB measure)*

• Evaluation and recording of periodontal conditions • Evaluation and recording of dental caries • Evaluation and recording of missing, misaligned or unerupted teeth • Evaluation and recording of restorations • Evaluation and recording of occlusal relationships • Evaluation and recording of dysplastic oral cancerous lesions Annual re-evaluation should include follow-up on previously identified issues and evaluation for any new or emerging periodontal concerns. 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, and the incidence of necrotizing periodontal diseases may increase with clients with AIDS.	
Dental Treatment Plan: A dental treatment plan that includes preventive care, maintenance, and elimination of oral pathology should be developed and discussed with the client. Treatment options should be selected in collaboration with the client. Treatment plans should be appropriate for the client's health status, financial status, and individual preference, and must include, as clinically indicated: • Provision for the relief of pain • Elimination of infection • Preventive care • Periodontal treatment	5. Percentage of clients who had a dental treatment plan developed and/or updated at least once in the measurement year. *(HRSA HAB measure)*

• 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 • Invasive procedure risk assessment (prior to oral surgery, extraction, or other invasive procedure) Dental treatment plans must be signed by the oral care health professional providing the services (electronic signatures are acceptable).	
Initial Treatment Plan: New clients should receive a treatment plan that includes prevention, maintenance, and/or elimination of oral pathology that results from dental caries or periodontal disease. This plan should be completed within the first year of services and should include: • Restorative treatment • Basic periodontal therapy (nonsurgical) • Basic oral surgery that includes extractions and biopsy • Non-surgical endodontic therapy if the tooth is restorable • Space maintenance and tooth eruption guidance for transitional dentition. The initial treatment plan, if the care was completed on schedule, should be completed within 12 months of initiating treatment.	6. Percentage of clients with an initial treatment plan that was completed within 12 months. *(DSHS-revised HRSA HAB measure)*
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. Education should address the following topics:	7. Percentage of clients who received oral health education at least once in the measurement year. *(HRSA HAB measure)* This includes all of the following: 7a: Daily brushing and flossing (or other

• 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 when appropriate and applicable to the client. • Smoking/tobacco cessation counseling as indicated Additional areas for instruction may include nutrition. For pediatric clients, oral health education should be provided to parents and caregivers and must be age appropriate.	interproximal cleaning) and/or prosthetic care to remove plaque 7b: Daily use of over-the-counter fluorides to prevent or reduce cavities when appropriate and applicable to the patient. 7c: Smoking/tobacco cessation counseling as indicated.
Referrals: Referrals for other services should be made when specialized care is indicated, or other medical issues are identified during dental care. Referrals must be documented in the client's oral health care chart and should have follow-up documentation, including the outcomes of the referral.	8. Percentage of clients who received referrals with documentation of the outcomes of the referral in the oral health care record.
Expenditure Documentation: In the cases of emergency need and/or where extensive care is needed, the maximum cost may exceed the $3000 per client per calendar year expenditure 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 (AA) for the purposes of funds only, but not the appropriateness of the clinical procedure.	9. If the cost of dental care exceeded the annual maximum amount for Ryan White/State Services funding, the reason is documented in the client's oral health care record.

References:

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Division of State HIV/AIDS Programs, HIV/AIDS Bureau (HAB). *Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part B Recipients*. Health Resources and Services Administration, June 2022.

Ryan White HIV/AIDS Program. *Policy Notice 16-02: Eligible Individuals & Allowable Uses of Funds*. Health Resources & Services Administration, 22 Oct. 2018.

Texas Administrative Code. Title 22, Part 5 State Board of Dental Examiners. Chapter 108, Subchapter A, Rule §108.7, Minimal Standards of Care.

Texas Administrative Code. Title 22, Part 5, State Board of Dental Examiners, Chapter 108, Subchapter A, Rule §108.8, Records of the Dentist.