

HIV HEALTH & HUMAN SERVICES PLANNING COUNCIL OF NEW YORK
Oral Health Care Directive - Tri-County
Approved by the HIV Planning Council 3/31/16

Service Category Goals ¹	2012-2015 Comprehensive Strategic Plan ² Objectives	Program Directive & Service Model	Client and Agency Eligibility
<p>1) To promote optimal health and quality of life resulting from the prevention, early detection and treatment of dental decay and periodontal disease, opportunistic infections, and other health-related complications; and the restoration and maintenance of proper oral structure.</p> <p>2) To increase the number of persons with HIV disease who have access to, and receive ongoing, appropriate oral health care services.</p>	<p>Objective 3a: To increase retention in HIV care and treatment.</p> <p>Objective 3b: To increase the proportion of clients who have an optimal level of ART adherence.</p> <p>Objective 3c: To increase viral suppression.</p> <p>Objective 3d: To improve immunological health.</p> <p>Objective 3e: To decrease reliance on acute care.</p>	<p>Services should be client-centered, non-judgmental, guided by harm reduction principles, trauma-informed,³ culturally appropriate, sensitive to physical and sensory impairments, and tailored to the populations served. A variety of engagement strategies should be employed to ensure that client-specific needs are met. Services may include (but are not limited to) the following:</p> <p>Program Directive:</p> <ul style="list-style-type: none"> Oral health care services should be fully integrated into, and coordinated with, medical case management and primary care services, with the oral health care provider promptly 	<p>Client Eligibility Criteria:</p> <ul style="list-style-type: none"> All HIV-positive individuals who meet the baseline eligibility criteria for Ryan White Services in the New York Eligible Metropolitan Area can receive care. Active substance use and/or criminal conviction history does not preclude client eligibility for and maintenance in services. <p>Agency Eligibility Criteria:</p> <ul style="list-style-type: none"> Non-profit licensed dental clinics that are co-located with HIV care centers or other licensed dental clinics which either have established linkages with HIV medical providers or can otherwise demonstrate that they are part of an HIV care continuum, and have the capacity to bill Medicaid.

¹ HRSA/HAB Division of Metropolitan HIV/AIDS Programs. Program Monitoring Standards – Part A. April 2013: “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 .”

² Available: <http://www.nyhiv.com/pdfs/Comprehensive%20Plan%20Final%2005-21-12.pdf>. Accessed 4/22/15.

³ “A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.” Harris, M. & Fallot, R. (2001). Using trauma theory to design service systems, cited at <http://www.samhsa.gov/traumajustice/traumadefinition/approach.aspx>.

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<p>3) To avoid interruptions in the receipt of HIV primary care or in the adherence to antiretroviral treatment due to oral health issues.</p> <p>4) To improve and maintain proper nutritional intake.</p> <p>5) To assure that oral health care is an integral part of HIV primary care for all PLWHA.</p>		<p>communicating to the patient’s medical provider any clinical findings or planned procedures that may indicate a change in, or impact, the patient’s systemic health.</p> <ul style="list-style-type: none"> • Persons living with HIV, with or without an AIDS diagnosis, should receive routine, comprehensive oral health care, including semi-annual examinations and treatment plans, in the same manner as all other patients. <p>Service Model:</p> <ul style="list-style-type: none"> • Comprehensive oral care services --- which must include periodic screenings and preventive, diagnostic and therapeutic services --- may be provided by general dentists, dental specialists, dental hygienists and/or other professional oral health practitioners operating under standards of the American Dental Association, American Academy of Pediatric Dentistry and the NYS AIDS Institute. 	<ul style="list-style-type: none"> • Organizations providing services must have experience serving HIV-positive individuals and experience reaching out to and engaging individuals who are out of care or sporadically in care or in need of self-management support. • Organizations must be able to address, either directly or through referral, the needs of clients with physical, behavioral, psychosocial, or sensory impairments. • Organizations providing Oral Health Care must either be co-located or have established linkages with medical cases management to refer patients for other needed medical and/or social support services. • Agencies must ensure that staff members are appropriately credentialed to provide the services listed and have HIV knowledge, training and cultural sensitivity appropriate to the populations served. Agencies must have the capacity to provide services in the languages spoken by the populations served. • Funded agencies providing services to Tri-County residents must have service sites geographically located within Tri-County, accessible to, and able to service clients from throughout the entire NY EMA.

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		<ul style="list-style-type: none"> • RWPA may reimburse for comprehensive oral health services for those who are uninsured; the oral health program, either directly or through referral to a case manager/care coordinator, must immediately assist the uninsured patient in obtaining dental care coverage. • For those patients who already have oral care coverage (e.g., Medicaid, ADAP Plus, and commercial insurance), RWPA may pay for a finite list of services which are not reimbursed through these sources. Examples⁴ include, but may not be limited to: <ul style="list-style-type: none"> - denture repair/replacement; - fixed bridge work; - immediate dentures; - implants; - molar root canals; 	

⁴ Confirmed 2/17/15 with the Medicaid Dental Director, NYS Division of Office of Health Insurance Programs/Dental Bureau. Certain conditions may apply.

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		<ul style="list-style-type: none"> - oral health education; - periodontal surgery; - sealants; and - services to promote access to, or maintenance in, dental care. <ul style="list-style-type: none"> • Oral health education must be a routine part of the provision of care. • Oral health services should be provided in a user-friendly manner which maximizes access and promotes total health, i.e., the program should preferably be co-located with the patient's provider of HIV primary care; schedule early morning, daytime, and evening hours of operation; be accessible by public transportation and to the physically impaired; and deliver services in a non-judgmental, age and culturally appropriate manner. • Concerted outreach efforts should be made to schedule and re-confirm appointments for those such as the homeless, mentally ill, and substance users, whose conditions may present added barriers to maintaining care. 	

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		<ul style="list-style-type: none"> Patients whose services extend beyond six months must receive a semi-annual reassessment to re-verify eligibility and to note any changes to the patient's health, medications, or life circumstances that may affect ongoing treatment. 	