

**Service Category Definition (approved by SPA November 2018)**

Support for Dental/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.

**Intake and Eligibility (HIV/AIDS BUREAU PCN #13-02)**

For both initial/annual and six-month recertification procedures, eligibility determinations may be performed simultaneously with testing and treatment. Recipients and subrecipients assume the risk of recouping any HRSA RWHAP funds utilized for clients ultimately determined to be ineligible, and instead charge an alternate payment source, or otherwise ensure that funds are returned to the HRSA RWHAP program.

**REQUIRED ELIGIBILITY DOCUMENTATION TABLE**

| <b>Eligibility Requirement</b> | <b>Initial Eligibility Determination &amp; Once a Year/12 Month Period Recertification</b>  | <b>Recertification (minimum of every six months)</b>  |
|--------------------------------|---|---|
| <b>HIV Status</b>              | <ul style="list-style-type: none"> <li>Documentation required for Initial Eligibility Determination</li> <li>Documentation is not required for the once a year/12-month period recertification</li> </ul> | No documentation required   |
| <b>Income</b>                  | Self-attestation form for recertification ONLY  | <ul style="list-style-type: none"> <li>Recipient may choose to require a full application and associated documentation <b>OR</b></li> <li>Self-attestation of no change</li> <li>Self-attestation of change - Recipient must require documentation of change in eligibility status</li> </ul> |
| <b>Residency</b>               | Self-attestation form for recertification ONLY  | <ul style="list-style-type: none"> <li>Recipient may choose to require a full application and associated documentation <b>OR</b></li> <li>Self-attestation of no change</li> <li>Self-attestation of change - Recipient must require documentation</li> </ul>                                 |
| <b>Insurance Status</b>        | Recipient must verify if the applicant is enrolled in other health care coverage and document status in the client's chart.   | <ul style="list-style-type: none"> <li>Recipient must verify if the applicant is enrolled in other health coverage</li> <li>Self-attestation of no change</li> <li>Self-attestation of change - Recipient must require documentation</li> </ul>   |
| <b>Viral Load</b>              | Documentation of viral load count   | Documentation of viral load count   |

All subrecipients are required to have a client intake and eligibility policy on file that adheres to the EMA's eligibility policy. It is the responsibility of the subrecipient to determine and document client eligibility status, as outlined in the Ryan White Part A Eligibility Policy in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every six months.

**Eligible clients in the New Haven & Fairfield Counties EMA must:**

- Live in New Haven or Fairfield Counties in Connecticut;
- Have a documented diagnosis of HIV/AIDS;
- Have a household income that is at or below 300% of the federal poverty level; and
- Be uninsured or underinsured.

Services will be provided to all Ryan White Part A eligible clients without discrimination on the basis of: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law.

**Personnel Qualifications (including licensure)**

Provide written assurances and maintain documentation showing the Oral Health services are provided by general dental specialists, dental hygienists and auxiliaries and meet current dental care guidelines and professionals providing the services have appropriate and valid licensure and certification based on Connecticut state laws.

**Care and Quality Improvement Outcome Goals**

The overall treatment goal of Oral Health Services is to provide diagnostic, preventative and therapeutic dental care to all eligible individuals living the New Haven & Fairfield Counties EMA.

**Service Standards and Goals**

| <b>HRSA/HAB Performance Measure: Dental and Medical History</b>   |  | <b>GOAL</b> |
|---|--|-------------|
| <b>STANDARD/MEASURE</b>   | <b>AGENCY RESPONSIBILITY</b>   |             |
| Clients had a dental and medical health history (initial or updated) at least once in the measurement year. | Documentation of health history evident in client chart.                             | 100%        |
| <b>HRSA/HAB Performance Measure: Dental Treatment Plan</b>  |  |             |
| <b>STANDARD/MEASURE</b>   | <b>AGENCY RESPONSIBILITY</b>   |             |
| Clients had a dental treatment plan developed and/or updated at least once in the measurement year.         | Documentation of dental treatment plan evident in client chart.                      | 100%        |
| <b>HRSA/HAB Performance Measure: Oral Health Education</b>  |  |             |
| <b>STANDARD/MEASURE</b>   | <b>AGENCY RESPONSIBILITY</b>   |             |
| Client received oral health education at least once in the measurement year.                                | Documentation of client receiving oral education evident in client chart             | 100%        |
| <b>HRSA/HAB Performance Measure: Periodontal Screening or Examination</b>                                   |  |             |
| <b>STANDARD/MEASURE</b>   | <b>AGENCY RESPONSIBILITY</b>   |             |
| Client had a periodontal screen or examination at least once in the measurement year.                       | Documentation of periodontal screen or examination evident in client chart           | 100%        |
| <b>HRSA/HAB Performance Measure: Phase 1 Treatment Plan Completion</b>                                      |  |             |
| <b>STANDARD/MEASURE</b>   | <b>AGENCY RESPONSIBILITY</b>   |             |
| Clients have a Phase 1 treatment plan that is completed within 12 months.                                   | Documentation of Phase 1 treatment plan that is completed is evident in client chart | 75%         |

| HRSA/HAB National Program Monitoring Standards for RWHAP Part A: Section C: Support Services  |  | GOAL |
|---|--|------|
| STANDARD/MEASURE  | AGENCY RESPONSIBILITY  |      |
| Oral health services are provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries and meet current dental care guidelines and have appropriate and valid licensure and certification, based on State and local laws. | Maintain, and provide to Recipient on request, copies of professional licensure and certification.   | 100% |
| Clinical decisions are supported by the American Dental Association Dental Practice Parameters.   | Maintain a dental record for each client that is signed by the licensed provider and includes a treatment plan, services provided, and any referrals made. | 100% |
| An oral health treatment plan is developed for each eligible client and signed by the oral health professional rendering the services.  |  |      |
| Services fall within specified service caps, expressed by dollar amount, type of procedure, limitations on the number of procedures, or a combination of any of the above, as determined by the Planning Council or Recipient under Part A.                 |  |      |

### **Clients Rights and Responsibilities**

Agencies providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each agency will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer fully understands their rights and responsibilities.

### **Client Charts, Privacy, and Confidentiality**

Agencies providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of the client's Personal Health Information (PHI). Agencies must have a client's release of information policy in place and review the release regulations with the client before services are provided. A signed copy of the client's release of information must be included in the client's chart.

### **Cultural and Linguistic Competency**

Agencies providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services. (please see <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53> for more information)

### **Client Grievance Process**

Each agency must have a written grievance procedure policy. Clients will be informed and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of receipt of the grievance procedure policy form must be included in the client's chart.

### **Case Closure Protocol**

Each agency providing services will have a case closure protocol. The reason for case closure must be properly documented in each client's chart.