



Maricopa County
Ryan White Part A Program
Policy and Procedures

Oral Health Services

Effective Date: 03/01/2011
Revised Date: 03/01/2016
Reviewed Date: 03/01/2016

PURPOSE:

To guide the administration of Ryan White Part A Program's Oral Health Care Services. The administration of funds must be consistent with Subpart I client eligibility criteria and the service category definitions established by the Ryan White Part A Program Planning Council.

POLICIES:

- Providers are responsible for ensuring services are provided by dental professionals certified and licensed according to state guidelines.
- Providers are responsible for ensuring clinical decisions are informed by the American Dental Association Dental Practice Parameters.
- All communications made on behalf of the client are to be documented in the client chart and must include a date, time, person(s) spoken with and a brief summary of what was communicated in adherence with the client charting definition.
- All activities performed must be directly related to the HIV-related clinical status of an eligible client and documented appropriately in the client chart.
- Funds may not be used for cosmetic services/purposes and only services under the approved benefit plan.
- All direct service providers must meet the service category's Standards of Care as defined by the Ryan White Part A Planning Council.
- For contracts who fund salaries, the program should document at least 50% of allocated staff time with billed client units. Costs per client and costs per units should be reasonable when compared to EMA annual averages.

DEFINITION:

Oral Health services:

Support for Oral Health Services including diagnostic, therapeutic dental care which 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



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Client Charting:

All paper chart documents must be original documentation and contain original dates and signatures of contract budgeted staff providing services i.e. assessments, treatment plans, and progress notes. All Electronic Medical Records must include authenticated, dated electronic signatures. The AA will only review documentation which is authenticated original documentation, and will not accept copies of assessments, treatment plans, or progress notes as acceptable documentation of services provided. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

Units billed must be noted in chart as required and include the duration of the encounter (start/stop times and/or total minutes/hours spent with client).

CLIENT ELIGIBILITY CRITERIA:

To be eligible for oral health services, a client must meet all of the standard eligibility criteria as defined in Client Eligibility. For the Federal Poverty Limits for this service category, see Appendix – Menu of Services.



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ELIGIBLE COSTS AND SERVICES:

Unit categories may include:

Time Units: Reflect the amount of direct service time.

Service Units: Reflect completion of a particular service related activity such as a case finding.

Product Units: Reflect the provision of a product/widget which has an identified cost.

Line Item Units: Reflect expenses identified in the budget such as salaries and fringe benefits. Must align with agency's approved budget and support documents submitted during billing.

Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
Service Unit	Dental Services	Dental services provided through direct dental including preventive, restorative and emergency.	Entered into CAREWare under actual client name.	Date HIV service was completed	1 unit = 1 <i>Appropriate medical code</i>	Actual Cost
Service Unit	Dental Insurance	Dental services provided through insurance including preventive, restorative and emergency.	Entered into CAREWare under actual client name.	Date HIV service was completed	1 unit = 1 <i>Appropriate medical code</i>	Actual Cost
Line Item Unit	OH - 01... through OH - 10...	Corresponding units are named OH – O1 Salaries, OH– 02 Fringe benefits and so on. May only be billed if line item is in approved budget and support documents confirm identified expense.	AAA Administrative, Admin	Last day of the month	1 unit = 1 unit per month	Actual Cost