



## SERVICE CATEGORY DEFINITION

---

Support for **Oral Health Services** including diagnostic, preventive, and therapeutic dental care that is in compliance with state 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 services, and is provided by licensed and certified dental professionals.

### **Documentation that:**

- Oral health services are provided by general dental specialists, dental hygienists and auxiliaries and meet current dental care guidelines
  - Oral health professionals providing the services have appropriate and valid licensure and certification, based on State and local laws
  - Clinical decisions that are supported by the American Dental Association Dental Practice Parameters
  - An oral health treatment plan is developed for each eligible client and signed by the oral health professional rendering the services
  - Oral Health Services can include but are not limited to, palliative, oral examinations, x-rays, prophylaxis, restorations, and extractions a combination of any of the above as determined by the Planning Council or Grantee under Part A.
- Eligibility must be updated every six (6) months to include proof of income and proof of residency.

## CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

---

### Monitoring Standard:

1. Maintain and provide upon grantee request, copies of current professional licensure and certifications.
2. Maintain documentation of clinical decisions that are supported by the American Dental Association and Dental Practice Parameters
3. Where applicable, provide policy that defines and specifies the **limitations on providing oral health services**
4. Each client will have a dental chart that is signed by the licensed provider



Ryan White Planning Council of New Haven/Fairfield Counties

SERVICE STANDARD

## ORAL HEALTH SERVICES

5. Documentation of a treatment plan, with updates as indicated, signed and dated by the licensed provider and in the client dental chart
6. Documentation in the client dental chart of services provided and **any referrals made**

**Program Outcome:**

90% of clients will show improved /maintained oral health during a measurement year

**Indicators:**

- 100% of HIV-infected oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year.
- 90% of HIV-infected oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year.
- 100% of HIV-infected oral health patients who received oral health education at least once in the measurement year.
- 90% of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year.
- 75% of HIV-infected oral health patients with a Phase 1 treatment plan that is completed within 12 months.

**Service Unit(s):** Face-to-Face Oral Health Visit



## SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
<p>1. HIV-infected oral health patients receive a dental and medical health history (initial or updated) at least once in the measurement year.</p> <p><b>EXCEPTIONS:</b></p> <ol style="list-style-type: none"> <li>1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year.</li> <li>2. Patients who were &lt; 12 months old.</li> </ol>	<p>HIV-infected oral health patients receive a dental and medical health history (initial or updated) at least once in the measurement year.</p>	<p>100%</p>
<p>2. HIV-infected oral health patients receive a dental treatment plan developed and/or updated at least once in the measurement year.</p> <p><b>EXCEPTIONS:</b></p> <ol style="list-style-type: none"> <li>1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year.</li> <li>2. Patients who were &lt; 12 months old.</li> </ol>	<p>HIV-infected oral health patients receive a dental treatment plan developed and/or updated at least once in the measurement year.</p>	<p>100%</p>
<p>3. HIV-infected oral health patients receive oral health education at least once in the measurement year.</p> <p><b>EXCEPTIONS:</b></p> <ol style="list-style-type: none"> <li>1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year.</li> <li>2. Patients who were &lt; 12 months old.</li> </ol>	<p>HIV-infected oral health patients receive oral health education at least once in the measurement year.</p>	<p>100%</p>



<p>4. HIV-infected oral health patients receive a periodontal screen or examination at least once in the measurement year.</p> <p><b>EXCEPTIONS:</b></p> <ol style="list-style-type: none"> <li>1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year.</li> <li>2. Edentulist patients (complete).</li> <li>3. Patients who were &lt;13 years.</li> </ol>	<p>HIV-infected oral health patients receive a periodontal screen or examination at least once in the measurement year.</p>	<p>100%</p>
<p>5. HIV-infected oral health patients receive a Phase 1 treatment plan that is completed within 12 months.</p> <p><b>EXCEPTIONS:</b></p> <ol style="list-style-type: none"> <li>1. Patients who had only an evaluation or treatment for a dental emergency in the year prior to the measurement year.</li> </ol>	<p>HIV-infected oral health patients receive a Phase 1 treatment plan that is completed within 12 months.</p>	<p>75%</p>

## DATA REPORTING

Part A service providers are responsible for documenting and keeping accurate records of Ryan White Program Data/Client information, units of service, and client health outcomes. Reporting units of service are a component of each agency’s approved workplan. Please refer to the most current workplan, including any amendments, for guidance regarding units of service. Summaries of service statistics by priority will be made available to the Planning Council by the Grantee for priority setting, resource allocation and evaluation purposes.



*Ryan White Planning Council of New Haven/Fairfield Counties*

**SERVICE STANDARD**

**ORAL HEALTH SERVICES**

## **CASE CLOSURE PROTOCOL**

---

Each agency providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client's file. If a client chooses to receive services from another provider the agency must honor the request from the client.