

# ATLANTA EMA QUALITY MANAGEMENT STANDARDS AND MEASURES

## ORAL HEALTH

### **Purpose**

The purpose of the Ryan White Part A quality management standards and measures is to ensure that a uniformity of service exists in the Atlanta Eligible Metropolitan Area (EMA) such that the consumers of a service receive the same quality of service regardless of where the service is rendered. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

### **Definition**

Diagnostic, preventive, and therapeutic dental care that is in compliance with state dental practice laws, includes evidence-based clinical decisions that are informed by the American Dental Practice Parameters, is based on an oral health treatment plan, adheres, to specified service caps (if applicable), and is provided by licensed and certified dental professionals, including general dental practitioners, dental specialists and dental hygienists, as well as licensed and trained dental assistants. An oral health treatment plan is developed for each eligible client and signed off by the oral health professional rendering the services.

### **Application of Standards**

These standards apply to all agencies that are funded to provide oral health services. If the funded agency subcontracts for oral health services, the funded agency is responsible for ensuring that these standards are followed.

### **Standards Development Process**

The standards were developed through extensive background research on quality management standards, a review of existing standards from other Ryan White Part A EMAs, meetings of the Oral Health Task Force and meetings with the Ryan White Part A Grantee.

### **Acknowledgements**

Fulton County would like to thank all of the EMAs that shared their standards, as well as the members of the Oral Health Task Force who gave generously of their time to provide valuable input to the development of these quality management standards and measures.

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<b>I. Policies and Procedures</b>	
<b>Standard</b>	<b>Measure</b>
A. Agency must have policies and procedures in place that address confidentiality (HIPAA), grievance procedures and supervision requirements per federal and state law.	<ul style="list-style-type: none"> <li>• Policy and procedure manual</li> <li>• Grievance procedure posted in visible location</li> </ul>
B. Agency has eligibility requirements for services in written form. This is inclusive of: <ul style="list-style-type: none"> <li>✓ Clients rights and responsibilities</li> <li>✓ Release of information/confidentiality</li> <li>✓ Eligibility for services</li> </ul>	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
C. Agency is licensed and/or accredited by the appropriate city/county/ state/federal agency.	<ul style="list-style-type: none"> <li>• Current licensure on file from appropriate city/county/ state/federal agency</li> </ul>
D. Agency has written policies and procedures in place that protect the physical safety and well-being of staff and clients. This is inclusive of <ul style="list-style-type: none"> <li>✓ Physical agency safety               <ul style="list-style-type: none"> <li>• Meets fire safety requirements</li> <li>• Complies with Americans with Disabilities Act (ADA)</li> <li>• Is clean, comfortable and free from hazards</li> <li>• Complies with Occupational Safety and Health Administration (OSHA) infection control practices</li> </ul> </li> <li>✓ Crisis management and psychiatric emergencies               <ul style="list-style-type: none"> <li>• How to assess emergent/urgent vs. routine need</li> <li>• Verbal intervention</li> <li>• Non-violent physical intervention</li> <li>• Emergency medical contact information</li> <li>• Incident reporting</li> <li>• Voluntary and involuntary inpatient admission</li> </ul> </li> <li>✓ Refusal of services</li> <li>✓ Personnel               <ul style="list-style-type: none"> <li>• Roles and responsibilities of staff, including supervision responsibilities and caseload or staff/client ratio</li> </ul> </li> <li>✓ Client/Parent/Guardian Rights and Responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>• Policy on file</li> <li>• Program Review</li> </ul>
E. Agency has a written policy in place on how to deal with clients who miss their appointments.	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>

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<b>II. Program Staff</b>	
<b>Standard</b>	<b>Measure</b>
A. Staff are trained and knowledgeable about HIV/AIDS issues, the delivery of oral health care and available resources.	<ul style="list-style-type: none"> <li>● Personnel records</li> </ul>
B. Staff have appropriate skills, relevant experience and licensure to provide oral health care to HIV infected clients.	<ul style="list-style-type: none"> <li>● Certifications/licensures on file</li> <li>● Resumes on file</li> </ul>
C. Dentists will have proof of malpractice coverage.	<ul style="list-style-type: none"> <li>● Copy of current malpractice coverage on file</li> </ul>
D. Staff receive supervision as required by licensure/certification. Dental students will be supervised by licensed dentists.	<ul style="list-style-type: none"> <li>● Personnel records</li> </ul>
E. Staff have a clear understanding of their job description and responsibilities as well as agency policies and procedures.	<ul style="list-style-type: none"> <li>● Written job description that includes roles and responsibilities and a statement of having been informed of agency policies and procedures on file signed by staff &amp; staff supervisor/human resources manager</li> </ul>
F. Licensed staff participate in at least six hours of education/training every two years on HIV related oral healthcare issues including oral manifestations, dental treatment considerations for PLWH and other co-morbidities, infection control and post exposure prophylaxis. Non-licensed staff participate in at least one hour of education/training annually on same topic areas.	<ul style="list-style-type: none"> <li>● Training/education documentation in personnel files</li> </ul>
<b>III. Access to Services</b>	
A. Agency is accessible to desired target populations. Accessibility includes: <ul style="list-style-type: none"> <li>✓ Proximity to community</li> <li>✓ Proximity to mass transit</li> <li>✓ Proximity to low-income individuals</li> <li>✓ Proximity to underinsured/uninsured individuals</li> <li>✓ Proximity to HIV infected individuals</li> </ul>	Program Review
B. Agency is compliant with ADA requirements for non-discriminatory policies and practices and for the provision of reasonable accommodations to address communication (e.g. sign language interpreter).	<ul style="list-style-type: none"> <li>● Policy on file</li> </ul>
C. Agency demonstrates the ability to provide culturally and linguistically appropriate oral health care according to the Atlanta EMA standards for desired target population.	<ul style="list-style-type: none"> <li>● Personnel and training records</li> <li>● Program Review</li> <li>● Client satisfaction survey</li> </ul>
D. Agency demonstrates input from clients in service design and delivery.	<ul style="list-style-type: none"> <li>● Client satisfaction survey/Consumer Advisory Board</li> </ul>

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<b>IV. Service Eligibility Screening</b>	
<b>Standard</b>	<b>Measure</b>
A. Provider determines client eligibility for services. The process to determine client eligibility must be completed in a time frame so that oral health services are not delayed.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Agency client data report consistent with funding requirements</li> </ul>
B. Client is informed of the client confidentiality policy and grievance policy at first face to face contact.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Client satisfaction survey</li> </ul>
C. Client is informed of services available and what client can expect if s/he enrolls in services, including methods and scope of service delivery. Clients will also be informed of the documentation requirements for treatment.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Client satisfaction survey</li> </ul>
D. Staff will provide client with referral information to other services, as appropriate.	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
<b>V. Assessment/Treatment</b>	
A. Clients who are eligible for services and have provided the required documentation shall receive a referral for assessment. Assessment includes at a minimum: <ul style="list-style-type: none"> <li>✓ Determination of care need (emergency, non-emergency or triage)</li> <li>✓ Complete health history</li> <li>✓ Current medications</li> <li>✓ Relevant laboratory testing</li> <li>✓ Hard and soft tissue examination</li> <li>✓ X-rays of teeth</li> <li>✓ Referrals</li> <li>✓ Primary care provider contact number</li> </ul>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Agency client data report consistent with funding requirements</li> </ul>
B. Develop treatment plan with client within 10 business days of assessment.	<ul style="list-style-type: none"> <li>• Client record including completed treatment plan signed by client and attending provider</li> </ul>
C. Client's needs and treatment plan are reviewed and revised a minimum of every 12 months.	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
D. Providers will educate clients on oral disease prevention at each oral health visit.	<ul style="list-style-type: none"> <li>• Client record</li> </ul>

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<b>VI. Service Coordination/Referral</b>	
<b>Standard</b>	<b>Measure</b>
A. Agency staff act as a liaison between the client and other service providers to support coordination and delivery of high quality care. Clients must be enrolled in primary medical care and have been seen by a primary care provider within the past 6 months.	<ul style="list-style-type: none"> <li>• Client record – documentation of enrollment in primary medical care</li> </ul>
B. Referral sources should be provided with a minimum of the following: <ul style="list-style-type: none"> <li>✓ Authorization form from client to provide records to referral source</li> <li>✓ Concise problem statement (documenting necessity of specialty referral)</li> <li>✓ Relevant lab tests and pharmacy data available at time of appointment</li> </ul>	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
C. Documentation of oral health services is included in the client’s chart.	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
<b>VII. Clients’ Rights and Responsibilities</b>	
A. Client confidentiality policy exists for all service settings.	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
B. Agency grievance policy exists.	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
C. A current (in the last year) release of information form exists for each specific request for information and each request is signed by the client.	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
D. The agency has a formal policy as governed by Georgia law for clients who may be incapable of making their own treatment or care decisions.	<ul style="list-style-type: none"> <li>• Policy on file</li> <li>• Legal/medical consultation policy</li> </ul>
E. Client will be informed of the client confidentiality policy, grievance policy, their rights and responsibilities (including the missed appointment policy) and their eligibility for services.	<ul style="list-style-type: none"> <li>• Documentation in client chart initialed or signed by client (chart review) showing that they have read or been informed</li> </ul>

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**Clinical Guidelines for Dental Procedures\***

<b>Emergency dental care</b>	Care related to the treatment of pain or infection, including, but not limited to: emergency examinations, diagnostic dental radiographs, caries control, endodontic access, extractions and subgingival curettage and trauma.
<b>Endodontic procedures</b>	For severely decayed or abscessed teeth that can be maintained if the patient so chooses. When the decay process has proceeded to the vital portions of the tooth (pulp), fillings alone are no longer possible; root canals are a means by which our patients can save severely decayed or necrotic (abscessed) teeth.
<b>Management of oral pathology</b>	Management of oral pathology including biopsy associated with HIV disease such as oropharyngeal candidiasis (thrush), ulcerations, Kaposi's sarcoma, and oral warts due to human papillomavirus (HPV), which, if left untreated, would increase morbidity and negatively impact quality of life.
<b>Periodontal (gum care)</b>	Recommended for clients with heavy calculus (tartar) buildup above and below the gum line, patients with infected or inflamed gingival gums) or periodontal disease. Maintenance therapy for clients who have previously undergone periodontal therapy is also included in this category.
<b>Preventive dental care</b>	Care that includes but is not limited to dental exams, diagnostic dental x-rays, dental cleanings, office fluoride therapies, and sealants.
<b>Prosthetic care (partial and complete dentures)</b>	Replaces multiple missing teeth and enable clients to maintain proper nutrition, function, speech, and esthetics. Also covered in this category are single unit crowns, crown build-ups and single unit fixed anterior bridges.
<b>Restorative dental care</b>	Includes amalgam (silver) fillings for posterior teeth and tooth colored fillings for anterior teeth.
<b>Surgical procedures</b>	Includes extraction of severely decayed teeth or periodontally involved teeth and biopsies of suspect lesions.

\* Please note that these guidelines are meant to be general and allow the dental healthcare worker the flexibility to offer the best care available for Ryan White CARE Act eligible consumers.