



NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL

315 NORTH 6TH STREET, 2ND FLOOR; P.O. BOX 7007
NEWARK, NJ 07107

PHONE: 973-485-5220

E-MAIL: NEWARKEMA@NEWARKEMA.ORG

FAX: 973-485-5085

VISIT US AT WWW.NEWARKEMA.ORG

ORAL HEALTH STANDARDS OF CARE

Origination date: October 19, 2005
Reviewed by Continuum of Care: April 9, 2009
Changes approved by the Continuum of Care Committee: April 09, 2009
Submitted to Planning Council: April 15, 2009
Approved by Planning Council: June 17, 2009

The Newark EMA HIV Health Services Planning Council; which represents Essex, Union, Morris, Sussex and Warren counties, is one of 22 Eligible Metropolitan Areas (EMA) nation-wide. All of the Planning Councils were established by the former Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990(amended in 1996 and 2000); and are now governed by the Ryan White HIV/AIDS Treatment Modernization Act of 2006. The purpose of the Planning Council is to establish and fund care and treatment services for people living with HIV/AIDS (PLWHA) who would otherwise have no access to health care.

The Newark EMA HIV Health Services Planning Council is a body of approximately 34 non-paid representatives who have expertise in the field of HIV/AIDS care and treatment. The membership of the Council includes representatives from community-based AIDS service organizations, local public health agencies, affected communities—including people living with HIV/AIDS, and the state department of health. About a third of the membership of the Newark EMA HIV Health Services Planning Council is people living with HIV or AIDS.

The Planning Council is responsible for establishing the priorities for the allocation of Ryan White Part-A funds received by the Newark EMA. In other words, the Council determines the local care and treatment needs of PLWHA in NEMA and assures that funds are directed toward meeting those needs. The service priorities are based on a full year of work that includes the development of a Comprehensive Health Plan for the organization and delivery of HIV health care and treatment services and a formal assessment of the needs of local people living with HIV.

The Ryan White Treatment Modernization Act of 2006 defined Core Services as Primary Medical Care, Medications, Mental Health, Substance Abuse, Oral Health, and Medical Case Management. NEMA's priority is completing standards of care for all core services. The following are Oral Health Standards of Care specific for HIV.

Methodology for developing these standards consisted of the following five phases:

Phase I: Draft standards were developed by reviewing what other major cities' standards, New Jersey Administrative Code and pertinent topical research.

Phase II: Members of the Care and Treatment Committee, now the Continuum of Care Committee, the grantee, Planning Council Staff, Council members and service providers discussed the process and participated in an ad-hoc subcommittee to make recommendations on the Oral Health standards.

Phase III: A Consumers Forum was held to obtain feedback for standards on Oral Health.

Phase IV: The Care and Treatment Committee, now the Continuum of Care Committee, reviewed the draft document after all feedback was incorporated and submitted its recommendations to the Newark EMA HIV Health Services Planning Council for approval.

Phase V: The Newark EMA HIV Health Services Planning Council approved the Oral Health Standards of Care as amended.

Providers must continue to follow the standards set forth by the State of New Jersey for State Board of Dentistry Statutes, New Jersey Ambulatory Care Licensing Requirements, and New Jersey State Board of Dentistry Regulations. The Newark EMA Planning Council's standards exist as an additional requirement for oral health treatment providers.

These standards are based on two major premises: 1) Good oral health maintenance and disorder prevention; and, 2) adherence to medical treatment to prevent opportunistic infections and malignancies.

STANDARD 1: Accessibility ensures that oral health services are available to PLWHA. This includes the following:

- A. Cultural Competence must be demonstrated throughout all standards. Cultural competence is the ability to communicate effectively with PLWHA, who are diverse in language (including literacy level), age, culture, socioeconomic status, sexual orientation, race, ethnicity, customs, beliefs, religion and communication. Agencies should strive to model the NJ Department of Health & Human Services, *New Jersey Culturally & Linguistically Appropriate Standards for HIV/AIDS Service Providers Implementation Guide, June 2003.*
- B. Oral health service providers must facilitate contact with primary medical care.
- C. Service providers must comply with the Americans with Disabilities Act (ADA).

STANDARD 2: Written policies and procedures exist to ensure protection of consumer rights, health, safety and quality care. Those policies contain:

- A. Physical Plant Safety:
 - 1. Ambulatory Care Facilities must comply with New Jersey Standards for Licensure of Ambulatory Care Facilities (NJAC Title 8:43A).
- B. Providers will ensure the development of Infectious Disease Prevention & Control Program which is reviewed annually.
- C. Policies and procedures for all Medical/Oral Health services will be provided by and under the responsibility of the Dental Director.
- D. Policies and procedures must exist for the administration, control and storage of medications.
- E. Laboratory & Radiology services will be either provided by the facility or assured through written affiliation agreement.
- F. Policies for Consumer Records will include procedures for production, maintenance and retention of clinical records and those policies will be reviewed annually by the Director. Confidentiality policies concerning records will meet HIPAA requirements.
- G. Each facility will have written policies and procedures for surgical and anesthesia services limited to the provisions outlined by the New Jersey Board of Dentistry.
- H. A Quality Assurance Plan shall be developed for patient care.
- I. Emergency Plan must include written procedures for fire, bomb threat, evacuation, other accidents and natural disasters.

STANDARD 3: Human Resources certify competent experienced staff in the provision of quality clinical care for Oral Health Services of PLWHA. This standard is evidenced by:

- A. Meeting the requirements for New Jersey Administrative Code 13:30 via the New Jersey Board of Dentistry.
- B. Degrees, licensing, certifications and resumes must be kept on file.
- C. Job descriptions must exist for all positions.
- D. Personnel policies and procedures must comply with NJAC 8:43A .
- E. Dental Directors must demonstrate experience and training with HIV/AIDS disease process, the effects of HIV/AIDS-related illnesses and co-morbidities on patients, adverse oral effects of HIV medications and current strategies for HIV management.
- F. Dental Directors must ensure HIV experience of their staff.
- G. Direct service providers should receive continuing education in HIV/AIDS Training, including prevention education.

STANDARD 4: Ryan White eligibility is determined prior to service provision by:

- A. Verifying HIV status
- B. Verifying Income status
- C. Verifying Insurance status

STANDARD 5: The intake process clarifies the service contract of responsibilities and rights of consumers and providers through:

- A. Orientation of services offered.
- B. Written "Client Rights and Responsibilities" as documented in NJAC 8:43A.
- C. Explanation of confidentiality and HIPAA requirements.
- D. Explanation of grievance process.

STANDARD 6: A medical assessment must be completed during initial visit and must identify the following:

1. Medical History including the following:
 - A. medications
 - B. co-morbidities
 - C. laboratory results within the last 6 months
 - D. current viral load and CD4 count results when necessary
 - E. sexually transmitted diseases
 - F. HIV-associated illnesses
 - G. allergies and drug sensitivities
 - H. alcohol and drug use
 - I. Oral Health Care practices
2. Confirm information with primary care physician and obtain more complete medical information when necessary;
3. Consult with primary care physician in addition to medical history and laboratory results to determine if treatment should occur in a hospital when necessary.
4. Laboratory tests prior to surgery including: CBC w/differential, Platelet Count, Hemoglobin Level, Hematocrit and Coagulation.

STANDARD 7: Patient Treatment Plans outline treatments that provide expected outcomes. They must be completed after the assessment and before first treatment and consist of:

- A. Preventative care and maintenance goals.
- B. Incorporation of medical history, substance use, assessment of oral tissues, evaluation of radiographs and periodontal evaluation.
- C. Treatment should be based on general medical status.
- D. Referrals to specialists and HIV primary medical treatment offered.
- E. Monitoring the adherence to dental and primary medical care.
- F. Treatment must address patient's ability to chew, swallow, esthetic needs and phonetics.
- G. Discussion and agreement of treatment options and service decisions.
- H. Ongoing HIV-Oral Health education with patients and other members of the primary care team.

STANDARD 8: Procedures for dental records must be written and records must include:

- A. Patient identification information.
- B. Patient complaint and purpose of the visit.
- C. Dental diagnosis.
- D. Orders for laboratory, radiological, diagnostic and/or screening tests and results.
- E. Documentation for prescriptions.
- F. Documentation of medical history.
- G. Patient assessments.
- H. Treatment Plan progression documented by clinical notes.
- I. Documentation of consultations;
- J. Record of referrals;
- K. Documentation of informed consent when required;
- L. Instructions for follow-up care.
- M. Record of any treatment, drug or service offered and refused by the patient;
- N. Treatment Plan assessment and revision documented.
- O. Electronic Charting.

STANDARD 9: Ensure continuing dental care for consumers:

- A. Preventative care planning
- B. Follow-up contacts.

REFERENCES

Boston E.M.A. C.A.R.E. Act – Title I Dental Standards of Care. Boston E.M.A, 1998.

Chicago E.M.A. Standards. Ryan White Title I Oral Health Care Service Standards. Chicago Area HIV Services Planning Council, 2002.

Dallas E.M.A./HSDA Standards of Care: Dental Care. Ryan White Planning Council of the Dallas Area, March 2004.

Dental Practice Parameters. American Dental Association, 1995-2005.

Detroit E.M.A. Ryan White Title I – Dental Care Standard (Draft). Southern Michigan HIV/AIDS Council, 2005.

Manual of Standards for Licensure of Ambulatory Care Facilities (N.J.A.C. 8:43A)

New Jersey Statutes Annotated. 45:6-1 through 45:6-69, New Jersey State Board of Dentistry Statutes, Rev. August 2000.

New Jersey Administrative Code 13:30-1.1 through 13: 30-8.22, New Jersey State Board of Dentistry, Rev. August 2000.

New Jersey Culturally and Linguistically Appropriate Services Standards for HIV/AIDS Services Implementation Guide. New Jersey Department of Health & Senior Services, Division of AIDS Prevention & Control and UMDNJ Center for Continuing & Outreach Education, Division of AIDS Education, June 2003.

Oral Health Care for People with HIV Infection: HIV Clinical Guidelines for the Primary Care Practitioner. The AIDS Institute, New York State Department of Health in conjunction with Johns Hopkins University, rev. 2001.

Principles of Oral Health Management for the Adult and Child with HIV/AIDS. Dental Alliance for AIDS/HIV Care, 2004.

Ryan White Title I Quality Management: Oral Health Service Delivery Model 2002-2003, Broward Regional Health Planning Council, Inc., February 2002.

Standards of Care: FY 2004. Greater Baltimore HIV Health Services Planning Council. April 2003.

2005-2006 Ryan White Title I Standards of Care: Oral Health Care. Houston E.M.A. Planning Council, 2005.

Younai, Fariba, Dr. *Practice Guidelines for the Treatment of the HIV Positive Patients in General Dentistry.* UCLA School of Dentistry (Endorsed by the Dental Steering Committee Pacific AETC & the LA County Commission on HIV Health Services Standards of Care), 2002.