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SERVICE STANDARDS FOR ORAL HEALTH CARE

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In addition to the Universal Standards, you are also expected to follow the following guidelines.

I. GOAL

To maximize and maintain good oral health, promote adherence to medical treatment and to prevent opportunistic infections and malignancies.

I. DESCRIPTION [HRSA PCN 16-02 Rev. 10/22/2018]

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.

II. KEY COMPONENTS AND ACTIVITIES

Initial screening and subsequent annual exams for dental disease and/or oral pathology to prevent common abnormalities associated with HIV disease (i.e., gingivitis/periodontitis and dental emergencies), and then as needed to maintain good nutritional intake and improve medical outcomes.

III. SERVICE LIMITATIONS/REQUIREMENTS

Parameters for service category spending are determined by the recipient's office and communicated directly to funded organizations by the recipient.

IV. ASSESSMENT AND SERVICE PLAN

A. Intake and Initial Assessment - To determine eligibility, collect demographic information, Intake should include: (see Universal Standard)

1. Date of Intake
2. Name of person completing intake.
3. Referral source if appropriate
4. Explanation of services available
5. Stabilize client emergencies as needed.

B. Comprehensive Oral/Medical Assessment

Assessment should include:

1. Medical History (including medications and co-morbidities)
 - a. Updated/Reviewed Annually
2. Laboratory results within the last 6 months

“To plan for the development, implementation and continual improvement of the health care and treatment services for People Living With and Affected by HIV & AIDS who reside in the five New Jersey Counties of Essex, Morris, Sussex, Union and Warren.”

3. Current Viral load and CD4 count results.
4. Sexually transmitted diseases
5. HIV associated diseases.
6. Allergies and drug sensitivities
7. Alcohol and drug use
8. Oral Health Care practices
9. Consultation with the care provider as needed, to determine treatment plan and next steps.

C. Development and Implementation of Oral Treatment Plan

The Plan should document treatment plan and dates for measurable goal completion. It should also document treatment progress and should be reviewed within 90 days from initial plan and modified as necessary. Plan should include:

1. Evidence of client participation in and agreement with treatment options and service decisions
2. Preventative care and maintenance goals
3. Timeframes to achieve objectives.
4. Referrals to specialists and primary medical care, if necessary
5. Documentation of contact with care provider to complete medical information.
6. Consultation with the care provider as needed, to determine treatment plan and next steps
7. Periodontal Screening Annually.

D. Treatment and Coordination of Care

Treatment progress must be recorded. Notes should include:

1. Progress notes for each session
2. Progress of Treatment/Service Plan
3. Treatment/Service Plan assessment and revision within 90 days of initial assessment and modify as necessary.
4. Communication with the referring agency i.e., if appointments were kept and if medication were prescribed.
5. Monitoring the adherence to dental and primary medical care.
6. Treatment must address a patient's ability to chew, swallow, esthetic needs, and phonetics.
7. Ongoing HIV-Oral Health education/counseling
8. Preventative care planning

DOCUMENTATION

Written documentation is kept for each client which includes:

- Initial oral health screening/ annual oral exam
- Orders for laboratory, radiological, diagnostic and/or screening tests and results
- Documentation of prescriptions
- Records of referrals
- Signed initial and updated individualized treatment plan.
- Evidence of consent for services signed by the client.
- Progress notes detailing each contact with or on behalf of the client. These notes should include date of contact and name(s) of the person(s) providing the service.

V. ENGAGEMENT AND RETENTION OF CLIENTS

Refer to the Universal Service Standard.

VI. STAFF QUALIFICATIONS AND TRAINING

Qualifications/Training

- Staff must meet requirements for New Jersey Administrative Code 13:30 via the New Jersey Board of Dentistry.
- HIV experience/training
- Ongoing education/training in related subjects including “prevention with positives”.
- Agency will provide new hires with training regarding confidentiality, client rights and the agency’s grievance procedure.
- Annual staff evaluation/review