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SERVICE STANDARDS FOR ORAL HEALTH CARE

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I. PURPOSE OF SERVICE STANDARDS

The purpose of these service standards is to define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Newark Eligible Metropolitan Area (NEMA)¹ such that the clients of this service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management.

II. GOAL

To maintain good oral health, promote adherence to medical treatment and to prevent opportunistic infections and malignancies.

III. DESCRIPTION

Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

IV. ELIGIBILITY FOR SERVICES

- HIV + status
- Income must be less than or equal to 500% FPL

V. OUTCOMES

- Reduction of untreated dental disease and oral pathology
- Reduced rate of HIV associated gingivitis (LGE)
- Reduced rate of HIV associated periodontitis (NUP)
- Reduction of emergency dental visits
- Improved dental functioning and therefore improvement of the quality of life
- Improved medical outcomes and improved nutrition

VI. PROVIDER POLICIES AND PROCEDURES

- Agency must have written policies and procedures in place that address confidentiality (HIPAA), grievance procedures, client's rights and the agency's rights and responsibilities

"To plan for the development, implementation and continual improvement of the health care and treatment services for People Living With and Affected by HIV & AIDS who reside in the five New Jersey Counties of Essex, Morris, Sussex, Union and Warren."

- The client must be notified of his/her rights, of the agency's rights and responsibilities and the agency's grievance policy/procedure.
- Agency must have a private, confidential office space for seeing clients
- **Records Retention** - Agency will keep inactive client records in a confidential locked location. Client records will be kept for seven (7) years.
- **Confidentiality Policy** - All written and verbal communications regarding the client will be maintained with strict confidentiality according to the policy of the agency and in accordance with local, state and federal laws.
- **Cultural Competence** - Agency will ensure that culturally and linguistically appropriate services are available to all clients and be able to provide services that are culturally sensitive and, in the client's preferred language or arrange for a competent translator.
- **Americans Disabilities Act Compliance**-Agency must demonstrate that the needs of disabled clients are met
- **Client consent**-The agency must obtain written consent for services and a consent for the release/exchange of information from the client. The consent must be specific as to type of information, agency to which the information will be shared, and length of time during which the consent is valid
- **Grievance Policy**-The agency must review the policy with the client and provide a copy in a language and format that the client can understand

VII. ACCESSIBILITY/STANDARDS OF SERVICE

- There will be no barriers due to client disability. The agency must be compliant with ADA requirements for the provision of reasonable accommodations to address clients with special needs.
- The agency must demonstrate a commitment to provide services that are culturally sensitive and linguistically appropriate.
- The agency must demonstrate input from clients with regard to service delivery through client satisfaction surveys.
- There will be no barriers due to language differences between the agency and clients. Agencies must have the ability to provide native language speakers for services when 20% or more of their clients prefer another language or arrange for a competent translator.

VIII. CLIENTS RIGHTS AND RESPONSIBILITIES

- A. All written materials should be presented in a language that is understandable to the client and should be written at no higher than a 5th grade reading level.
- B. The agency will have a Clients Rights Statement posted and available to the client upon request. This will be in the client's language or explained to the client in the client's preferred language
- C. Written consent must be obtained to release/exchange client information. The consent must be specific as to type of information, the NAME of the agency receiving the information, and length of time during which the consent is valid. The client must be notified of the release of information
- D. The agency will have a written policy related to Client Grievance Procedures which is reviewed with the client in a language and format the client can understand.
- E. Clients will be informed of agency policies including but not limited to those regarding missed appointments during initial intake.
- F. Clients will be informed of the agencies appeal process.
- G. All new clients will be provided with educational materials in their native language, when possible, and in a culturally appropriate manner.
- H. Clients have the right to refuse services.

- I. No client can be permanently barred from services. Acute Dental Care may not be denied; however, the client must comply with the agency appointment guidelines and the code of conduct to retain their right to services

IX. PROCESS

- A. Client Eligibility Determination
- B. Annual Certification
- C. Intake and Initial Assessment
- D. Comprehensive Oral/Medical Assessment
- E. Development and Implementation of a Treatment Plan
- F. Bi-Annual Re-certification and Re-assessment of Treatment Plan
- G. Treatment and Coordination of Care
- H. Case Closure/Discharge

A. Client Eligibility Determination

- a. Proof of HIV+ status
- b. Proof client meets income requirement

B. Annual Certification

- a. HIV positive status
- b. Residency, including County of residence
- c. Income
- d. Household size
- e. Insurance

C. Intake and Initial Assessment - To determine eligibility, collect demographic information

Intake should include:

- 1. Date of Intake
- 2. Name of person completing intake
- 3. Client name, address, phone number and unique identifier
- 4. Referral source if appropriate
- 5. Proof of HIV+ status to determine eligibility for Ryan White Part A funding
- 6. Verification of Income/Gross annual income
- 7. Summary of medical benefits/insurance. Identify and address barriers impacting access to services
- 8. Preferred language of communication
- 9. Emergency Contact
- 10. Explanation of services available
- 11. Explanation of Clients' rights and responsibilities
- 12. Explanation of confidentiality and HIPAA requirements
- 13. Explanation of the Grievance process
- 14. Any other data required for the CHAMP system
- 15. Stabilize client crisis if necessary

D. Comprehensive Oral/Medical Assessment

Assessment should include:

- 1. Medical History (including medications and co-morbidities).
- 2. Laboratory results within the last 6 months.
- 3. Current Viral load and CD4 count results when necessary.

4. Sexually transmitted diseases.
5. HIV associated diseases.
6. Allergies and drug sensitivities.
7. Alcohol and drug use.
8. Oral Health Care practices.
9. Consultation with the primary care provider to determine if treatment should occur in the hospital or as an out-patient.
10. Documentation of the patient's linkage to primary medical care.

E. Development and Implementation of Oral Treatment Plan

The Plan should document treatment plan and dates for measurable goal completion. It should also document treatment progress and should be reviewed within 90 days from initial plan and modified if necessary. Plan should include:

1. Evidence of client participation in and agreement with treatment options and service decisions
2. Preventative care and maintenance goals.
3. Timeframes to achieve objectives.
4. Referrals to specialists and primary care medical, if necessary.
5. Documentation of contact with Primary Care Physician to complete medical information if necessary.
6. Documentation of contact with Primary Care Physician to determine if treatment should be rendered in a hospital or at an outpatient facility.

F. Bi-Annual Recertification and Re-assessment of Treatment/Service Plan

- a. Reassess Treatment plan; revise as necessary.
- b. Adjust Service Plan if necessary.
- c. Utilize CHAMP to reduce duplication of oral health services.
- d. Revaluation of client eligibility.

G. Treatment and Coordination of Care

Treatment progress must be recorded. Notes should include:

1. Progress notes for each session.
2. Progress of Treatment/Service Plan.
3. Treatment/Service Plan assessment and revision within 90 days of initial assessment.
4. Communication with referring agency i.e., if appointments were kept and if medication were prescribed.
5. Monitoring the adherence to dental and primary medical care.
6. Treatment must address patient's ability to chew, swallow, esthetic needs and phonetics.
7. Ongoing HIV-Oral Health education/counseling.
8. Preventative care planning.

H. Case Closure/Discharge/Transfer - Reasonable efforts must be made to retain the client in care by phone and letter

Case Closure

- The Oral Health provider must document date and reasons for closure of case including but not limited to; no contact, client request, client moves out of service area, client died, client ineligible for services
- The Oral Health provider should provide referrals and contacts for follow-up
- A summary of the services received by the client must be prepared for the client's record

Case Transfer

- The Oral health provider should facilitate the transfer of client records/information.
- The client must sign a consent form to transfer records which is specific and dated.

X. DOCUMENTATION

- Written documentation is kept for each client which includes:
- Client's name and unique identifier number.
- Proof of HIV+ status (current HIV test results and/or letter from physician certifying that the client is HIV+).
- Initial oral health assessment.
- Orders for laboratory, radiological, diagnostic and/or screening tests and results.
- Documentation of prescriptions.
- Records of referrals.
- Signed initial and updated individualized treatment plan.
- Evidence of consent for services signed by the client.
- Progress notes detailing each contact with or on behalf of the client. These notes should include date of contact and names of person providing the service.
- Evidence of the client's understanding of his/her rights and responsibilities.
- Signed "Consent to release information" form. This form must be specific and time limited.

XI. ENGAGEMENT AND RETENTION OF CONSUMERS

The best way to retain clients in care and be aware of barriers that are preventing a client accessing care is to maintain an ongoing relationship.

Procedure to be followed for missed appointments

1. The client should be contacted within 2 days of missed appointment to determine if there was a reason why the appointment was not kept.
2. The Oral health provider will attempt to reach the client no less than 2 times during a one-week period.
3. If the client cannot be reached by phone, a letter or e-mail will be sent to the client stating that an appointment has been missed and requesting that the client contact the agency to set up another appointment.
4. The oral health provider should check with other agencies which are providing services to the client.
5. If appropriate and with prior approval of the client, contact the emergency contact.

XII. STAFF/TRAINING

Qualifications/Training

- Staff must meet requirements for New Jersey Administrative Code 13:30 via the New Jersey Board of Dentistry.
- HIV experience/training.
- Ongoing education/training in related subjects including "prevention with positives".
- Agency will provide new hires with training regarding confidentiality, client rights and the agency's grievance procedure
- Annual staff evaluation/review.