ORAL HEALTH CARE
STANDARDS OF CARE

FOR

HIV SERVICES IN ORANGE COUNTY

Reviewed by Planning Council 11/12/25

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SECTION 1: INTRODUCTION

Oral Health Care services shall be an integral part of primary medical care for all persons living with HIV (PLWH). Treatment plans shall be collaborative and based on the patient's needs identified in the medical and dental history assessment.

GOALS OF THE STANDARDS

These standards of care are provided to ensure that Orange County's Oral Health Care services:

- Are accessible to all PLWH who meet eligibility requirements
- Are provided by licensed practitioners
- Appropriately address issues of consent and confidentiality for a patient enrolled in services
- Prevent oral and/or systemic disease where the oral cavity serves as an entry point
- Eliminate presenting symptoms
- Eliminate infections
- Preserve dentition and restore functioning
- Maintain the highest standards of care for patients
- Are in compliance with all applicable federal, state, and local laws, statues, regulatory mandates, and policies governing Oral Health Care services

SECTION 2: DEFINITION OF ORAL HEALTH CARE SERVICES

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. Emphasis is on basic dental care with advanced care available as resources permit.

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Oral Health Care services shall provide general dental care that includes diagnostic and treatment services. Primary activities for oral health services include:

- Appropriate staffing
- Patient registration
- Informed consent process
- Comprehensive oral evaluation
- Development of individual treatment plans
- Compliance with treatment standards
- Coordination of care with primary care and other services
- Preventive care and maintenance
- Discharge planning

SECTION 3: STAFFING REQUIREMENTS AND QUALIFICATIONS

Quality Oral Health Care services starts with well-prepared and qualified staff. To ensure this:

- **HIV Knowledge.** Staff shall have training and experience with HIV-related issues and concerns. At a minimum, staff providing Oral Health Care services to PLWH shall possess knowledge about the following:
  - HIV disease process and current medical treatments
  - Psychosocial issues related to HIV
  - Cultural issues related to communities affected by HIV
  - Adherence to medication regimens
  - Prevention issues and strategies specific to HIV-positive individuals ("prevention with positives")
  - Diagnosis and assessment of HIV-related oral health issues
- **Licensure.** All staff must hold the appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation as required by Federal, State, County, or municipal authorities.
  - Dentists must hold a current/valid license from the California Dental Board, be a graduate from a dental school or program approved by the California Dental Board, and must practice within the scope of practice defined in the California Business and Professions Code. Dentists are regulated by the California Dental Board (see www.dbc.ca.gov for further information).
  - Registered Dental Assistants (RDA) must hold a current/valid license from the California Dental Board, possess a diploma or certificate in dental assisting from an educational program approved by the California Dental Board; or have 15 months of satisfactory work experience as a dental assistant; or graduate from a non-Board approved dental assisting program and have satisfactory work experience (can be less than 15 months) as a dental assistant, and must practice within the scope of practice defined in the California Business and Professions Code. RDA are regulated by the California Dental Board (see www.dbc.ca.gov for further information).

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- Registered Dental Hygienist (RDH) must hold a current/valid license from the California Dental Hygiene Board, must have a diploma or certificate in dental hygiene from an approved dental hygiene educational program, and must practice within the scope of practice defined in the California Business and Professions Code. RDH are regulated by the California Dental Hygiene Board (see www.dhbc.ca.gov for further information).
- Non-licensed students (Dentists, Dental Hygienists, and/or Dental Assistants) may provide service with appropriate clinical supervision by a licensed dental professional.

- **Legal and Ethical Obligations.** Staff must be aware of and able to practice under the legal and ethical obligations as set forth by California state law and their respective professional organizations. Obligations include the following:
  - Duty to treat: Staff have an ethical obligation not to refuse treatment because of fear or lack of knowledge about HIV.
  - Confidentiality: Maintenance of confidentiality is a primary legal and ethical responsibility of the service provider. Limits to maintaining confidentiality include danger to self or others, grave disability, child/elder/dependent adult abuse. Domestic Violence must be reported based on California mandated reporting laws.
  - Duty to warn: Serious threats of violence (including physical violence, serious bodily harm, death, and terrorist threats) against a reasonably identifiable victim must be reported to authorities. However, at present, in California, PLWH engaging in behaviors that may put others at risk for HIV infection is not a circumstance that warrants breaking of confidentiality.
  - Staff are advised to seek legal advice when they are unsure about particular issues and the legal/ethical ramifications of their actions.

Standard	Measure
Staff will have a clear understanding of job responsibilities	Written job description on file
Staff receive initial trainings (including administrative staff) within 60 days of hire and annual education regarding HIV-related issues/concerns (as listed above under training)	Documentation of training/education on file
Oral health care service provider shall ensure that staff will have appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation, as required by Federal, State, County, or municipal authorities	Documentation of degrees, certifications, licenses, permits, or other documentation on file

SECTION 4: CULTURAL AND LINGUISTIC AWARENESS

Staff must participate in a process of training and education that increases cultural and linguistic competence and improves their ability to provide culturally and linguistically appropriate services to all PLWH. Although an individual's ethnicity is generally central to their identity, it is not the only factor that makes up a person's culture. Other relevant factors include gender, language, religious beliefs, disability, sexual orientation, beliefs, and institutions. When providing culturally and linguistically competent services, it is important to acknowledge one's personal limits and treat one's client as the expert on their culture. If a practitioner determines that they are not able to provide culturally or linguistically appropriate services, they must be willing to refer the client to another practitioner or service provider that can meet the client's needs in accordance with their agency's referral policy and procedure.

Based on the Health and Human Services' National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards), culturally and linguistically appropriate services and skills include:

- Effective, equitable, understandable, and respectful services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- The ability to respect, relate, and respond to a client's culture in a non-judgmental, respectful manner.
- Meeting the needs and providing services unique to our clients in line with the culture and language of the clients being served, including providing written materials in a language accessible to all clients.
- Recognizing the significant power differential between provider and client and work toward developing a collaborative relationship.
- Considering each client as an individual, not making assumptions based on perceived memberships in any specific group or class.
- Translation and/or interpretation services to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all services.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Being non-judgmental in regards to people's sexual practices.
- Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

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Standard	Measure
Oral health care service providers will recruit a diverse staff that reflects the culture (including gender, sexual identity, and disability) of the community served	Oral health care service provider shall have a written strategy on file
All staff (including administrative staff) will receive initial trainings within 60 days of hire and annual trainings to build cultural and linguistic awareness	Documentation of training/education on file
Oral health care service provider shall have posted and written materials in appropriate languages for the clients served	Site visit will ensure
Oral health care service provider will maintain a physical environment that is welcoming to the populations served	Site visit will ensure
Oral health care service provider complies with American Disabilities Act (ADA) criteria	Completed form/certification on file
Services are accessible to community served	Site visit to review hours of operation, location, accessibility with public transportation

SECTION 5: PATIENT REGISTRATION

Client registration is a time to gather information and provide basic information about medical and oral health as appropriate. It is also a pivotal moment for establishment of trust and confidence in the care system. Oral health care service providers shall be careful to provide an appropriate level of information that is helpful and responsive to patient need.

The following describe components of registration:

- **Timeframe.** An initial appointment shall be set up within two (2) business days of receipt of referral and confirmation of eligibility. Non-emergency appointment within three (3) weeks of receipt of referral confirming eligibility. Registration shall take place as soon as possible. If there is an indication that the patient may be facing a medical or dental crisis, the registration process shall be expedited and appropriate intervention may take place prior to formal registration. Oral health care staff shall respond to phone calls within two (2) business days upon receipt of phone call.

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- **Eligibility and Qualification Determination.** Patients receiving oral health services must be referred through the patient's case manager, medical provider, or through a dental coordinator. Therefore, appropriate and necessary eligibility and demographic information documented by the referring agency may be shared with the oral health care service provider to reduce duplication of efforts. *It is the referring agency's responsibility to have on record a signed Authorization to Disclose (ATD) or Release of Information (ROI) to the oral health care service provider prior to sharing patient information.*
- **Provision of Information.** The oral health care service provider shall clearly explain what oral health services entail. The oral health care service provider shall provide adequate information about the availability of various services.
- **Required Documentation.** The oral health care service provider shall also obtain the following required documents:
    - **HCC Consent:** Clients shall be informed of HIV Care Connect (HCC). The HCC consent must be signed at intake prior to entry into the HCC database and every three (3) years thereafter. The signed consent form shall authorize the Office of AIDS (OA) to record and track their demographic, eligibility, and service information and share this information with other agencies in the Ryan White system of care.
    - **Confidentiality and Release of Information (ROI)/Authorization to Disclose (ATD):** When discussing client confidentiality, it is important *not* to assume that the client's family or partner knows the HIV-positive status of the client. Part of the discussion about client confidentiality shall include inquiry about how the client wants to be contacted (at home, at work, by mail, by phone, etc.). If there is a need to disclose information about a client to a third party, including family members, clients shall be asked to sign a Release of Information form, authorizing such disclosure. An ROI/ATD form describes the situations under which a client's information can be released and includes the name of the agency and/or person with whom information will be shared, the specific information to be shared, duration of the release consent, and the client's signature. This form may be signed at intake prior to the actual need for disclosure. The ROI/ATD may be cancelled or modified by the client at any time. For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), the ROI/ATD must be a HIPAA-compliant disclosure.
        - **Consent for Services:** Signed by the patient, agreeing to receive oral health services/treatment.

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Standard	Measure
Patient shall be contacted within two business days of receipt of referral.	Registration tool is completed and in patient service record
Patient is informed of Rights and Responsibilities	Signed and dated by client and in client file
Patient is informed of Grievance Procedures	Signed and dated by client and in client file
Patient is informed of Notice of Privacy Act	Signed and dated by client and in client file
Consent for Treatment completed as needed	Signed and dated by patient and in patient file as appropriate
Authorization to Disclose (ATD)/Release of Information (ROI) is discussed and completed as needed	Signed and dated by patient and in patient service record as needed
HCC Consent signed and completed prior to entry into HCC	Signed and dated based on HCC consent form guidelines by client and in client service record

SECTION 6: EVALUATION

A comprehensive oral evaluation is fundamental to provision of oral health services. The dental healthcare professionals shall conduct an in-depth assessment of the patient's history and presenting problems. A comprehensive oral evaluation shall include:

- Documentation of patient's presenting complaint
- Medical history including current medications and allergies
- Dental history including dental chart review of existing pathology
- Caries charting (cavities)
- Full mouth radiographs or panoramic and bitewings and selected periapical films
- Complete oral hygiene and periodontal exam or periodontal screening record (PSR)
- Comprehensive head and neck exam
- Complete intra-oral exam, including evaluation for HIV-associated lesions or STDs
- Soft tissue exam for cancer screening
- Pain assessment
- Risk factors such as endocarditis, neurological diseases, and hemophilia
- Medical Care Provider
- Dental exam date and dentist name

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The following describes specific components of a comprehensive evaluation:

- The evaluation process shall be completed within two (2) weeks of initial dental visit. The evaluation process may take more than one (1) session, depending on the patient's medical and dental history and need to consult with patient's primary care provider.
- The dental health care professional shall evaluate patient's presenting complaint to identify and determine the chief complaint.
- The oral health care service provider shall obtain full medical status information from the patient's medical provider, including most recent lab work results. This information may assist the dental health care professionals in identifying conditions that may affect the diagnosis and management of the patient's oral health. The medical history shall be updated on a regular basis. Current medication list and known allergies shall be updated at every visit to ensure all medical and treatment changes are noted.
- When indicated, diagnostic tests relevant to the evaluation of the patient shall be performed and used in diagnosis and treatment planning. Biopsies of suspicious oral lesions shall be taken; patients shall be informed about the results of such tests.

Standard	Measure
A comprehensive oral examination shall be conducted	Documentation in patient record
The evaluation process shall be completed within two (2) weeks of initial dental visit	Documentation in patient record
An update to the health history shall be made, at minimum, every six (6) months or at patients next general dentistry visit whichever is greater	Documentation in patient record

SECTION 7: TREATMENT PLAN

Once the patient has been evaluated, the dental health care professionals and patients shall identify and prioritize oral health needs that will be addressed through oral health care services. This process is documented on the treatment plan. The plan provides a map for both the patient and the dental health care professionals on how to address needs in a manner that best promotes oral health of the patient. The treatment plan shall include:

- Primary reason for dental visit
- Statement of the problems or symptoms to be addressed in the treatment
- Preventative care
- Schedule for treatment
- Options for treatment upgrades

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The following describes specific components of the treatment planning process:

- The treatment plan shall be developed jointly with the patient within 30 days of initial appointment and annually thereafter. The patient's primary reason for the visit shall be considered by the dental health care professionals when developing the dental treatment plan. The treatment plan shall be signed and dated by the dental health care professional and the patient.
- Treatment priority shall be given to the management of pain, infection, traumatic injury, or other emergency conditions. The dental health care professional shall attempt to manage the patient's pain, anxiety, and behavior during treatment to facilitate safety and efficiency. The goal of treatment shall be to maintain the most optimal functioning possible.
- When developing a treatment plan, the dental health care professional shall consider:
    - Tooth and/or tissue supported prosthetic options;
    - Fixed prosthesis, removable prostheses, or a combination of these options;
    - Soft and hard tissue characteristics and morphology, ridge relationship, occlusion and occlusal forces, aesthetics and parafunctional habits;
    - Restorative implications, endodontic status, tooth position, and periodontal prognosis;
    - Craniofacial, musculoskeletal relationships, and status of the temporomandibular joints
- Treatment plan shall include appropriate follow-up schedules. A six-month follow-up visit is necessary to monitor any oral changes. Treatment plans shall be updated as necessary at minimum annually as determined by the dental health care professional.
- Referrals for recommended dental procedures to dental schools, dental specialist, or other services shall be documented in the treatment plan.

Standard	Measure
A comprehensive oral health treatment plan including cost will be developed in conjunction with the patient within 30 days of initial appointment	Completed treatment plan in patient file
Treatment plan is reviewed and updated as deemed necessary by the dental health care professional at minimum annually	Updated treatment plan in patient file
Referrals for recommended dental procedures	Documentation on treatment plan in patient record

SECTION 8: COORDINATION OF CARE

It is recommended that the dental health care professionals consult with the patient's primary care physician and/or case manager when additional information or coordination is needed to assist in providing safe and appropriate care. Oral health care service providers shall obtain and document HIV primary contact information for each patient and dental health care professionals shall consult with patient's medical care providers when indicated.

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- Conditions under which consultation with the patient's primary care physician is required when:
    - More complete medical information is needed
    - A decision must be made whether dental treatment shall occur in a hospital setting
    - A patient reports a heart murmur; but is unsure of what kind
    - Inconsistent or illogical information leads the dental provider to doubt the accuracy of the medical information given by the patient
    - A patient's symptoms have changed and it is necessary to determine if treatment modifications are indicated
    - New medications are indicated to ensure medication safety and prevent drug/drug interactions
    - Oral opportunistic infections are present
- The dental health care professionals shall remind patients of the need for regular primary medical care and encourage patients to adhere to their medication regimens.
- The dental health care professionals shall inform the patient's primary care physician about any observations or treatment issues relevant to the patient's medical care. For example, oral lesions, weight loss, wasting, and oral candidiasis may signal progression toward AIDS.
- *Within the constraints of previously signed Authorization to Disclose/Releases of Information,* the oral health care service provider may also work with the patient's case manager to coordinate services for patients who require additional assistance based on psychosocial or developmental needs.

Standard	Measure
Oral health care service provider shall obtain and document HIV primary contact information from patient	Documentation in patient file
A consultation with the primary care physician as needed.	Signed, dated progress note to detail consultations

SECTION 9: PREVENTIVE CARE AND MAINTENANCE

The dental health care professionals shall emphasize prevention and early detection of oral disease by educating patients about preventive oral health practices. Education about prevention and early detection shall include:

- Instruction on oral hygiene including proper brushing, flossing, and mouth rinses.
- Counseling regarding behaviors (e.g. tobacco use, unprotected oral sex, body piercing in oral structures).
- General health conditions that can compromise oral health.
- Discussion of the impact of good nutrition on preserving good oral health shall be discussed.

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Patients will be scheduled for routine visits including:

- Routine examinations and regular prophylaxis twice a year
- Comprehensive cleaning at least once a year
- Other procedures such as root planning/scaling as necessary

Standard	Measure
Dental health care professionals will educate patients about prevention and early detection for oral health	Documentation in patient file
Patients will be scheduled for routine visits	Documentation in patient file

SECTION 10: ORAL HEALTH CARE SERVICE CLOSURE

Oral health services are considered critical to a patient's health. Discharge from oral health services may affect the patient's overall health. As such, discharge or termination of oral health services must be carefully considered and reasonable steps must be taken to assure patients who need oral health services are maintained in services.

A patient may be suspended or terminated from oral health services due to the following conditions:

- The patient has become ineligible for services (e.g., due to relocation outside Orange County or other eligibility requirements).
- The patient chooses to terminate services.
- The patient's needs would be better served by another agency.
- The patient demonstrates pervasive unacceptable behavior that violates patient rights and responsibilities.
- The client cannot be located after documented multiple and extensive attempts for a period no less than three (3) months.
- The client has died.

The following describe components of discharge planning:

- **Efforts to Contact Client.** If the patient has missed appointments and is at risk of suspension or termination of services, the oral health care service provider shall follow-up including telephone calls, written correspondence and/or direct contact, to strive to maintain a patient's participation in care. Provider *within the constraints of signed releases of information* may work with the case manager to locate the patient.

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- **Closure Due to Unacceptable Behavior.** If closure is due to behavior that violates client rights and responsibilities including excessive missed appointments, the oral health care service provider shall notify the client that their services are being terminated and the reason for termination. Within the limits of client's authorization to receive mail, notification of closure shall be mailed to the client. A copy of the notification shall be placed in the client's chart. If the client has no known address or the provider is not authorized to send mail to the client, the provider shall document other types of notification of closure (e.g. phone calls, visit) or attempts to notify the client of closure. If the client does not agree with the reason for closure, they shall be informed of the provider's grievance procedure. Lastly, the service provider will inform the referring agency of the client's closure in accordance with their organization's P&P.
- **Service Closure Summary.** A discharge summary shall be documented in the patient's record. The discharge summary shall include the items listed below under "Measure".
- **Data Collection Closeout.** The provider shall close out the client in the data collection system (HCC) as soon as possible, but no later than thirty (30) days of service closure unless the client is receiving other services at the agency. A progress note should clearly indicate why the client was not closed out of HCC.
- **Transfer.** A patient may be discharged if their needs would be better served by another oral health care service provider and is transferred to that agency. If the patient is transferring to another oral health care service provider, case closure shall be preceded by a transition plan. To ensure a smooth transition, relevant registration documents may be forwarded to the new oral health care service provider. Oral health care service providers from the two agencies shall work together to provide a smooth transition for the patient and ensure that all critical services are maintained.

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Standard	Measure
Follow up will be provided to patients who have dropped out of treatment without notice	Signed and dated note to document attempt to contact in patient service record
Notify patient regarding closure if due to pervasive unacceptable behavior violating patient rights and responsibilities	Copy of notification in patient service record. If patient has no known address or is unable to receive mail, documentation of other types of notification or attempt at notification in patient service record
An Oral Health Care service closure summary shall be completed for each patient who has terminated treatment	Patient service record will include signed and dated service closure summary to include: • Circumstances and reasons for discharge • Summary of service provided • Treatment provided • Referrals and linkages provided at discharge as appropriate
Transition plans created for patients who transfer to other oral health care service providers which shall be forwarded to the new agency	Signed and dated note documented in patient service record
Closeout of data collection shall be completed for each client who has been closed from all Ryan White services at that provider agency	Data collection system (HCC) will indicate client's closure no later than thirty (30) days of service closure

Appendix A

The terms defined in the appendix are general terms used throughout all of the standards of care and may not appear in each individual standard.

Americans with Disabilities Act of 1990 (ADA): The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as the general public.

Authorization to Disclose (ATD): Signed consent by client that wants to grant another individual or organization access to their protected health information (PHI).

Eligibility for a service: Is based on Health Resources Services Administration (HRSA) requirements. It includes that a person must have proof of HIV status, proof of Orange County residency, and proof of payer of last resort. Eligibility workers are responsible for verifying this information.

Eligibility Verification Form (EVF): Form used to document a client's eligibility for Ryan White services. Information includes but is not limited to contact, income, household, and insurance information.

Grant Recipient: Government recipient of Ryan White Part A funds. In Orange County, the Orange County Health Care Agency acts as the Grant Recipient for Ryan White Part A funds.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): Is the US federal legislation that provides data privacy and security provisions for safeguarding medical information. More information can be found through US Department of Health & Human Services at https://www.hhs.gov/hipaa/for-professionals/index.html.

HIV Planning Council (Council): Provides advice and makes recommendations to the County regarding HIV policy issues, service needs of the community, and allocates funds to each service funded under the Ryan White Act and advises the County on HOPWA funds.

Notice of Privacy Practice (NPP): A notice to clients that provides a clear, user friendly explanation of client's rights with respect to their personal health information and the privacy practices of health plans and health care providers as required by HIPAA.

Patient: Individual receiving services.

Payer of last resort: Funds are used to pay for care services that are not covered by other resources such as Medi-Cal or private health insurance.

Protected health information (PHI): Under US law, any information about health status, provision of health care, or payment for health care that is created or collected by a covered entity such as a health plans, health care clearinghouses, and health care providers as defined by HIPAA rules that can be linked to a specific individual.

Provider: An institution or entity that receives funding to provide Ryan White services. This includes a group of practitioners, clinic, or other institution that provide Ryan White services and the agency at which services are provided.

Qualifying for a service: Based on HRSA eligibility and Planning Council determined requirements (for example, proof of disability for Food Bank, income less than 300% of Federal Poverty Level for Mental Health Services), providers are responsible for ensuring that services provided adhere to qualifying requirements.

Release of Information (ROI): Signed consent by client that wants to grant another individual or organization access to their protected health information (PHI).

Ryan White Act: Federal legislation first authorized in 1990 that created Ryan White HIV/AIDS Program which provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured.

Staff: An individual who directly provides Ryan White services, oversees the provision of Ryan White services, or perform administrative functions for Ryan White services. This may include paid employees, subcontractors, volunteers, or interns