Oral Health Care Services

Service Definition

Oral health care services include the delivery of outpatient, diagnostic, preventive, and therapeutic services by dental health professionals.

Subrecipients providing oral health care services are expected to comply with the Universal Standards of Care, as well as these additional standards:

Standard 1: Providers of oral health care services ensure services are delivered in accordance with the Wisconsin Ryan White Part B Eligibility and Recertification Policy and Procedures.

Providers are responsible for determining eligibility at enrollment and for confirming eligibility annually.

Documentation

Client records must document that the client is living with HIV, resides in Wisconsin, and has household income under 500% FPL at initial enrollment in accordance with the Wisconsin Ryan White Part B Eligibility Policy, linked above.

Standard 2: Intakes are conducted in a safe, welcoming, and trauma-informed way.

Providers or non-service provider staff who conduct intake services must create a safe, welcoming, and trauma-informed environment for all new clients to encourage retention in services.

Providers or non-service provider staff must be able to describe clinic policies, protocols, and practices that create an environment to build client rapport.

Documentation

All intake materials, physical or electronic, must be available for review upon request with the Wisconsin Communicable Disease Harm Reduction (CDHR) section.

Standard 3: Intakes may be performed by providers, non-service provider staff, or interns.

Intake may be performed by subrecipient staff or interns who are not oral health providers granted they meet all the following criteria:

- Are an employee or intern of the subrecipient.
- Received proper onsite training and signed the agency confidentiality agreement.

- Completed the HIV Basics Online Course offered through the University of Wisconsin-Madison, HIV Training System.

Documentation

The client record must indicate who performed the intake.

If the client record shows that intake is performed by someone who is not an oral health provider, the required criteria must be documented in their personnel file or somewhere easily accessible for chart audits.

Standard 4: Intake includes identification of alternative funding sources and assurance that Ryan White Part B is payer of last resort.

On intake, clients must be assessed for current or potential eligibility for third-party oral health payers, including Medicaid and private health insurance plans.

Third-party payers for which the client is enrolled should be utilized before Ryan White Part B funding.

Documentation

Client records and billing records must document assessment, enrollment assistance, and use of alternative payment sources before using Ryan White Part B funding.

Standard 5: Each client receives a baseline assessment.

Medical histories are especially important for people living with HIV (PLWH) and there should be consultation with the client's physician for a complete medical assessment to help oral health care providers establish a safe treatment plan for the client.

A baseline assessment should be performed at the first appointment and include:

- A medical history.
- A comprehensive intraoral soft tissue, periodontal and hard tissue examination.
- Chief complaint.
- Medical alert, if appropriate.
- Radiographs appropriate for an accurate diagnosis and treatment.
- Drug history.
- Evaluation for HIV-associated lesions.

Documentation

Documentation of examination and baseline evaluation, signed and dated, must be present in the client record. A record of examination in an electronic medical record (EMR) will also cover this requirement.

Standard 6: Treatment plans are individualized and tailored to the needs of PLWH.

Dental treatment planning must be adaptive to individual client needs and created in consultation with the client and the client's physician, as appropriate. Treatment plans should address all oral health needs, including conditions and complications associated with HIV, including but not limited to:

- The effects of antiretroviral medications (ARVs), such as abnormal bleeding, glucose intolerance, or hyperlipidemia.
- The careful use of antibiotic prophylaxis, factoring in drug resistance and other potential adverse reactions.
- Xerostomia.
- Conditions associated with opportunistic infections.
- Necrotizing ulcerative gingivitis or periodontitis.
- Increased likelihood of caries due to reduced salivary flow and antibodies.

Oral health service providers must continuously monitor dental and oral health for disease progression and implementation of the treatment plan.

Documentation

The treatment plan must be available in the client record and include ways to address conditions and complications, as needed.

Progress toward the treatment plan goals and modifications to the treatment plan must be noted in the client record.

Standard 7: Oral health care services include the delivery of preventive counseling.

To help prevent disease, oral health care providers must offer counseling about factors that may impact oral health.

Documentation

Preventive counseling must be documented in the client record.

Standard 8: Treatment plans adhere to exclusions and limitations regarding fixed and removable prosthetics.

Replacement of fixed and removable prosthetics due to loss or theft is limited to one instance during any 12 consecutive months. This includes crowns, bridges, and full or partial dentures.

Denture relines are limited to one per denture during any 12 consecutive months.

Full upper and/or lower dentures are limited to one in any five-year period.

These limitations and exclusions may be waived if deemed medically necessary by a licensed dentist with agreement from the client's HIV care provider.

Documentation

The client record must document that limitations and exclusions have been met.

Exceptions must be documented by a written statement signed by a licensed dentist with signed agreement by a licensed HIV medical care provider.

Standard 9: Clients who are not engaged in medical care are referred to a primary care physician.

If a client is not seeing a primary care physician regularly, they should be urged to seek care, and a referral to a primary care physician should be made.

Documentation

All referrals and the outcomes must be documented in the client record.

Standard 10: Treatment of oral opportunistic infection is coordinated with the client's medical provider.

Treatment for oral opportunistic infection must be done in consultation with client's medical provider.

Documentation

Contracts, subcontracts, and other written agreements with oral health care providers must include language regarding coordination with the client's HIV medical provider for treatment of oral opportunistic infections.

Standard 11: Referrals to HIV oral health specialty care must be made as needed and monitored for client follow up.

Treatment plans must guide referrals for HIV oral health specialty care.

Referrals initiated by the provider to HIV oral health specialty care must be agreed upon by the client and the provider and may include:

- Referral to a named agency.
- An exact address.
- Assisting clients with making and keeping appointments.
- Identifying referral agency eligibility requirements.
- Assisting client to gather required documents to bring to the appointment, as needed.

Documentation

Referrals and the outcomes must be documented in the client record.

Did you know?

Over 23% of all Ryan White Part B clients in Wisconsin accessed oral health care services in 2023.

The Wisconsin Roadmap to Improving Oral Health, 2020–2025 makes the following observation:

Disparities in oral health status exist throughout Wisconsin by race, ethnicity, gender, geographic location, education, and insurance status.

In addition, there are many populations in the state with an increased disease burden that needs to be addressed, including: people with diverse abilities, long-term care residents, individuals living with HIV, and those currently incarcerated.

Source: Wisconsin Roadmap to Improving Oral Health, 2020–2025, published by the Wisconsin Oral Health Coalition, www.dhs.wisconsin.gov/oral-health/improve.htm

---

In 2024 of Wisconsin's 41 counties have designated Dental Health Professional Shortage Areas (HPSAs).

HPSA designations are used to identify areas and population groups within the United States that are experiencing a shortage of health professionals.

Without access to routine, preventive dental care, simple dental issues can lead to more severe conditions and expensive treatments.

Sources: https://www.ruralhealthinfo.org/charts/9

The dental workforce in Wisconsin does not reflect the diversity of the state. 87% of licensed dentists identify as white, while only 1% identify as Black or African American, 3% Latinx or Hispanic, 8% Asian American or Pacific Islander, and less than 1% Indigenous or Native. The dental hygienist workforce is even more disproportionately white (96%).

Diversity in the oral health workforce plays a critical role in improved health care access and patient outcomes.

Source: Wisconsin Roadmap to Improving Oral Health, 2020–2025, published by the Wisconsin Oral Health Coalition and available at www.dhs.wisconsin.gov/oral-health/improve.htm

---