

Making the Connection:

Standards of Care for Client-Centered Services

Dental Services

San Francisco EMA

Includes San Francisco City and County,
San Mateo County, and Marin County

August 2001

Prepared for

San Francisco Department of Public Health,
HIV Health Services, and the
HIV Health Services Planning Council

Prepared by

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Dedication

The Dental Services Standards of Care are dedicated to the clients of the HIV Health Services System, to dental care providers who devote themselves to providing services to others, and to individuals who are both client and dental care provider in the San Francisco EMA.

Acknowledgments

Sincere gratitude goes out to all who contributed to the process of developing the Dental Services Standards of Care. Special thanks goes to the Dental Services Working Group members and to the consumer focus group participants, who contributed their knowledge and experience to make these standards practical and worthwhile.

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DENTAL SERVICES

Standards of Care

August 2001

I. Introduction

The Ryan White CARE Act, Title I, provides emergency assistance to Eligible Metropolitan Areas (EMAs) most severely affected by the HIV/AIDS epidemic. As it applies to San Francisco, the CARE Act stipulates that Title I funds should be used to provide access to integrated health services for persons living with HIV/AIDS (PLWHA) who:

- Reside within the San Francisco EMA; and
- Have no third party payment source (uninsured);
- Have limited third party coverage (underinsured); or
- Have been denied coverage by a third party payer (uninsured or underinsured).

In addition, enrollment priorities are as follows:

- First priority: Residents of the San Francisco EMA who have low or no income and are uninsured
- Second priority: Residents of the San Francisco EMA who have low or no income and are underinsured

Finally, CARE funds will be used only for services that are not reimbursed by any other source of revenue.

In addition to these federal guidelines, the San Francisco EMA has developed standards of care for all Title I-funded HIV health services in the San Francisco EMA. These standards, outlined here, are designed to define the minimally acceptable levels of service delivery and provide suggested measures to determine whether service standards are being met.

II. Overview

Dental Services Standards of Care are designed to ensure consistency among the Title I dental health services provided as part of San Francisco's continuum of care for PLWHAs. These minimally acceptable standards for service delivery provide guidance to programs so that they are best equipped to:

- Provide access to routine and emergency dental care for persons living with HIV/AIDS who reside within the San Francisco EMA.
- Deliver dental services consented to by clients and approved for reimbursement as determined by a scope of services.
- Provide immediate referrals for emergency treatment including relief of pain or infection.
- Provide access to dental services, treatment and prevention by licensed dentists or dental hygienists or by students supervised by licensed dentists.
- Provide appropriate referrals when clients have dental care needs that fall outside of the scope of funded services.
- Implement coordinated, client-centered, innovative and effective service delivery.
- Meet the specific and varied needs of HIV-positive clients and as appropriate, conduct HIV risk reduction specifically for HIV-positive individuals (prevention for positives).
- Appropriately address issues of consent and confidentiality for clients enrolled in services.
- Deliver dental services in a culturally and linguistically appropriate manner and comply with all federal, state and local laws, regulations, ordinances and codes.

III. Description of Service

Diagnostic, prophylactic and therapeutic services rendered by dentists, dental hygienists, or dental students.

IV. Unit of Service

A dental care Unit of Service (UOS), used for reporting purposes and for tracking service utilization, is determined by each local jurisdiction within a multi-County EMA on a contract basis and may include one or both of the following definitions:

- A face-to-face encounter between a patient and a dentist or dental hygienist occurring during a single visit
- A fee-for-service dental care dollar associated with a pre-determined Units of Service schedule of eligible dental services

A. Administration

Administrative standards ensure all professionals providing dental services are properly trained and licensed consistent with state law, have an understanding of the scope of their job responsibilities, and that all programs funded are adequately staffed.

Standard 1: License and expertise.

Participating dentists will possess appropriate licenses and expertise (as defined by contracted program) or dental students supervised by appropriately licensed dentists.

Measure: Copy of current licenses for each staff person, with provider number, as issued by the state Board of Dental Examiners.

Standard 2: Policies and Procedures.

Each funded agency will have a written policies and procedures manual that contains information for both clients and staff:

Program specific policies and procedures:

- Clients rights and responsibilities, including confidentiality
- Client grievance policies and procedures
- Client eligibility and admission requirements
- Provide referral list if necessary
- Consent to share information
- Quality assurance
- Data collection procedures

Human resources specific policies and procedures:

- Annual performance reviews
- Staff training programs
- Confidentiality policy and agreement
- Written staff job descriptions

Measure: Written policies and procedures manual.

Standard 3: Staff training.

Staff are trained and knowledgeable regarding:

- HIV/AIDS issues and the delivery of dental care in that context
- As necessary, Prevention for Positives principles
- Culturally and linguistically appropriate service delivery
- Agency's written policies and procedures
- Agency's written human resources policies and procedures
- Data requirements of the local jurisdiction

Measure: Documentation of all completed trainings on file.

B. Facility Standards

Facility standards are intended to ensure program safety for both clients and staff.

Standard 4: Standard safety requirements

The program is located in a physical facility which meets fire safety requirements, meets criteria for American with Disabilities Act (ADA) compliance, is clean, comfortable, observes Occupational Safety and Health Administration (OSHA) infection control practices, has emergency protocols for health- and safety-related incidents posted, and is free from anticipated hazards.

Measure: Compliance with all appropriate regulatory agencies, including ADA compliance; written documentation of capacity to provide access to dental treatment for individuals with disabilities.

C. Service Delivery

Standards related to service delivery define the minimum set of activities to be performed, including outreach and program recruitment, service eligibility screening, intake and oral examination and treatment planning.

Standard 5: Intake and service eligibility screening.

The objectives of the intake process are:

- to provide client with eligible dental services form to inform client of services available and what client can expect if s/he enrolls in services, including methods and scope of service delivery at a particular facility;
- to provide client with information on eligibility and treatment requirements (such as current lab values);
- to provide client with referral information to other services, as appropriate;
- to collect required city/state/federal client data for reporting purposes;
- to collect basic client information to facilitate client identification and client follow-up.

During client screening, providers will ensure clients receive the following:

- Client's rights and responsibilities
- Client's grievance procedures
- Consent to treatment form
- Consent to share information form
- Consent for follow-up form

Measure: Completed intake form, HIV status, financial eligibility, rights, rules, and responsibilities document, signed consent share release of information form, consent to treatment form, grievance procedures, and consent for follow-up form.

Standard 6: Oral examination and treatment planning.

The purpose of the treatment plan is to guide the provider in delivering high quality care corresponding to the client's level of need including determination of emergency versus non-emergency care, triage care, and referral as indicated. The client will review and agree to treatment plan.

Measure: Completed treatment plan and acceptance of treatment plan in client file, signed by client and attending provider.

***If clients access dental services for episodic care only, documentation in treatment notes will reflect clients being advised to return for examination and treatment planning appointment. If client is not present for this appointment, documentation in client's chart may serve as treatment plan.**

D. Clinical Procedures

These guidelines are meant to be general and allow the dental healthcare worker the flexibility to offer the best care available for Ryan White CARE Act eligible consumers.

Emergency services

Services for the treatment of pain or infection, including, but not limited to: emergency examinations, diagnostic dental radiographs, caries control, endodontic access, extractions and subgingival curettage. Emergency coverage must be available to clients after hours and on holidays.

Diagnostic services

Examinations, diagnostic radiographs and study models. Suggested guidelines are as follows:

- Full mouth radiographs/Panorex every 3 years or as needed. Patients with rapidly advancing dental decay or periodontal disease may need a complete set of dental radiographs more frequently. The frequency of this service is to be determined by the dental healthcare provider. Patients in need of oral surgery who require a Panorex even though they have had a complete set of diagnostic radiographs within the 3 year time-frame will have this service covered.
 - Bitewing radiographs (4 films) every 6 months or as needed
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Preventative services

Dental prophylaxis (teeth cleaning), home care instructions and occlusal sealants are covered services.

- Dental prophylaxis is a covered expense every 6 months.
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Restorative services (fillings)

Amalgam (silver) fillings for posterior teeth (premolars and molars), and composite resin (tooth-colored) fillings for anterior teeth (cuspid to cuspid). Class V restorations (fillings on the gingival third of either the front or back of molars and premolars) may utilize composite resin. Inlays and onlays are not covered services.

Fixed Prosthetics (crowns and bridges)

Single unit crowns are covered procedures under the following criterion: teeth having root canal treatment, posterior teeth being used for partial denture abutments (supports), teeth that are badly deteriorated and cannot receive an adequate filling substitute. The following criteria, adopted from Denti-Cal standards, shall serve as guidelines for dental healthcare professionals when treatment planning single unit crowns:

Anterior single unit crowns

- Teeth are no more involved than periodontal case type III
- Good 5 year prognosis
- The involvement of 4 or more surfaces, including at least one incisal angle. The facial or lingual surface shall not be considered as involved for a mesial or distal proximal restoration unless the proximal restoration wraps around the tooth to at least the midline
- The loss of an incisal angle involving a minimum area of $\frac{1}{2}$ the incisal width and $\frac{1}{2}$ the height of the anatomical crown.
- An incisal angle may not be involved, but more than 50 percent of the clinical crown appears to be involved.

Posterior single unit crowns

- Teeth are no more involved than periodontal case type III
- Good 5 year prognosis
- Posterior teeth used as partial denture abutments
- Premolars (bicuspid): involvement of one cusp and 3 surfaces
- Molars: involvement of 2 cusps and 4 surfaces
- Limitations:
 - Crowns will not be covered for cosmetic purposes
 - One crown per tooth shall be allowed per 5 year period, unless justified by extenuating circumstances, i.e., onset of severe xerostomia (dry mouth) leading to recurrent decay.

Fixed prosthetics (bridgework)

- Maxillary anterior single unit fixed bridges will be covered from first premolar (tooth number 5) to first premolar (tooth number 12) as long as no other teeth are missing in the maxillary arch.
- This benefit is to replace one single missing tooth in the anterior portion of the maxillary arch inclusive of teeth number 5 and 12.
- Removable prosthetics shall be offered if more than one tooth is missing in the maxillary arch.

Removable prosthetics (removable partial or complete dentures)

To qualify for a partial denture, a patient must have a minimum of three missing posterior (back) teeth within an arch (not counting 3rd molars), or five (or greater) total missing teeth per arch. Patients with missing anterior (front) teeth qualify for removable partial dentures. Repairs to dentures and partials are covered expenses. Complete or partial dentures may be replaced if they cannot be made to fit after relines are completed. Complete or partial dentures may be replaced after 2 years if any of these criteria apply:

- Prevention of a significant disability
 - Catastrophic loss of prosthetic appliance
 - Surgical or traumatic loss of oral-facial anatomic structures
 - Complete deterioration of the denture base or teeth
 - Complete loss of retentive ability
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Periodontal (gum) treatment

All necessary scaling and root planing are covered expenses. Periodic periodontal recall is also an approved procedure. Gingivectomy and crown lengthening are covered expenses. Periodontal surgery of all other types are not covered (osseous surgery, mucogingival surgery, bone grafts, tissue grafts, implants, etc.)

Endodontics (root canal therapy)

Root canal therapy is a covered expense, including posts and tooth build-ups.

Oral surgery

Simple extractions, surgical extractions, incision and drainage, and other minor surgical procedures are covered expenses. Surgical removal of complete or partially impacted wisdom teeth is covered. Alveoloplasty to prepare an arch for removable prosthetic is covered. Nitrous oxide and IV sedation are covered upon the approval of the attending dentist.

Oral medicine services

Biopsies and other oral medicine procedures indicated in the management of the oral manifestations seen in association with HIV/AIDS are covered.

Other services

Occlusal night guards for bruxism (teeth grinding) are covered.

Services not covered

Orthodontics, cosmetic dentistry, treatment of Temporomandibular joint disorders (TMJ or TMD) and hospital dentistry

E. Coordination and Referral

The objectives of coordination and referral are to follow through on the strategies for addressing client need and referral to needed services.

Standard 7: Coordination and referral.

Coordination and referral includes identification of other service providers or staff members with whom the client may be working. The agency will:

- Identify and communicate with collateral client dental and non-dental caregivers to support coordination and delivery of high quality care.
- Provide appropriate referrals to any necessary specialty care in accordance with client's treatment plan.
- Track referrals both into the agency and out to other services and providers.

Measure: Documentation in client record of referrals made to both dental and non-dental providers; up-to-date treatment plan in client's chart documenting necessity of specialty referral, follow-up required, and outcome.

F. Service Maintenance

The objectives of service maintenance are related to periodic evaluations of client treatment plan and service delivery as necessary and client satisfaction with service provision.

Standard 8: Client satisfaction survey.

Providers will conduct a minimum of one client satisfaction activity per contract period.

Measure: Written summary and analysis of the program's most recent client satisfaction activity.

TABLE 1: Summary of Standards of Care Measures

Standard	Measure
1. Licenses for all dental staff and expertise (ability to perform all treatment procedures provided by the program, and it is desirable that program staff possess experience working with population served).	1. Copy of current licenses for each staff person, with provider number, as issued by the state Board of Dental Examiners.
2. Policies and procedures.	2. Written policies and procedures manual.
3. Staff training.	3. Documentation of all completed trainings on file.
4. Standard safety requirements.	4. Compliance with all appropriate regulatory agencies, including ADA compliance; written documentation of capacity to provide access to dental treatment for individuals with disabilities.
5. Intake and client eligibility screening.	5. Completed intake form, HIV status, financial eligibility, rights, rules, and responsibilities document, signed consent share release of information form, consent to treatment form, grievance procedures, and consent for follow-up form.
6. Treatment planning and assessment. *With “patient-centered” treatment planning, either the doctor’s plan will be listed with notations regarding which treatments will be delivered (as per client’s request) or the treatment plan as both provider and patient decide will be listed.	6. Completed treatment plan and acceptance of treatment plan in client file, signed by client and attending provider. *If clients access dental services for episodic care only, documentation in treatment notes will reflect clients being advised to return for examination and treatment planning appointment. If client is not present for this appointment, documentation in client’s chart may serve as treatment plan.
7. Coordination and referral.	7. Documentation in client record of referrals made to both dental and non-dental providers; up-to-date treatment plan in client’s chart documenting necessity of specialty referral, follow-up

	required, and outcome.
8. Client satisfaction survey.	8. Written summary and analysis of the program's most recent client satisfaction activity.