

# Memphis TGA Ryan White Part A & MAI Oral Health Standards of Care

## PURPOSE

The purpose of the Ryan White Part A and MAI Oral Health Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

## DEFINITION

Oral health services include: Diagnostic, prophylactic and therapeutic services rendered by oral surgeons, dentists, dental hygienists or dental students supervised by licensed dentists.

*\*The Memphis Area Planning Ryan White Planning Council has established a cap on Oral Health Services of \$5,000.00 per client for the grant year effective June 1, 2016.\**

## STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council and meetings with the Ryan White Part A Grantee and Service Providers throughout the TGA.

## APPLICATION OF STANDARDS

These standards apply to all agencies that are funded to provide Oral Health Ryan White Part A services within the Memphis TGA. If the funded agency subcontracts for oral health services, the funded agency is responsible for ensuring that these standards are followed.

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Standard	Measure/Method
<b>I. Policies and Procedures</b>	
A. See Universal Standards of Care for detailed information	
B. Agency has a written policy in place on how to deal with clients who miss their appointments.	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
<b>II. Program Staff</b>	
A. See Universal Standards of care for detailed information	
B. Staff has appropriate skills, relevant experience and licensure to provide oral health care.	<ul style="list-style-type: none"> <li>• Certifications/licensures on file</li> <li>• Resumes on file</li> </ul>
C. Dentists, oral surgeons, dental hygienists, and dental students will have proof of malpractice coverage.	<ul style="list-style-type: none"> <li>• Copy of current malpractice coverage on file</li> </ul>
D. Licensed staff participate in at least six hours of education/training every two years on HIV related oral healthcare issues including oral manifestations, dental treatment considerations for PLWHA and other co-morbidities, infection control and post exposure prophylaxis. Non-licensed staff participate in at least one hour of education/training annually on same topic areas.	<ul style="list-style-type: none"> <li>• Training/education documentation in personnel files</li> </ul>
<b>III. Access to Services</b>	
A. See Universal Standards of care for detailed information	
<b>IV. Service Eligibility Screening</b>	
A. Provider determines client eligibility for services or has appropriate documentation proof from another provider. The process to determine client eligibility must be completed in a timely manner so that oral health services are not delayed.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Agency client data report consistent with funding requirements</li> </ul>
B. Client is informed of the confidentiality policy and grievance policy at first face to face contact.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Client satisfaction survey</li> </ul>

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C. Client is informed of services available and what client can expect if s/he enrolls in services, including methods and scope of service delivery. Clients will also be informed of the documentation requirements for treatment.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Client satisfaction survey</li> </ul>
D. Staff will provide client with referral information to other services, as appropriate.	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
<b>V. Assessment/Treatment</b>	
A. Clients who are eligible for services and have provided the required documentation shall receive a referral for assessment. Assessment includes at a minimum: <ul style="list-style-type: none"> <li>✓ Determination of care need (emergency, non-emergency or triage)</li> <li>✓ Relevant health history</li> <li>✓ Current medications</li> <li>✓ Relevant laboratory testing</li> <li>✓ Hard and soft tissue examination</li> <li>✓ X-rays of teeth</li> <li>✓ Referrals</li> <li>✓ Primary care provider contact number</li> </ul>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Agency client data report consistent with funding requirements</li> </ul>
B. Develop treatment plan with client within 10 business days of assessment.	<ul style="list-style-type: none"> <li>• Client record including completed treatment plan signed by client and attending provider</li> </ul>
C. Providers will educate clients on oral disease prevention at each oral health visit.	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
<b>VI. Service Coordination/Referral</b>	
A. Agency staff acts as a liaison between the client and other service providers to support coordination and delivery of high quality care. An individual must access oral health care services through a Medical Case Manager. Clients should be strongly encouraged to enroll in primary medical care and have been seen by a primary care provider within the past 6 months.	<ul style="list-style-type: none"> <li>• Client record-documentation of enrollment in primary medical care</li> </ul>

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## Clinical Guidelines for Dental Procedures\*

*\*Please note that these guidelines are meant to be general and allow the dental healthcare worker the flexibility to offer the best care available for Ryan White Part A and MAI eligible consumers.*

Standard	Measure/Method
B. Referral sources should be provided with a minimum of the following: <ul style="list-style-type: none"> <li>✓ Authorization form from client to provide records to referral source</li> <li>✓ Concise problem statement (documenting necessity of specialty referral)</li> <li>✓ Relevant lab tests and pharmacy data available at time of appointment</li> </ul>	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
<b>VII. Clients' Rights and Responsibilities</b>	
A. See Universal Standards of care for detailed information	
B. The agency has a formal policy as governed by State law for clients who may be incapable of making their own treatment or care decisions.	<ul style="list-style-type: none"> <li>• Policy on file</li> <li>• Legal/medical consultation policy</li> </ul>

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<b>Emergency Dental Care</b>	Care related to the treatment of pain or infection, including but not limited to: emergency examinations, diagnostic dental radiographs, caries control, endodontic access, extractions and sub-gingival curettage and trauma
<b>Endodontic procedures</b>	For severely decayed or abscessed teeth that can be maintained if the patient so chooses. When the decay process has proceeded to the vital portions of the tooth (pulp), fillings alone are no longer possible; root canals are a means by which our patients can save severely decayed or necrotic (abscessed) teeth.
<b>Management of oral pathology</b>	Management of oral pathology including biopsy associated with HIV disease such as oropharyngeal candidiasis (thrush), ulcerations, Kaposi's sarcoma, and oral warts due to human papillomavirus (HPV) which if left untreated would increase morbidity and negatively impact quality of life.
<b>Periodontal (gum care)</b>	Recommended for clients with heavy calculus (tartar) buildup above and below the gum line, patients with infected or inflamed gingival gums or periodontal disease. Maintenance therapy for clients who have previously undergone periodontal therapy is also included in this category.
<b>Preventive dental care</b>	Care that includes but is not limited to dental exams, diagnostic dental x-rays, dental cleanings, office fluoride therapies and sealants.
<b>Prosthetic care (partial and complete dentures)</b>	Replaces multiple missing teeth and enable clients to maintain proper nutrition, function, speech, and esthetics. Also covered in this category are single unit crowns, crown build-ups and single unit fixed anterior bridges.
<b>Restorative dental care</b>	Includes amalgam (silver) fillings for posterior teeth and tooth colored fillings for anterior teeth.
<b>Surgical procedures</b>	Includes extraction of severely decayed teeth or periodontally involved teeth and biopsies of suspect lesions.