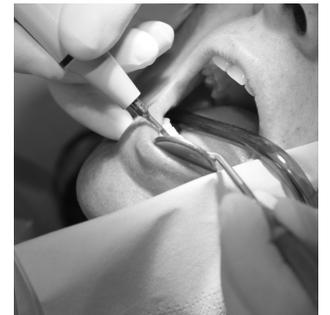


## TABLE OF CONTENTS

### ORAL HEALTH CARE SERVICES

---

<b>Executive Summary</b>	<b>2</b>
<b>Service Introduction</b>	<b>5</b>
<b>Service/Organizational Licensure Category</b>	<b>6</b>
<b>Definitions and Descriptions</b>	<b>6</b>
<b>How Service Relates to HIV</b>	<b>7</b>
<b>Service Components</b>	<b>8</b>
<b>Intake</b>	<b>8</b>
General Considerations	9
Evaluation	10
Treatment Planning	11
Informed Consent	12
Treatment Standards	12
Medical Consultation	13
Encouraging Primary Care Participation	13
Prevention/Early Intervention	14
Special Treatment Considerations	14
Program Records	15
Triage/Referral/Coordination	16
Linkages and Marketing	16
Client Retention	16
<b>Staffing Requirements and Qualifications</b>	<b>17</b>
<b>Units of Service</b>	<b>18</b>
<b>References</b>	<b>18</b>
<b>Acronyms</b>	<b>19</b>



## ORAL HEALTH CARE SERVICES

### EXECUTIVE SUMMARY

---

#### SERVICE INTRODUCTION

Oral health care services should be an integral part of primary medical care for all people living with HIV. Most HIV-infected patients can receive routine, comprehensive oral health care in the same manner as any other person. All treatment will be administered according to published research and available standards of care.

Services shall include (but not be limited to):

- ◆ Identifying appropriate clients for HIV oral health care services through eligibility screening
- ◆ Obtaining a comprehensive medical history and consulting primary medical providers as necessary
- ◆ Providing educational, prophylactic, diagnostic and therapeutic dental services to patients with a written confirmation of HIV disease
- ◆ Providing medication appropriate to oral health care services, including all currently approved drugs for HIV related oral manifestations
- ◆ Providing or referring patients, as needed, to health specialists including, but not limited to, periodontists, endodontists, oral surgeons, oral pathologists, oral medicine practitioners and registered dietitians
- ◆ Maintaining individual patient dental records in accordance with current standards
- ◆ Complying with infection control guidelines and procedures established by the California Occupation Safety and Health Administration (Cal-OSHA)

The following are priorities for HIV oral health treatment:

1. Prevention of oral and/or systemic disease where the oral cavity serves as an entry point
2. Elimination of presenting symptoms
3. Elimination of infection
4. Preservation of dentition and restoration of functioning

#### SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

HIV/AIDS oral health care services shall be provided by dental care professionals who have applicable professional degrees and current California State licenses. Dental staff can include: dentists, dental assistants and dental hygienists. Clinical supervision shall be performed by a licensed dentist responsible for all clinical operations.

#### SERVICE CONSIDERATIONS

**General Considerations:** There is no justification to deny or modify dental treatment based on the fact that a patient has tested positive for HIV. Further, the magnitude of the

viral load is not an indicator to withhold dental treatment for the patient. If, however, a patient's medical condition is compromised, treatment adjustments, as with any medically compromised patient, may be necessary.

**Evaluation:** When presenting for dental services, people living with HIV should be given a comprehensive oral evaluation. When indicated, diagnostic tests relevant to the evaluation of the patient should be performed and used in diagnosis and treatment planning. In addition, full medical status information from the patient's medical provider, including most recent lab work results, should be obtained and considered by the dentist

**Treatment Planning:** In conjunction with the patient, each dental provider shall develop a comprehensive, multidisciplinary treatment plan. The patient's primary reason for the visit should be considered by the dental professional when developing the dental treatment plan. Treatment priority should be given to the management of pain, infection, traumatic injury or other emergency conditions.

**Informed Consent:** Patients will sign an informed consent document for all dental procedures. This informed consent process will be ongoing as indicated by the dental treatment plan.

**Treatment Standards:** All treatment will be administered according to published research and available standards of care.

**Medical Consultation:** The dental provider should consult with the patient's primary care physician when additional information is needed to provide safe and appropriate care.

**Encouraging Primary Care Participation:** Dentists can play an important part in reminding patients of the need for regular primary medical care (cluster designation 4 (CD4) and viral load tests every three to six months depending on the past history of HIV infection and level of suppression achieved) and encouraging patients to adhere to their medication regimens. If a patient is not under the regular care of a primary care physician, he or she should be urged to seek care and a referral to primary care will be made.

**Prevention/Early Intervention:** Dental professionals will emphasize prevention and early detection of oral disease by educating patients about preventive oral health practices, including instruction in oral hygiene. In addition, dental professionals may provide counseling regarding behaviors (e.g., tobacco use, unprotected oral sex, body piercing in oral structures) and general health conditions that can compromise oral health. The impact of good nutrition on preserving good oral health should be discussed.

**Program Records:** HIV oral health providers will maintain adequate health records consistent with good dental and professional practice in accordance with the California Code of Regulations on each individual patient.

**Triage/Referral/Coordination:** It is incumbent upon dental health providers to refer appropriate patients to additional providers including: periodontists, endodontists, oral surgeons, oral pathologists and oral medicine practitioners. Also vital is the coordination of oral health care with primary care medical providers.

**Linkages and Marketing:** Programs providing dental care for people living with HIV will market their services through known linkages and direct outreach.

**Client Retention:** Programs shall strive to retain patients in oral health treatment services.



*Oral health is an integral part of primary care.*

---

A broken appointment policy and procedure to ensure continuity of service and retention of patients is required.

## **STAFFING REQUIREMENTS AND QUALIFICATIONS**

Prior to performing HIV/AIDS oral health care services, all dental staff will be oriented and trained in policies and procedures of the general practice of dentistry and, specifically, the provision of dental services to people living with HIV.

These training programs shall include (at minimum):

- ◆ Basic HIV information
- ◆ Orientation to the office and policies related to the oral health of people living with HIV
- ◆ Infection control and sterilization techniques
- ◆ Methods of initial evaluation of the patient living with HIV disease
- ◆ Education and counseling of patients regarding maintenance of their own health
- ◆ Recognition and treatment of common oral manifestations and complications of HIV disease
- ◆ Recognition of oral signs and symptoms of advanced HIV disease, including treatment and/or appropriate referral



## ORAL HEALTH CARE SERVICES

### SERVICE INTRODUCTION

Oral health care services should be an integral part of primary medical care for all people living with HIV. Most HIV-infected patients can receive routine, comprehensive oral health care in the same manner as any other person.

Oral health services include:

- ◆ Obtaining a comprehensive medical history and consulting primary medical providers as necessary
- ◆ Providing educational, prophylactic, diagnostic and therapeutic dental services to patients with a written confirmation of HIV disease
- ◆ Providing medication appropriate to oral health care services, including all currently approved drugs for HIV related oral manifestations
- ◆ Providing or referring patients, as needed, to health specialists including, but not limited to, periodontists, endodontists, oral surgeons, oral pathologists and oral medicine practitioners

All interventions must be based on proven clinical methods and in accordance with legal and ethical standards. Maintaining confidentiality is critical, and its importance cannot be overstated. All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for information disclosure.

Our expert panel agreed upon the following priorities for HIV oral health treatment:

1. Prevention of oral and/or systemic disease where the oral cavity serves as an entry point
2. Elimination of presenting symptoms
3. Elimination of infection
4. Preservation of dentition and restoration of functioning

Recurring themes in this standard include:

- ◆ Good oral health is an important factor in the overall health management of people living with HIV.
- ◆ Treatment modifications should only be used when a patient's health status demands them.
- ◆ Comprehensive evaluation is a critical component of appropriate oral health care services.



*Poor oral care can negatively impact quality of life.*

- 
- ◆ Treatment plans should be made in conjunction with the patient.
  - ◆ Collaboration with primary medical providers is necessary to provide comprehensive dental treatment.
  - ◆ Prevention and early detection should be emphasized.

The Los Angeles County Commission on HIV (COH) and the Division of HIV and STD Programs (DHSP)—formerly referred to as the Office of AIDS Programs and Policy (OAPP)—have developed this standard of care to set minimum quality expectations for service provision and to guarantee clients consistent care, regardless of where they receive services in the County.

This document represents a synthesis of published standards and research, including:

- ◆ *Oral Health Care Exhibit*, Office of AIDS Programs and Policy, 2004
- ◆ *Practice Guidelines for the Treatment of HIV Patients in General Dentistry*, LA County Commission on HIV Services, 2002
- ◆ *Oral Health Care for People with HIV Infection*, AIDS Institute, New York State Department of Health, 2001
- ◆ Standards of care developed by several other Ryan White Title 1 Planning Councils. Most valuable in the drafting of this standard were Florida Community Planning Group (2002); Denver, CO (2004); and Chicago, IL (2002)

## SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

---

HIV/AIDS oral health care services shall be provided by dental care professionals who possess the applicable professional degrees and current California state licenses. Dental staff can include: dentists, dental assistants and dental hygienists. Clinical supervision shall be performed by a licensed dentist responsible for all clinical operations.

**Dentists:** A dentist must complete a four-year dental program and possess a Doctor of Dental Surgery (DDS) degree. Additionally, dentists must pass a three-part examination as well as the California jurisprudence exam and a professional ethics exam. Dentists are regulated by the California Dental Board (please see (<http://www.dbc.ca.gov/index.html>) for further information).

**Registered Dental Assistants (RDA):** RDAs must possess a diploma or certificate in dental assisting from an educational program approved by the California Dental Board, or 18 months of satisfactory work experience as a dental assistant. RDAs are regulated by the California Dental Board (please see (<http://www.dbc.ca.gov/index.html>) for further information).

**Registered Dental Hygienists (RDH):** RDHs must have been granted a diploma or certificate in dental hygiene from an approved dental hygiene educational program. RDHs are regulated by the California Dental Board (please see (<http://www.dbc.ca.gov/index.html>) for further information).

## DEFINITIONS AND DESCRIPTIONS

---

**Client registration and intake** is the process that determines a person's eligibility for oral services.

---

**Registered Dental Assistant (RDA)** is a licensed person who may perform all procedures authorized by the provisions of these regulations and in addition may perform all functions which may be performed by a dental assistant under the designated supervision of a licensed dentist.

**Registered Dental Hygienist (RDH)** is a licensed person who may perform all procedures authorized by the provisions of these regulations and in addition may perform all functions which may be performed by a dental assistant and RDA under the designated supervision of a licensed dentist.

**Oral prophylaxis** is a preventive dental procedure that includes the complete removal of calculus, soft deposits, plaque and stains from the coronal portions of the tooth. This treatment enables a patient to maintain healthy hard and soft tissues.

**Direct supervision** is supervision of dental procedures based on instructions given by a licensed dentist who must be physically present in the treatment facility during performance of those procedures.

**General supervision** is the supervision of dental procedures based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures.

**Basic supportive dental procedures** are the fundamental duties or functions which may be performed by an unlicensed dental assistant under the supervision of a licensed dentist because of their technically elementary characteristics, complete reversibility and inability to precipitate potentially hazardous conditions for the patient being treated.

**Standard precautions** are an approach to infection control that integrates and expands the elements of universal precautions (human blood and certain human body fluids treated as if known to be infectious for HIV, Hepatitis B Virus (HBV) and other blood-borne pathogens). Standard precautions apply to contact with all body fluids, secretions and excretions (except for sweat), regardless of whether they contain blood, and to contact with non-intact skin and mucous membranes.

## HOW SERVICE RELATES TO HIV

---

At the end of 2013, approximately 60,050 people were estimated to be living with HIV infection in Los Angeles County. Los Angeles County comprises 40% of the total AIDS cases in the State of California (Epidemiologic Profile of HIV in Los Angeles County, 2013).

Many new HIV infections occur in populations whose oral health is among the poorest in the nation (Marcus, et al., 2000; Zabos, 1999). Shiboski, et al., 1999 and the Agency for Healthcare Research and Quality, 2000, have documented the unmet oral health needs of people living with HIV. People who experience more HIV symptoms have a greater need for dental care than those with fewer symptoms, though their more pressing needs for primary medical and mental health care limit their access to appropriate oral health services (Dobalian, et al., 2003). Although great progress has been made in providing dental services to people living with HIV, educating oral health professionals to ensure appropriate, non-judgmental care continues to be a critical priority.

Good dental care is an important factor in the overall health management of people living

---

with HIV infection. Poor oral health can negatively impact quality of life, create nutritional and psychosocial problems, complicate the management of other medical conditions, and negatively impact medication treatment adherence (U.S. Department of Health and Human Services, 2000). Access to dental evaluation, prophylaxis and care significantly improves oral health and quality of life for people living with HIV (Brown, et al., 2002).

## SERVICE COMPONENTS

---

HIV/AIDS oral health care services are provided by fully registered dental health care professionals authorized to perform dental services under the laws and regulations of the state of California. Components include educational, prophylactic, diagnostic and therapeutic services. These services will be provided to medically indigent (uninsured and/or ineligible for health care coverage) people living with HIV residing within Los Angeles County.

Services will include (but not be limited to):

- ◆ Identifying appropriate clients for HIV oral health care services through eligibility screening
- ◆ Obtaining a comprehensive medical history and consulting primary medical providers as necessary
- ◆ Providing educational, prophylactic, diagnostic and therapeutic dental services to patients with a written confirmation of HIV disease
- ◆ Providing medication appropriate to oral health care services, including all currently approved drugs for HIV related oral manifestations
- ◆ Providing or referring patients, as needed, to health specialists including, but not limited to, periodontists, endodontists, oral surgeons, oral pathologists, oral medicine practitioners and registered dietitians
- ◆ Maintaining individual patient dental records in accordance with current standards
- ◆ Complying with infection control guidelines and procedures established by the California Occupation Safety and Health Administration (Cal-OSHA)

## INTAKE

---

Client intake determines eligibility and includes demographic data, emergency contact information, next of kin and eligibility documentation. When possible, client intake will be completed in the first contact with the potential client. Programs will assess individuals in crisis to determine what other interventions are appropriate, either within the agency, or by immediate referral.

In the intake process and throughout oral health services, client confidentiality will be strictly maintained and enforced. All programs will follow HIPAA guidelines and regulations for confidentiality. As needed, Release of Information forms will be gathered. These forms detail the specific person/s or agencies to or from whom information will be released as well as the specific kind of information to be released. New forms must be added for individuals not listed on the most current Release of Information (specification should indicate the type of information that can be released).

As part of the intake process, the client file will include the following information (at minimum):

- ◆ Written documentation of HIV status
- ◆ Proof of Los Angeles County residency
- ◆ Verification of financial eligibility for services
- ◆ Date of intake
- ◆ Client name, home address, mailing address and telephone number
- ◆ Emergency and/or next of kin contract name, home address and telephone number

**Required Forms:** Programs must develop the following forms in accordance with State and local guidelines. Completed forms are required for each client and will be kept on file in the client chart:

- ◆ Release of Information (must be updated annually). New forms must be added for those individuals not listed on the existing Release of Information (specification should be made about what type of information can be released),
- ◆ Limits of Confidentiality (confidentiality policy)
- ◆ Consent to Receive Services
- ◆ Client Rights and Responsibilities
- ◆ Client Grievance Procedures

STANDARD	MEASURE
Intake process will begin during first contact with client.	Intake tool in client file to include (at minimum): <ul style="list-style-type: none"> <li>• Documentation of HIV status</li> <li>• Proof of LA County residency</li> <li>• Verification of financial eligibility</li> <li>• Date of intake</li> <li>• Client name, home address, mailing address and telephone number</li> <li>• Emergency and/or next of kin contract name, home address and telephone number</li> </ul>
Confidentiality policy and Release of Information will be discussed and completed.	Release of Information signed and dated by client on file and updated annually.
Consent for Services will be completed.	Signed and dated Consent in client file.
Client will be informed of Rights and Responsibility and Grievance Procedures.	Signed and dated forms in client file.

## GENERAL CONSIDERATIONS

There is no justification to deny or modify dental treatment due to a patient testing positive for HIV. Further, the magnitude of the viral load is not an indicator to withhold dental treatment for the patient. If, however, a patient’s medical condition is compromised, treatment adjustments for that individual, as with any medically compromised patient, may be necessary

There is no evidence to support the need for routine antibiotic coverage to prevent bacteremia or septicemia arising from dental procedures for the HIV-infected patient. When indicated, the American Heart Association guidelines for antibiotic prophylaxis for bacterial endocarditis should be followed when working with HIV-infected patients. The primary care physician should be consulted before utilizing procedures likely to cause bleeding and bacteremia in HIV-infected patients with neutrophil counts below 500 cells/mm<sup>3</sup>, who are not already taking antibiotics as prophylaxis against opportunistic infections.

STANDARD	MEASURE
Routine antibiotic treatment for bacteremia or septicemia is not indicated in working with the HIV-infected patient.	Signed, dated progress note and/or treatment plan to detail treatment.
If clinically indicated, the American Heart Association guidelines for antibiotic prophylaxis for bacterial endocarditis should be followed.	Signed, dated progress note and/or treatment plan to detail treatment.
When a patient who is not already taking antibiotic prophylaxis, has a neutrophil count below 500 cells/mm <sup>3</sup> , the primary care physician will be consulted before initiating procedures likely to cause bleeding or bacteremia.	Signed, dated progress note and/or treatment plan to detail treatment.

## EVALUATION

When presenting for dental services, people living with HIV should be given a comprehensive oral evaluation including:

- ◆ Documentation of patient’s presenting complaint
- ◆ Caries charting
- ◆ Full mouth radiographs or panoramic and bitewings and selected periapical films,
- ◆ Complete periodontal exam or PSR (periodontal screening record)
- ◆ Comprehensive head and neck exam
- ◆ Complete intra-oral exam, including evaluation for HIV-associated lesions
- ◆ Pain assessment

When indicated, diagnostic tests relevant to the evaluation of the patient should be performed and used in diagnosis and treatment planning. Biopsies of suspicious oral lesions should be taken; patients should be informed about the results of such tests.

In addition, full medical status information from the patient’s medical provider, including most recent lab work results should be obtained and considered by the dentist. This information may assist the dentist in identifying conditions that may affect the diagnosis and management of the patient’s oral health. The medical history and current medication list should be updated regularly to ensure all medical and treatment changes are noted.

STANDARD	MEASURE
A comprehensive oral evaluation will be given to people with HIV presenting for dental services. The evaluation will include: <ul style="list-style-type: none"> <li>• Documentation of patient’s presenting complaint</li> <li>• Caries charting</li> <li>• Radiographs or panoramic and bitewings and selected periapical films</li> <li>• Complete periodontal exam or PSR (periodontal screening record)</li> <li>• Comprehensive head and neck exam</li> <li>• Complete intra-oral exam, including evaluation for HIV-associated lesions</li> <li>• Pain assessment</li> </ul>	Signed, dated oral evaluation on file in patient chart.
As indicated, diagnostic tests relevant to the evaluation will be used in diagnosis and treatment planning. Biopsies of suspicious oral lesions will be taken.	Signed, dated evaluation in patient chart to detail additional tests.
Full medical status information will be obtained from the patient’s medical provider and considered in the evaluation. The medical history and current medication list will be updated regularly to ensure all medical and treatment changes are noted.	Signed, dated evaluation in patient chart to detail medical status information. Signed, dated progress note to detail updated medical information in patient chart

## TREATMENT PLANNING

In conjunction with the patient, each dental provider shall develop a comprehensive, multidisciplinary treatment plan. Treatment plans including the above-listed information will be reviewed with and signed by the patient. The behavioral, psychological, developmental and physiologic strengths and limitations of the patient should be considered by the dental professional when developing the treatment plan. The patient's ability to withstand treatment for an extended amount of time or return for sequential visits should be determined when a treatment plan is prepared or a dental procedure initiated.

The patient's primary reason for the visit should be considered by the dental professional when developing the dental treatment plan. Treatment priority should be given to the management of pain, infection, traumatic injury or other emergency conditions. The dentist should attempt to manage the patient's pain, anxiety and behavior during treatment to facilitate safety and efficiency. The goal of treatment should be to maintain the most optimal functioning possible.

When developing a treatment plan, the dentist should consider:

- ◆ Tooth and/or tissue supported prosthetic options
- ◆ Fixed prostheses, removable prostheses or a combination of these options
- ◆ Soft and hard tissue characteristics and morphology, ridge relationships, occlusion and occlusal forces, aesthetics and parafunctional habits
- ◆ Restorative implications, endodontic status, tooth position and periodontal prognosis
- ◆ Craniofacial, musculoskeletal relationships, including the clinically apparent status of the temporomandibular joints

Treatment plans will include appropriate recall/follow-up schedules. A six-month recall schedule is necessary to monitor any oral changes. If the patient's CD4 count is below 100, a three-month recall schedule should be considered. Treatment plans will be updated as necessary as determined by the dental provider or director of the dental program.

STANDARD	MEASURE
A comprehensive, multidisciplinary treatment plan will be developed in conjunction with the patient.	Treatment plan dated and signed by both the provider and patient in patient file.
Patient's primary reason for dental visit should be addressed in treatment plan.	Treatment plan dated and signed by both the provider and patient in patient file to detail.
Patient strengths and limitations will be considered in development of treatment plan.	Treatment plan dated and signed by both the provider and patient in patient file to detail.
Treatment priority will be given to pain management, infection, traumatic injury or other emergency conditions.	Treatment plan dated and signed by both the provider and patient in patient file to detail.
Treatment plan will include consideration of following factors: <ul style="list-style-type: none"> <li>• Tooth and/or tissue supported prosthetic options</li> <li>• Fixed prostheses, removable prostheses or combination</li> <li>• Soft and hard tissue characteristics and morphology, ridge relationships, occlusion and occlusal forces, aesthetics and parafunctional habits</li> <li>• Restorative implications, endodontic status, tooth position and periodontal prognosis</li> <li>• Craniofacial, musculoskeletal relationships</li> </ul>	Treatment plan dated and signed by both the provider and patient in patient file to detail.
Six-month recall schedule will be used to monitor any changes. If a patient's CD4 count is below 100, a three-month recall schedule will be considered.	Signed, dated progress note in patient file to detail.

STANDARD	MEASURE
Treatment plans will be updated as deemed necessary.	Updated treatment plan dated and signed by both the provider and patient in patient file.

## INFORMED CONSENT

As part of the informed consent process, dental professionals will discuss with the patient:

- ◆ Appropriate diagnostic information
- ◆ Recommended treatment
- ◆ Alternative treatment and sources of funding
- ◆ Costs (if any)
- ◆ Benefits and risks of treatment
- ◆ Limitations of treatment based on health status and available resources

Dental providers will describe all options for dental treatment (including cost considerations), and allow the patient to be part of the decision-making process. After the informed consent discussion, patients will sign an informed consent document for all dental procedures. This informed consent process will be ongoing as indicated by the dental treatment plan.

STANDARD	MEASURE
As part of the informed consent process, dental professionals will provide the following before obtaining informed consent: <ul style="list-style-type: none"> <li>• Diagnostic information</li> <li>• Recommended treatment</li> <li>• Alternative treatment and sources of funding</li> <li>• Costs (if any)</li> <li>• Benefits and risks of treatment</li> <li>• Limitations of treatment</li> </ul>	Signed, dated progress note or informed consent in patient file to detail.
Dental providers will describe all options for dental treatment (including cost considerations), and allow the patient to be part of the decision-making process.	Signed, dated progress note or informed consent in client file to detail.
After the informed consent discussion, patients will sign an informed consent for all dental procedures.	Signed, dated informed consent in client file.
This informed consent process will be ongoing as indicated by the dental treatment plan.	Ongoing signed, dated informed consents in client file (as needed).

## TREATMENT STANDARDS

All treatment will be administered according to published research and available standards of care, including the following:

- ◆ *The New York AIDS Institute Oral Health Guidelines, 2001* (available at: [http://www.hivguidelines.org/public\\_html/center/clinical-guidelines/oral\\_care\\_guidelines/oral\\_health\\_book/oral\\_health.htm](http://www.hivguidelines.org/public_html/center/clinical-guidelines/oral_care_guidelines/oral_health_book/oral_health.htm))
- ◆ *The LA County Commission on HIV Practice Guidelines for the Treatment of HIV Patients in General Dentistry*
- ◆ *Dental Management of the HIV-infected Patient, Supplement to JADA, American Dental Association, Chicago, 1995*
- ◆ *Clinician's Guide to Treatment of HIV-infected Patients, Academy of Oral Medicine, 3rd Edition, Ed. Lauren L. Patton, Michael Glick, New York, 2002*

- ◆ *Principles of Oral Health Management for the HIV/AIDS Patient, A Course for Training the Oral Health Professional, Department of Human Services, Rockville, Maryland, 2001*

STANDARD	MEASURE
Treatment will be administered according to published research and available standards of care.	Signed, dated progress notes in patient chart to detail treatment.

## MEDICAL CONSULTATION

The dental provider should consult with the patient’s primary care physician when additional information is needed to provide safe and appropriate care. This consultation is:

- ◆ To obtain the necessary laboratory test results
- ◆ When there is any doubt about the accuracy of the information provided by the patient
- ◆ When there is a change in the patient’s general health, do determine the severity of the condition and the need for treatment modifications
- ◆ If after evaluating the patient’s medical history and the laboratory tests, the oral health provider decides that treatment should occur in a hospital setting
- ◆ New medications are indicated to ensure medication safety and prevent drug/drug interactions
- ◆ Oral opportunistic infections are present

## ENCOURAGING PRIMARY CARE PARTICIPATION

Dentists can play an important role in encouraging patients to seek regular primary medical care (CD4 and viral load tests every three to six months) and adhere to their medication regimens. If a patient is not under the regular care of a primary care physician, he or she should be urged to seek care and a referral to primary care will be made. If, after six months, a patient has not become engaged in primary medical care, programs may decide to discontinue oral health services. Patients should be made aware of this policy at time of intake into the program. Under certain circumstances, dental professionals may require further medical information or laboratory results to determine the safety and appropriateness of contemplated dental care. In that case, the dentist may require the information before going forward to offer the care.

STANDARD	MEASURE
Primary care physicians will be consulted when providing dental treatment.	Signed, dated progress note to detail consultations.
Consultation with medical providers will be: <ul style="list-style-type: none"> <li>• To obtain the necessary laboratory test results</li> <li>• When there is any doubt about the accuracy of the information provided by the patient</li> <li>• When there is a change in the patient’s general health, do determine the severity of the condition and the need for treatment modifications</li> <li>• If after evaluating the patient’s medical history and the laboratory tests, the oral health provider decides that treatment should occur in a hospital setting</li> <li>• New medications are indicated to ensure medication safety and prevent drug/drug interactions</li> <li>• Oral opportunistic infections are present</li> </ul>	Signed, dated progress note to detail consultations.

STANDARD	MEASURE
Dentists will encourage consistent medical care in their patients and provide referrals as necessary. Under certain circumstances, dental professionals may require further medical information to determine safety and appropriateness of care.	Signed, dated progress notes to detail referrals and discussion.
Programs may decide to discontinue oral health services if a client has not engaged in primary medical care. Patients will be made aware of this policy at time of intake into the program.	Signed, dated progress notes to detail referrals and discussion. Policy on file at provider agency. Intake materials will also state this policy.
Under certain circumstances, dental professionals may require further medical information to determine safety and appropriateness of care.	Signed, dated progress notes to detail discussion.

## PREVENTION/EARLY INTERVENTION

Dental professionals will emphasize prevention and early detection of oral disease by educating patients about preventive oral health practices, including instruction in oral hygiene. In addition, dental professionals may provide counseling regarding behaviors (e.g., tobacco use, unprotected oral sex, body piercing in oral structures) and general health conditions that can compromise oral health. The impact of good nutrition on preserving good oral health should be discussed. Basic nutritional counseling may be offered to assist patients in maintaining oral health; when appropriate, a referral to an RD or other qualified person should be made. Patients will be scheduled for routine examinations and regular prophylaxis twice a year. Other procedures, such as root planning/scaling will be offered as necessary, either directly or by periodontal referral.

STANDARD	MEASURE
Dental professionals will educate patients about preventive oral health practices.	Signed, dated progress note in patient file to detail education efforts.
Routine examinations and regular prophylaxis will be scheduled twice a year.	Signed, dated progress note or treatment plan in patient file to detail schedule.
Dental professionals will provide basic nutritional counseling to assist in oral health maintenance. Referrals to an RD and others will be made, as needed.	Signed, dated progress note to detail nutrition discussion and referrals made.
Root planning/scaling will be offered as necessary, either directly or by referral.	Signed, dated progress note or treatment plan in patient file to detail.

## SPECIAL TREATMENT CONSIDERATIONS

Most HIV patients can be treated safely in a typical dental office or clinic. Under certain circumstances, however, modifications of dental therapy should be considered:

- ◆ Bleeding tendencies may determine whether or not to recommend full mouth scaling and root planning or multiple extractions in one visit. A tooth-by tooth approach is recommended to evaluate risk of hemorrhage.
- ◆ In severe cases, patients may be treated more safely in a hospital environment where blood transfusions are available.
- ◆ Deep block injections should be avoided in patients with a recent history or laboratory results indicating bleeding tendencies.
- ◆ A pre-treatment antibacterial mouth rinse will reduce intraoral bacterial load, especially for those patients with periodontal disease.
- ◆ When salivary hypofunction is present, the patient should be closely monitored for

caries, periodontitis, soft tissue lesions and salivary gland disease.

- ◆ Fluoride supplements, in the form of a rinse and/or toothpaste, should be prescribed for those with increased caries and salivary hypofunction. In severe cases of xerostomia, appropriate referral should be made to a dental professional experienced in dealing with oral mucosal and salivary gland diseases.

STANDARD	MEASURE
<p>As indicated, the following modifications to standard dental treatment should be considered:</p> <ul style="list-style-type: none"> <li>• Bleeding tendencies may determine whether or not to recommend full mouth scaling and root planning or multiple extractions in one visit.</li> <li>• In severe cases, patients may be treated more safely in a hospital environment where blood transfusions are available.</li> <li>• Deep block injections should be avoided in patients with bleeding tendencies.</li> <li>• A pre-treatment antibacterial mouth rinse should be used for those patients with periodontal disease.</li> <li>• Patients with salivary hypofunction should be closely monitored for caries, periodontitis, soft tissue lesions and salivary gland disease.</li> <li>• Fluoride supplements should be prescribed for those with increased caries and salivary hypofunction. Referral to a dental professional experienced in oral mucosal and salivary gland diseases should be made in severe cases of xerostomia.</li> </ul>	<p>Signed, dated progress note or treatment plan in patient file to detail treatment modifications and referrals,</p>
<p>Routine examinations and regular prophylaxis will be scheduled twice a year.</p>	<p>Signed, dated progress note or treatment plan in patient file to detail schedule.</p>
<p>Root planning/scaling will be offered as necessary, either directly or by referral.</p>	<p>Signed, dated progress note or treatment plan in patient file to detail</p>

## PROGRAM RECORDS

HIV oral health providers will maintain adequate health records consistent with good dental and professional practice in accordance with the California Code of Regulations on each individual patient. Individual patient records will include (but not be limited to):

- ◆ Documentation of HIV disease
- ◆ Complete dental assessment signed by a licensed dental care professional
- ◆ Current and appropriate treatment/management plan
- ◆ Progress notes detailing patient status, condition and response to interventions, procedures and medications
- ◆ Documentation of all contacts with client including date, time, service provided, referrals given and signature and professional title of person providing services
- ◆ Documentation of consultations with and referrals to other health care providers

STANDARD	MEASURE
<p>Providers will maintain adequate health records consistent with good dental and professional practice in accordance with the California Code of Regulations on each individual patient. Records will include:</p> <ul style="list-style-type: none"> <li>• Documentation of HIV disease</li> <li>• Complete dental assessment signed by a licensed dental care professional</li> <li>• Current and appropriate treatment/management plan</li> <li>• Progress notes detailing patient status, condition and response to interventions, procedures and medications</li> <li>• Documentation of all contacts with client including date, time, service provided, referrals given and signature and professional title of person providing services</li> <li>• Documentation of consultations with and referrals to other health care providers</li> </ul>	<p>Required documentation on file in patient chart.</p>

### TRIAGE/REFERRAL/COORDINATION

On occasion, patients will require a higher level of oral health treatment services than a given agency is able to provide. In such cases, dental health providers should refer these patients to additional oral care providers, including: periodontists, endodontists, oral surgeons, oral pathologists and oral medicine practitioners. Coordinating oral health care with primary care medical providers is vital. Regular contact with a client’s primary care clinic will ensure integration of services and better client care.

STANDARD	MEASURE
<p>As needed, dental providers will refer patients to full range of oral health care providers, including:</p> <ul style="list-style-type: none"> <li>• Periodontists</li> <li>• Endodontists</li> <li>• Oral surgeons</li> <li>• Oral pathologists</li> <li>• Oral medicine practitioners</li> </ul>	<p>Signed, dated progress note to document referrals in patient chart.</p>
<p>Providers will attempt to make contact with a client’s primary care clinic at a minimum of once a year, or as clinically indicated, to coordinate and integrate care.</p>	<p>Documentation of contact with primary medical clinics and providers to be placed in progress notes.</p>

### LINKAGES AND MARKETING

Programs providing dental care for people living with HIV will market their services through known linkages and direct outreach.

STANDARD	MEASURE
<p>Programs will market dental services for people living with HIV through linkages or outreach.</p>	<p>Marketing/outreach plan on file at provider agency.</p>

### CLIENT RETENTION

Programs shall strive to retain patients in oral health treatment services. To ensure continuity of service and retention of clients, programs will be required to establish a broken appointment policy. Follow-up can include telephone calls, written correspondence

and/or direct contact, and strives to maintain a client’s participation in care. Such efforts shall be documented in the progress notes within the client record.

STANDARD	MEASURE
Programs shall develop a broken appointment policy to ensure continuity of service and retention of clients.	Written policy on file at provider agency
Programs shall provide regular follow-up procedures to encourage and help maintain a client in oral health treatment services	Documentation of attempts to contact in signed, dated progress notes. Follow-up may include: <ul style="list-style-type: none"> <li>• Telephone calls</li> <li>• Written correspondence</li> <li>• Direct contact</li> </ul>

## STAFFING REQUIREMENTS AND QUALIFICATIONS

HIV/AIDS oral health care services will be provided by dental care professionals possessing applicable professional degrees and current California state licenses. Dental care staff can include dentists, dental assistants and dental hygienists. A dentist will be responsible for all clinical operations, including the clinical supervision of other dental staff.

Prior to performing HIV/AIDS oral health care services, all dental staff will be oriented and trained in policies and procedures of the general practice of dentistry, and specifically, the provision of dental services to persons living with HIV.

These training programs will include (at minimum):

- ◆ Basic HIV information
- ◆ Orientation to the office and policies related to the oral health of people living with HIV
- ◆ Infection control and sterilization techniques
- ◆ Methods of initial evaluation of the patient living with HIV disease
- ◆ Education and counseling of patients regarding maintenance of their own health
- ◆ Recognition and treatment of common oral manifestations and complications of HIV disease
- ◆ Recognition of oral signs and symptoms of advanced HIV disease, including treatment and/or appropriate referral

Providers are encouraged to continually educate themselves about HIV disease and associated oral health treatment considerations.

STANDARD	MEASURE
Provider will ensure that all staff providing oral health care services will possess applicable professional degrees and current California state licenses.	Documentation of professional degrees and licenses on file.
Providers shall be trained and oriented before providing oral health care services to include policies and procedures both in general dentistry and HIV specific oral health services. Training will include: <ul style="list-style-type: none"> <li>• Basic HIV information</li> <li>• Office and policy orientation</li> <li>• Infection control and sterilization techniques</li> <li>• Methods of initial evaluation of the patient living with HIV disease</li> <li>• Health maintenance education and counseling</li> <li>• Recognition and treatment of common oral manifestations and complications of HIV disease</li> <li>• Recognition of oral signs and symptoms of advanced HIV disease</li> </ul>	Training documentation on file maintained in personnel record.

STANDARD	MEASURE
Oral health care providers will practice according to California state law and the ethical codes of their respective professional organizations,	Chart review will ensure legally and ethically appropriate practice.
Dentist in charge of dental operations shall provide clinical supervision to dental staff.	Documentation of supervision on file,
Dental care staff will complete documentation required by program,	Periodic chart review to confirm,
Providers will seek continuing education about HIV disease and associated oral health treatment considerations.	Documentation of trainings in employee files.

## UNITS OF SERVICE

**Unit of service:** Units of service defined as reimbursement for oral health treatment services are based on number of diagnostic, prophylactic procedures, dental procedures and dental visits.

- ◆ **Diagnostic dental procedure units:** calculated in number of procedures
- ◆ **Prophylactic dental procedure units:** calculated in number of procedures
- ◆ **Dental procedure units:** calculated in number of procedures

**Number of clients:** Client numbers are documented using the figures for unduplicated clients within a given contract period.

## REFERENCES

- Agency for Healthcare Research and Quality, Health Resources and Services Administration. (2000) *Access to Quality Health Services. Healthy People 2010*. Available at <http://www.health.gov/healthypeople/document/HTML/Volume1/01Access.html>.
- Brown, J.B., Rosenstein, D., Mullooly, J., O’Keeffe, R.M., Robinson, S., Chiodo, G. (2002). Impact of intensified dental care on outcomes in human immunodeficiency virus infection. *AIDS Patient Care*, 16 (10), 479-486.
- Dobalian, A., Andersen, R.M., Stein, J.A., Hays, R.D., Cunningham, W.E., Marcus, M. (2003). The impact of HIV on oral health and subsequent use of dental services. *Journal of Public Health Dentistry*, 63 (2), 78-85.
- Marcus, M., Freed, J.R., Coulter, I.D., Der-Martirosian, C., Cunningham, W., & Andersen, R. (2000). Perceived unmet need for oral treatment among a national population of HIV-positive medical patients: Social and clinical correlates. *American Journal of Public Health*, 90, 1059-1063.
- Shiboski, C.H., Palacio, H., Neuhaus, J.M., Greenblatt, R.M. (1999) Dental care access and use among HIV-infected women. *American Journal of Public Health*, 89, 834-839.
- U.S. Department of Health and Human Services. (2000). *Oral Health in America: A Report of the Surgeon General—Executive Summary*, Washington, DC: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health. Available at: <http://www.nid.nih.gov/sgr/execsumm.html>.
- Zabos, G.P. (1999). Meeting primary oral health care needs of HIV-infected women. *American Journal of Public Health*, 89, 818-819.

---

## ACRONYMS

---

AIDS	Acquired Immune Deficiency Syndrome
CAL-OSHA	California Occupation Safety and Health Administration
CD4	Cluster Designation 4
DDS	Doctor of Dental Surgery
DHSP	Division of HIV and STD Programs
HBV	Hepatitis B Virus
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
RDA	Registered Dental Assistant
RDH	Registered Dental Hygienists
STD	Sexually Transmitted Disease