I. DEFINITION OF SERVICE

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 service caps, 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
- 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 Grantee under Part A.

II. DESCRIPTION OF SERVICE

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>PERFORMANCE MEASURE/METHOD</th>
<th>MONITORING STANDARD</th>
<th>LIMITATIONS</th>
</tr>
</thead>
</table>
| Oral Health Services including diagnostic, preventive, and therapeutic dental care that in compliance with Connecticut dental practice laws, includes evidence-based clinical decisions informed by the American Dental Association (ADA) Practice Parameters, adheres to specified service caps, and is provided by licensed and certified dental professionals. | Documentation that:  
- Oral Health Services are provided by general dental practitioners, dental specialists, dental hygienists and meet current dental care guidelines  
- Oral health professionals providing the services have appropriate and valid licensure and certification, based on Connecticut and local laws  
- Clinical decisions that are supported by the American Dental Association under Dental Practice Parameters  
- 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 Grantee under Part A. | 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 or caps on providing oral health services | |
| Oral health services are based on an oral health treatment plan. | Documentation of the following:  
- An oral health treatment plan is developed for each eligible client and signed by the oral health professional rendering the services | 1. Each client will have a dental chart that is signed by the licensed provider  
2. Documentation of a treatment plan, with updates as indicated, signed and dated by the licensed provider and in the client dental chart  
3. Documentation in the client dental chart of services provided and any referrals made | |
### III. NATIONAL FISCAL MONITORING STANDARDS (HRSA issued April 2013):

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>PERFORMANCE MEASURE/METHOD</th>
<th>MONITORING STANDARDS</th>
<th>LIMITATIONS</th>
</tr>
</thead>
</table>
| **SECTION D: Imposition & Assessment of Client Charges**  
1. Ensure grantee and subgrantee policies and procedures require a publicly posted schedule of charges (e.g., sliding fee scale) to clients for services, which may include a documented decision to impose only a nominal charge | Review of subgrantee policies and procedures, to determine:  
- Existence of a provider policy for a schedule of charges. A publicly posted schedule of charges based on current Federal Poverty Level (FPL) including cap on charges  
- Client eligibility for imposition of charges based on the schedule  
- Track client charges made and payments received  
- How accounting systems are used for tracking charges, payments, and adjustments | Establish, document and have available for review:  
- Policy for a schedule of charges  
- Client eligibility determination in client records  
- Fees charged by the provider and the payments made to that provider by clients  
- Process for obtaining, and documenting client charges and payments through an accounting system, manual or electronic | |
| 2. No charges imposed on clients with incomes below 100% of the Federal Poverty Level (FPL) | Review of provider policy for schedule of charges to ensure clients with incomes below 100% of the FPL are not charged for services | Document that:  
- Policy for schedule of charges does not allow clients below 100% of FPL to be charged for services  
- Personnel are aware of and consistently following the policy for schedule of charges. Policy for schedule of charges must be publicly posted. | |
| 3. Charges to clients with incomes greater than 100% of poverty are determined by the schedule of charges. Annual limitations on amounts of charge (i.e., cap on charges) for RW services are based on the percent of client’s annual income, as follows:  
- 5% for clients with incomes between 100% and 200% of FPL  
- 7% for clients with incomes between 200% and 300% of FPL  
- 10% for clients with incomes greater than 300% of FPL | • Review of policy for schedule of charges and cap on charges  
• Review of accounting system for tracking patient charges and payments  
• Review of charges and payments to ensure that charges are discontinued once the client has reached his/her annual cap. | Establish and maintain a schedule of charges and policy that includes a cap on charges and the following:  
- Responsibility for client eligibility determination to establish individual fees and caps  
- Tracking of Part A charges or medical expenses inclusive of enrollment fees, deductibles, co-payments, etc.  
- A process for alerting the billing system that the client has reached the cap and should not be further charged for the remainder of the year  
- Personnel are aware and consistently following the policy for schedule of charges and cap on charges. | |
IV. DENTAL/ORAL HEALTH CARE SERVICE COMPONENTS

Program Outcome:
- 90% of clients will show improved /maintained oral health at 6 months and 12 months

Indicators:
- Number of clients diagnosed with HIV-related and general oral pathology with resolved, improved or maintained oral health at most recent follow-up visit
- 85% of clients have 2 or more regular dental visits per year
- Document # of clients referred for dental care vs. # seen for service

Service Unit(s): Face-to-Face Oral Health Visit
# Standard of Care

## Oral Health Standard of Care

<table>
<thead>
<tr>
<th>Standard of Care</th>
<th>Outcome Measure</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Data Source</th>
<th>Goal/Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Structure</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>1. ACCESS</strong></td>
<td>Process Outcomes:</td>
<td>Two (2) dental visits per year per RW Part A patient</td>
<td>Total # of Ryan White Part A HIV dental clients</td>
<td>• Review policies and procedures for services and facility including all protocols for service and referral. • Review hours of operation, waiting time to schedule visits, time in waiting room prior to being seen by clinician, access to bus lines, multi-lingual office staffing, written instructions provided in patient’s language</td>
<td>No barriers exist to access and utilization</td>
</tr>
<tr>
<td>Services offered to overcome barriers to access and utilization</td>
<td>1. Minimum of two (2) dental visits per year per RW Part A patient (may include preventive and routine—EMERGENCY VISITS DO NOT COUNT)</td>
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<tr>
<td><strong>2. APPOINTMENT/ACCESS BY LEVEL OF CARE</strong></td>
<td>Process Outcomes:</td>
<td>a. # of RW Part A Dental clients waiting over 15 minutes for scheduled appointment b. # of RW Part A Dental patients able to schedule an appointment within 1 month of call c. # of HIV dental emergencies responded to on same day d. % of HIV dental referrals made within 72 hours e. Documentation of follow-up for missed appointments by HIV dental care patients.</td>
<td>a. Total # of Dental patients b. Total # of Dental patients requesting appointment c. Total # of Dental patients with emergency d. Total # of dental referrals e. Total # of dental care missed appointments</td>
<td>a. Review policies and procedures for services and facility including protocols for routine service, emergency care and referrals. b. Review scheduling system and appointment book. c. Document process in place for contacting patients who miss appointments</td>
<td>a. Appointment system is in place in 100% of contracted providers b. 100% of Part A dental patients able to schedule appointment within one month of request c. 75% of emergencies are handled in a timely, appropriate manner d. 85% of referrals handled in appropriate time e. 85% of documentation of follow-up is present</td>
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<tr>
<td>Policies and procedures indicate practice is run on an appointment system with accommodation made for emergencies. Policy includes process for minimal wait for first non-emergency visit and subsequent appointments and system for getting patients to return for recall appointments.</td>
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<tr>
<td>Standard of Care</td>
<td>Outcome Measure</td>
<td>Numerator</td>
<td>Denominator</td>
<td>Data Source</td>
<td>Goal/Benchmark</td>
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<td>II. Process</td>
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<td>3. TREATMENT—</td>
<td>Process Outcomes</td>
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<tr>
<td>INITIAL VISIT:</td>
<td>a. Obtain full</td>
<td>a. % of</td>
<td>a. Total #</td>
<td>a. Documentation of medical</td>
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<td>medical status</td>
<td>HIV dental</td>
<td># of Part A dental</td>
<td>medical history, including HIV status in</td>
<td>100% of dental providers provide oral health care</td>
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<td>information,</td>
<td>patients</td>
<td>Dental I</td>
<td>chart and</td>
<td>within the context of the patient's overall health status</td>
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<td>including</td>
<td>with full</td>
<td>patients</td>
<td>signed releases, medical contact</td>
<td>b. 100% of oral health patients receive a comprehensive</td>
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<td></td>
<td>documentation</td>
<td>documentation</td>
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<td>information in chart</td>
<td>Head &amp; Neck and intraoral exam on their initial visits,</td>
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<td>of HIV status,</td>
<td>in chart</td>
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<td>unless this visit is for urgent or emergent care</td>
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<td>is obtained from</td>
<td>b. # of HIV dental patients receiving comprehensive Head &amp; Neck and intraoral exam at initial visits</td>
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<td>c. 100% of dental patients had a treatment plan developed</td>
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<td>medical provider</td>
<td>c. % of HIV dental patients who had a dental treatment plan developed</td>
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<td>and/or updated at least once in the measurement year.</td>
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<td>Initial visit</td>
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<td>(b) complete</td>
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<td>intraoral exam</td>
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<td>evaluation for</td>
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<td>HIV associated</td>
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<td>c) caries risk</td>
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<td></td>
<td>HIV positive oral health patients have a dental treatment plan developed and/or updated at least once in the measurement year.</td>
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<td>DEFINITIONS</td>
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<td>Impact Outcome:</td>
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<td>Early prevention, diagnosis and treatment of oral disease, including HIV disease manifestations.</td>
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<td>4. TREATMENT—</td>
<td>Process Outcomes</td>
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<tr>
<td>SECOND VISIT:</td>
<td>% of HIV dental</td>
<td># of Part A dental patients receiving oral disease prevention instructions</td>
<td>Total # of Part A dental patients at 2nd visit</td>
<td>Review files for documentation of instruction provided</td>
<td>100% of HIV dental patients will receive oral disease prevention instruction.</td>
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<td></td>
<td>patients</td>
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<td>Impact Outcomes:</td>
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<td>Early prevention, diagnosis, &amp; treatment of oral disease including HIV manifestation.</td>
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</table>
### 5. TREATMENT:

**ONGOING:**

Patients are on a preventative maintenance schedule of oral health care

*(NOTE: this standard for disclosed patients, patients still have right to NOT disclose HIV status)*

<table>
<thead>
<tr>
<th>Process Outcomes:</th>
<th># of HIV dental patients with 2 or more visits per yr</th>
<th># of Part A dental patients with 2 or more visits per year</th>
<th>Total # of Part A dental patients</th>
<th>Charts indicate visits for routine care at least semi-annually (twice per year), or more frequently if indicated</th>
<th>60% of HIV dental care patients will be seen at least semi-annually or as indicated in treatment plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Impact Outcome:</strong></td>
<td>Maintenance of good oral health and reduction of oral disease.</td>
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<tr>
<td><strong>Process Outcomes:</strong></td>
<td>a. % of HIV dental patients referred to provider(s) for specialty care.</td>
<td>a. # of Part A dental patients referred to contracted specialty care provider</td>
<td>a. Total # of Part A dental patients</td>
<td>a. Review policies and procedures for services and facility including all protocols for service and referral.</td>
<td>a. Referred 'from': 100% of HIV dental patients that are referred from other providers will be seen, with documentation of the referral source of their care</td>
</tr>
<tr>
<td></td>
<td>b. % of HIV dental patients referred for needed specialty care.</td>
<td>b. # of Part A dental patients referred for specialty care (non-contracted provider)</td>
<td>b. Total # of Part A dental patients</td>
<td>b. Review patient file for treatment plan, needed care, referral.</td>
<td>b. Referred ‘to’: 100% of HIV dental care patients that are referred to specialists when indicated will be documented with reason for referral, and date of scheduled visit(s).</td>
</tr>
</tbody>
</table>

### III. Outcome

6. **SPECIALTY CARE REFERRALS:**

Any phase of treatment plan that is not within the scope of practice of the general provider is referred to a specialist as appropriate. A list of referral specialists must be maintained.

### IV. 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.

*The Chart Audit Tool for Dental/Oral Health is attached on the next page*
### Oral Health Tool

#### STRUCTURE ("WHO")

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Licensure, Credentials in compliance with ADA, State and Local Laws</td>
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<td>Supervision</td>
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<td>HIV Education</td>
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</table>

#### STAFF

4. **Client Demographics**
   - Age, ethnicity, appropriate gender identity clearly and properly indicated; proof of eligibility with low-income status; proof of residency or undocumented status

5. **Recordkeeping Requirements**
   - Chart is properly stored & secure; chart is clearly organized; entries legible; treatment plans are signed and dated with credentials of provider or service

6. **Bill of Rights/ Grievance Procedures**
   - Client signed bill of rights, non-discrimination & grievance procedures

7. **Client Treatment Consent**
   - Documentation signed & dated by client

8. **Medical Record Release Forms**
   - Release forms (as necessary) present, current, & signed by client

9. **Confirmation of HIV Diagnosis**
   - HIV antibody test record, confirmatory lab data, or letter of diagnosis

10. **Eligibility**
    - Documentation in client file 2x a year for eligibility review

11. **Medical Information**
    - Full documented medical information in chart

12. **Referral to Dentist**
    - Documentation of patient referred to dental care from another provider

13. **Emergency Dental Visits**
    - Patient was seen within 24 hours of request

14. **Missed Appointments**
    - Documentation of follow-up for missed appointments

15. **Patient Wait Time**
    - Patients wait less than 30 min. from time of appt.

#### PROCESS ("HOW")

**Initial Evaluation**

16. **Initial Oral History and Physical Exam**
    - Comprehensive Head & Neck and Intraoral exam completed and signed/dated by provider at initial visit

17. **Screening**

18. **Teeth Screening**
   - Determine current endodontalism

19. **Teeth Screening**
   - Determine extent of caries

20. **Mouth Screening**
    - Determine gum health and extent of gingivitis

21. **Mouth Screening**
    - Check for periodontal disease

22. **Mouth Screening**
    - Check for any lesions or suspicious oral or pharyngeal cancers

23. **Opportunistic Infection**
    - Check for evidence of OI

24. **Treatment Plan**
    - Oral health patients have a developed treatment plan and/or updated treatment plan

#### ONGOING EVALUATION & HEALTH CARE MAINTENANCE

25. **Regular Dental Screenings**
    - Documented 2 visits in year (preventive, not emergency visits)

26. **Disease Prevention & Oral Health Education**
    - Patients receive oral disease prevention instruction

27. **Scheduled Appointment**
    - Patient has appointment within 1 month of call to make appointment

#### REFERRAL FOR SPECIALTY CARE

28. **Referrals to Specialty Care**
    - Referral(s) made within 72 hours

#### OUTCOME ("WHAT IMPACT")

29. **Improved or Maintained Oral Health Care**

#### FISCAL MONITORING REQUIREMENT

30. **Providers maintain current sliding fee scale in accordance with HRSA mandate**
# Performance Measure: Oral Health Services:
## Oral Health Education

Percentage of HIV-infected oral health patients who received oral health education at least once in the measurement year.

<table>
<thead>
<tr>
<th>Numerator:</th>
<th>Number of HIV-infected oral health patients who received oral health education at least once in the measurement year.</th>
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</thead>
<tbody>
<tr>
<td>Denominator:</td>
<td>Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year.</td>
</tr>
</tbody>
</table>

### Patient Exclusions:
1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year.
2. Patients who were < 12 months old.

### Data Element:
1. Is the patient HIV-infected? (Y/N)
   a. If yes, did the patient have a clinical oral evaluation at least once in the measurement year? (Y/N)
   i. If yes, did the patient receive oral health education at least once in the measurement year? (Y/N)

### Data Sources:
- Data reports required by HRSA/HAB, such as the Ryan White HIV/AIDS Program Services Report (RSR), may provide useful data regarding the number of patients identified as receiving oral health services.
- Electronic Health Record/Electronic Medical Record
- Oral health services patient record data abstraction of a sample of records.
- Provider billing systems may be used; however, this will be dependent on the completeness and accuracy of coding of the procedures of interest.

### National Goals, Targets, or Benchmarks for Comparison:
None available at this time.

### Outcome Measures for Consideration:
- Rate of dental disease and oral pathology in the practice population
- Rate of tobacco cessation in the practice population

### Basis for Selection:
A higher risk of dental caries in patients with HIV may be caused by decreased salivary flow, which may occur as a result of salivary gland disease or as a side effect of a number of medications. Also, some topical antifungal medications have high sugar content, possibly resulting in increased caries susceptibility. The adverse effects of using tobacco should be discussed with the patients. If patient is a tobacco user, cessation should also be discussed. For in-office consumer and provider materials on tobacco cessation programs, dentists can access [http://www.surgeongeneral.gov/tobacco/default.htm](http://www.surgeongeneral.gov/tobacco/default.htm).
Performance Measure: Oral Health Services: Dental Treatment Plan

Percentage of HIV-infected oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year.

| Numerator: | Number of HIV-infected oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year. |
| Denominator: | Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year. |

Patient Exclusions:
1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year.
2. Patients who were < 12 months old.

Data Element:
1. Is the patient HIV-infected? (Y/N)
   a. If yes, did the patient have a clinical oral evaluation at least once in the measurement year? (Y/N)
      i. If yes, did the patient have a dental treatment plan developed and/or updated at least once in the measurement year? (Y/N)

Data Sources:
- Data reports required by HRSA/HAB, such as the Ryan White HIV/AIDS Program Services Report (RSR), may provide useful data regarding the number of patients identified as receiving oral health services.
- Electronic Health Record/Electronic Medical Record
- Oral health services patient record data abstraction of a sample of records.
- Provider billing systems may be used; however, this will be dependent on the completeness and accuracy of coding of the procedures of interest.

National Goals, Targets, or Benchmarks for Comparison:
None available at this time.

Outcome Measures for Consideration:
- Rate of emergency dental visits in the practice population.

Basis for Selection:
A comprehensive dental treatment plan that includes preventive care, maintenance and elimination of oral pathology should be developed and discussed with the patient. Various treatment options should be discussed and developed in collaboration with the patient. As with all patients, a treatment plan appropriate for the patient’s health status, financial status, and individual preference should be chosen.

Medications may interfere with dental treatment and cause adverse effects, such as decreased salivary flow, altered liver function, and bone marrow suppression, resulting in anemia, thrombocytopenia, and neutropenia. There is no evidence to support modifications in oral health care based solely on the presence of HIV infection. However, such modifications may be indicated on the basis of certain medical problems that occur...
## Performance Measure: Oral Health Services:
### Periodontal Screening or Examination

Percentage of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year.

| Numerator: | Number of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year. |
| Denominator: | Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year. |

### Patient Exclusions:
1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year.
2. Edentulous patients (complete).
3. Patients who were <13 years.

### Data Element:
1. Is the patient HIV-infected? (Y/N)
   - If yes, did the patient have a clinical oral evaluation at least once in the measurement year? (Y/N)
   - If yes, did the patient have a periodontal screen or examination at least once in the measurement year? (Y/N)

### Data Sources:
- Data reports required by HRSA/HAB, such as the Ryan White HIV/AIDS Program Services Report (RSR), may provide useful data regarding the number of patients identified as receiving oral health services.
- Electronic Health Record/Electronic Medical Record
- Oral health services patient record data abstraction of a sample of records
- Provider billing systems may be used; however, this will be dependent on the completeness and accuracy of coding of the procedures of interest.

### National Goals, Targets, or Benchmarks for Comparison:
None available at this time.

### Outcome Measures for Consideration:
- Rate of tooth loss due to periodontal disease in the practice population.

### Basis for Selection:
The American Academy of Periodontology “Parameter on Periodontitis Associated with Systemic Conditions” indicates that “some forms of periodontal disease may be more severe in individuals affected with immune system disorders. Patients infected with human immunodeficiency syndrome (HIV), may have especially severe forms of periodontal disease. The incidence of necrotizing periodontal diseases may increase with patients with acquired immunodeficiency syndrome (AIDS).”
## Performance Measure: Phase 1 Treatment Plan Completion

Percentage of HIV-infected oral health patients\(^1\) with a Phase 1\(^2\) treatment plan that is completed within 12 months.

<table>
<thead>
<tr>
<th>Numerator:</th>
<th>Number of HIV-infected oral health patients that completed Phase 1(^2) treatment within 12 months of establishing a treatment plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator:</td>
<td>Number of HIV-infected oral health patients with a Phase 1 treatment plan established in the year prior to the measurement year(^3).</td>
</tr>
<tr>
<td>Patient Exclusions:</td>
<td>1. Patients who had only an evaluation or treatment for a dental emergency in the year prior to the measurement year.(^4)</td>
</tr>
</tbody>
</table>

### Data Element:

1. Is the patient HIV-infected? (Y/N)
   a. If yes, did the patient have a Phase 1\(^2\) treatment plan established in the year prior to the measurement year? (Y/N)
   b. If yes, was the Phase 1\(^2\) treatment plan completed within 12 months of establishment? (Y/N)

### Data Sources:

- Data reports required by HRSA/HAB, such as the Ryan White HIV/AIDS Program Services Report (RSR), may provide useful data regarding the number of clients identified as receiving oral health services.
- Electronic Health Record/Electronic Medical Record (A specific “dummy code” to signify when patient treatment is complete can be used to facilitate data collection.)
- Oral health services patient record data abstraction by grantees of a sample of records
- Provider billing systems may be used; however, this will be dependent on the completeness and accuracy of coding of the procedures of interest.

### National Goals, Targets, or Benchmarks for Comparison:

None

### Outcome Measures for Consideration:

- Rate of untreated dental disease and oral pathology in the practice population.

### Basis for Selection:

Oral diseases are progressive and cumulative and can affect our ability to eat, the foods we choose, how we look, and the way we communicate. These diseases can affect economic productivity and compromise our ability to work at home, at school, or on the job. Health disparities exist across population groups at all ages. Over one third of the US population (100 million people) has no access to community water fluoridation. Over 108 million children and adults lack dental insurance, which is over 2.5 times the numbers who lack medical insurance. See: US Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General: Executive Summary.* Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000. See: [http://www.surgeongeneral.gov/library/oralhealth](http://www.surgeongeneral.gov/library/oralhealth).