

ORAL HEALTH CARE SERVICE STANDARD

Bergen-Passaic Transitional Grant Area

Grant Year: 2020/21



Service Category Definition – Oral Health Care

(HIV/AIDS Bureau Policy Clarification Notice #16-02, Revised 10/22/2018)

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.

Ryan White HIV/AIDS Program Eligibility Requirements

(HIV/AIDS Bureau Policy Clarification Notice #13-02, Revised 5/1/2019)



Person(s) seeking services in the Ryan White HIV/AIDS Program (RWHAP) must meet the following requirements for eligibility:

- Any person(s) with an HIV diagnosis or their legal guardian who lives in the City of Paterson, Passaic County, and/or Bergen County, New Jersey; **OR**
- A person designated as the individual's medical power of attorney (i.e., their court appointed representative or legal representative). *Proper documentation must be collected at initial determination and redetermination to verify guardianship or medical power of attorney.* **AND**
- Any individual with a household income that is at or below 500% of the federal poverty level; **AND**
- Any individual who is uninsured or underinsured.



Client eligibility must be certified annually and recertified at least every six months. The primary purpose of the RWHAP eligibility certification process is to ensure that an individual's residency, income, and insurance status continues to meet the Bergen-Passaic Transitional Grant Area (TGA) eligibility requirements and to verify that the RWHAP is the payor of last resort. The eligibility recertification process includes checking for the availability of all other third-party payors. Subrecipients are also required to obtain documentation of CD4 and viral load laboratory results at each eligibility certification and recertification for all clients. Laboratory results must be recent and within 6-months of the eligibility determination date. Subrecipients are required to obtain documentation and maintain the results of the laboratory results in client chart and documented in eCOMPAS.

ORAL HEALTH SERVICE STANDARD

Bergen-Passaic Transitional Grant Area

Grant Year: 2020/21



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(HIV/AIDS Bureau Policy Clarification Notice #13-02, Revised 5/1/2019)

RWHAP Required Documentation Table and Frequency		
Eligibility Requirement	Initial Eligibility Determination & Once a Year/12 Month Period Recertification	Recertification (minimum of every six months)
HIV STATUS	Documentation required at initial eligibility determination.	No documentation required (Proof of HIV status must remain in the client file for the entire time the client is enrolled in RWHAP services.)
	<p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> • A positive HIV Immunoassay (IA) test result from an initial antibody or combination antigen/antibody (Ag/Ab) test followed by a positive (reactive) HIV-1/2 type-differentiating test (Supplemental IA), qualitative Nucleic Acid Test (NAT)/Nucleic Acid Amplification Test (NAAT), Western Blot or Immunofluorescence Assay (IFA). • A positive qualitative HIV NAT (DNA or RNA) or HIV-1 p24 antigen test. • A detectable (quantitative) HIV viral load (<i>undetectable viral load tests are NOT proof of HIV.</i>) • An HIV nucleotide sequence (genotype). 	
	Documentation required for once a year/12-month recertification.	
	<p>No documentation required (Proof of HIV status must remain in the client file for the entire time the client is enrolled in RWHAP services.)</p>	

ORAL HEALTH SERVICE STANDARD

Bergen-Passaic Transitional Grant Area

Grant Year: 2020/21



PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

HOUSEHOLD INCOME	<p>Proof of household income: This includes income for the client, client’s spouse if legally married, client’s minor child under the age of 18, any person claimed by the client as a dependent on a tax return, and any person that has legal custody or other legal arrangements or guardianship of the client).</p> <p><i>*** Income that is not counted includes grants, scholarships, fellowships, value of SNAP benefits, 401K if not accessed, and any other non-accessible income, such as trust funds.</i></p>	
	Documentation required at initial eligibility determination and for once a year/12-month recertification.	Documentation required at eligibility recertification.
	<p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> • Pay stubs (at least two); OR • A signed and dated employer statement on company letterhead may be used. It must state the name of client, rate and frequency of pay, a phone number, and whether the client is currently receiving or is eligible to receive health benefits from the employer; OR • IRS 1040 form or IRS W-2 from most recent year; OR • IRS W-4 form. 	<p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> • Self-attestation of no change; OR • One of the approved documents listed in the <i>Initial Eligibility Determination & Once a Year/12 Month Period Recertification (on the left)</i>.
	For clients declaring no income.	
<p>At least one of the following is required:</p> <ul style="list-style-type: none"> • A statement provided as to how the client receives food, clothing, and shelter (also known as a letter of support). • A recent Summary Earnings Query (SEQY) printout, or Work and Gain Economic Self Sufficiency (WAGES) printout or an income tax return from the previous year. • Federal Insurance Contributions Act (FICA) to establish prior work year income. 		

ORAL HEALTH SERVICE STANDARD

Bergen-Passaic Transitional Grant Area

Grant Year: 2020/21



RESIDENCY	Documentation required at initial eligibility determination and for once a year/12-month recertification.	Documentation required at eligibility recertification.
	<p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> • Current New Jersey or local photo identification (includes NJ driver’s license); OR • Utility bill with client name and street address; OR • Housing, rental, or mortgage agreement with client’s name and street address; OR • Recent school records with client’s name and street address; OR • Bank statement with client’s name and street address; OR • Letter from person with whom the client resides; OR • Property tax receipt or W-2 form for previous year with client’s name and street address; OR • Unemployment document with client’s name and street address; OR • Current voter registration card with client’s name and street address; OR • Official correspondence (postmarked in last three months) with client’s name and street address; OR • Prison records (if recently released) with client’s name and street address. 	<p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> • Self-attestation of no change; OR • If client has moved, proof of residency is required. One of the approved documents listed in the <i>Initial Eligibility Determination & Once a Year/12 Month Period Recertification (on the left)</i>.
	For clients declaring homeless status or living in a shelter.	
	<p>At least one of the following is required:</p> <ul style="list-style-type: none"> • A statement from the shelter in which the client resides or visits; OR • A written statement of the client describing living circumstances and a physical observation of location of residence by eligibility staff signed and dated by the client and eligibility staff; OR • A statement from a social service agency attesting to the homeless status of the client. 	
	<p>Subrecipient must verify if the client is eligible for or is enrolled in health care coverage programs. Obtain documentation of insurance status maintain status in client chart and documented in eCOMPAS. This includes Medicaid, Medicare, and employer-based health insurance programs.</p>	
	Documentation required at initial eligibility determination and for once a year/12-month recertification.	Documentation required at eligibility recertification.

ORAL HEALTH SERVICE STANDARD

Bergen-Passaic Transitional Grant Area

Grant Year: 2020/21



<p style="text-align: center;">INSURANCE STATUS</p>	<p>Clients with Insurance:</p> <ul style="list-style-type: none"> Obtain a copy of the insurance card (front and back) to be maintained in client chart and documented in eCOMPAS. <p>Clients without Insurance:</p> <ul style="list-style-type: none"> Document steps taken to ensure insurance is not available; AND Document steps taken to screen client for Medicaid benefits; OR Documentation of Medicaid denial; OR If the client is employed but without insurance, the client will need to provide proof that they have no access to insurance from their employer (Letter from employer; or Personnel handbook that describes benefits). 	<p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> Self-attestation of no change; OR If the client has lost insurance coverage: <ul style="list-style-type: none"> Document steps taken to ensure insurance is not available (e.g. Cobra); AND Document steps taken to screen client for Medicaid benefits; OR Documentation of Medicaid Denial. If the client has gained insurance coverage, obtain a copy of the insurance card (front and back) to be maintained in client chart and documented in eCOMPAS.
<p style="text-align: center;">CD4 / VIRAL LOAD RESULTS</p>	<p>Subrecipient must obtain documentation of most recent CD4/Viral Load laboratory results at least every 6-months to be maintained in client chart and documented in eCOMPAS.</p> <p>Documentation required at initial eligibility determination and for once a year/12-month recertification.</p> <p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> Obtain documentation of most recent CD4/Viral Load laboratory results (within 6-months of eligibility certification date). <p>For clients who are newly diagnosed.</p> <p>Subrecipient is responsible for:</p> <ul style="list-style-type: none"> Obtaining documentation of CD4/Viral Load laboratory test results within 90 days of initial eligibility determination. Documentation of most recent CD4/Viral Load laboratory results to be maintained in client chart and documented in eCOMPAS. 	<p>Documentation required at eligibility recertification.</p> <p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> Obtain documentation of most recent CD4/Viral Load laboratory results (within 6-months of eligibility recertification date).

ORAL HEALTH SERVICE STANDARD

Bergen-Passaic Transitional Grant Area

Grant Year: 2020/21



Quality Management Outcomes and Quality Assurance Measures

(HIV/AIDS Bureau Policy Clarification Notice #15-02, Updated 11/30/2018)

In addition to the system-wide Service Standards applicable to all RWHAP Part A and Minority AIDS Initiative (MAI)-funded subrecipients, the following program specific Service Standards apply to Oral Health Services subrecipients. These Service Standards are an essential component of the Bergen-Passaic Quality Management program to inform the on-going monitoring and evaluation of RWHAP Part A and MAI-funded oral health subrecipients by the City of Paterson Ryan White Grants Division Office (Recipient). Full compliance with these Service Standard is expected for RWHAP Part A funded subrecipients that have contracts with the City of Paterson, Ryan White Grants Division.

HRSA/HAB Performance Measure: HIV Viral Load Suppression (NQF#: 2082)				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of clients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.	Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) <ul style="list-style-type: none"> a. If yes, did the client have a clinical oral evaluation at least once in the measurement year? (Y/N) i. If yes, did the client have a HIV viral load test with a result <200 copies/mL at the last test? (Y/N) 	NONE	90%
	Denominator			
HRSA/HAB Performance Measure: Prescription of HIV Antiretroviral Therapy (NQF#: 2033)				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of client, regardless of age, with a diagnosis of HIV prescribed ARV therapy for the treatment of HIV infection during the measurement year.	Number of clients from the denominator prescribed HIV ARV therapy during the measurement year.	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) <ul style="list-style-type: none"> a. If yes, did the patient have a clinical oral evaluation at least once in the measurement year? (Y/N) 	NONE	90%
	Denominator			

ORAL HEALTH SERVICE STANDARD

Bergen-Passaic Transitional Grant Area

Grant Year: 2020/21



	Number of clients, regardless of age, with a diagnosis of HIV who had a clinical oral evaluation during the measurement year.	i. If yes, was the client prescribed HIV ARV therapy during the measurement year? (Y/N)		
HRSA/HAB Performance Measure: HIV Medical Visit Frequency (NQF#: 2079)				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.	Number of clients who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits. Denominator Number of clients, regardless of age, with a diagnosis of HIV who had a clinical oral evaluation during the measurement year.	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the patient have a clinical oral evaluation at least once in the measurement year? (Y/N) i. If yes, did the client have at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits? (Y/N)	Client(s) who were not enrolled in Medical Case Management Services for a continuous 24-month measurement period.	90%
HRSA/HAB Performance Measure: Gap in HIV Medical Visits (NQF#: 2079)				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of clients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year.	Number of clients who did not have a medical visit in the last 6 months of the measurement year. Denominator	1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the client have a medical case management encounter in the measurement year? (Y/N)	Client(s) who were not enrolled in Medical Case Management Services for a continuous 12-month	90%

ORAL HEALTH SERVICE STANDARD

Bergen-Passaic Transitional Grant Area

Grant Year: 2020/21



	Number of clients, regardless of age, with a diagnosis of HIV who had a clinical oral evaluation during the measurement year.	i. If yes, did the client have at least one medical visit in the last 6 months of the measurement year? (Y/N)	measurement period.	
HRSA/HAB Performance Measure: Dental and Medical History				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of HIV-infected oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year.	<p>Number of HIV-infected oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year.</p> <hr/> <p>Denominator</p> <p>Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year.</p>	<p>1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N)</p> <p>a. If yes, did the patient have a clinical oral evaluation at least once in the measurement year? (Y/N)</p> <p>i. If yes, did the patient have a dental and medical health history (initial or updated) in the measurement year? (Y/N)</p>	<p>1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year.</p> <p>2. Patients who were <12 months of age.</p>	90%
HRSA/HAB Performance Measure: Dental and Medical History				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of HIV-infected oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year.	<p>Number of HIV-infected oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year</p> <hr/> <p>Denominator</p>	<p>1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N)</p> <p>a. If yes, did the patient have a clinical oral evaluation at least once in the measurement year? (Y/N)</p>	<p>1. Patients who had only an evaluation or treatment for a dental emergency in the</p>	90%

ORAL HEALTH SERVICE STANDARD

Bergen-Passaic Transitional Grant Area

Grant Year: 2020/21



		Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year.	i. If yes, did the patient have a dental treatment plan developed and/or updated at least once in the measurement year? (Y/N)	measurement year. 2. Patients who were <12 months of age.	
HRSA/HAB Performance Measure: Oral Health Education					
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal	
Percentage of HIV-infected oral health patients who received oral health education at least once in the measurement year.	Number of HIV-infected oral health patients who received oral health education at least once in the measurement year.	<ol style="list-style-type: none"> 1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) <ol style="list-style-type: none"> a. If yes, did the patient have a clinical oral evaluation at least once in the measurement year? (Y/N) <ol style="list-style-type: none"> i. If yes, did the patient receive oral health education at least once in the measurement year? (Y/N) 	<ol style="list-style-type: none"> 1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year. 2. Patients who were <12 months of age. 	90%	
	Denominator				Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year.
HRSA/HAB Performance Measure: Periodontal Screening or Examination					
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal	
Percentage of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year.	Number of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year.	<ol style="list-style-type: none"> 1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N) <ol style="list-style-type: none"> a. If yes, did the patient have a clinical oral evaluation at least once in the measurement year? (Y/N) 	<ol style="list-style-type: none"> 1. Patients who had only an evaluation or treatment for a dental emergency in the 	100%	
	Denominator				

ORAL HEALTH SERVICE STANDARD

Bergen-Passaic Transitional Grant Area

Grant Year: 2020/21



	Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year.	i. If yes, did the patient have a periodontal screen or examination at least once in the measurement year? (Y/N)	measurement year. 2. Edentulist patients (complete) 3. Patients who were <13 months of age	
HRSA/HAB Performance Measure: Phase 1 Treatment Plan Completion				
Performance Measure/ Description	Numerator	Data Element	Exclusions	Goal
Percentage of HIV-infected oral health patients with a Phase 1 treatment plan that is completed within 12 months.	<p>Number of HIV-infected oral health patients that completed Phase 1 treatment within 12 months of establishing a treatment plan.</p> <hr/> <p>Denominator</p> <p>Number of HIV-infected oral health patients with a Phase 1 treatment plan established in the year prior to the measurement year</p>	<p>1. Does the client, regardless of age, have a diagnosis of HIV? (Y/N)</p> <p>a. If yes, did the patient have a Phase 1 treatment plan established in the year prior to the measurement year? (Y/N)</p> <p>i. If yes, was the Phase 1 treatment plan completed within 12 months of establishment? (Y/N)</p>	NONE	90%

ORAL HEALTH CARE SERVICE STANDARD

Bergen-Passaic Transitional Grant Area

Grant Year: 2020/21



Clients' Rights and Responsibilities

Services will be provided to all eligible RWHAP clients without discrimination on the basis of: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law. Subrecipients providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each subrecipient will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer understands fully his or her rights and responsibilities.

Clients' Charts, Privacy, and Confidentiality

Subrecipients providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of consumers Personal Health Information (PHI). Subrecipients must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the client's record. Information on all clients receiving Ryan White Part A funded services must be entered in the HRSA sponsored, Bergen-Passaic TGA managed, eCOMPAS database.

Cultural and Linguistic Competency

Subrecipients providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services. (please see <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53> for more information)

Client Grievance Process

Each subrecipient must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the client's record.

Case Closure Protocol

Each subrecipient providing services must have a case closure protocol on file. The reason for case closure must be properly documented in each client's file. If a client chooses to receive services from another provider the subrecipient must honor the request from the client.