



C. Dental Services

Service Definition

Dental Services aims to promote oral health and support people living with HIV (PLWH) with accessing oral health care services. Oral health care services include the delivery of outpatient, diagnostic, preventive, and therapeutic services by dental health professionals.

Recipients providing Dental Services are expected to comply with the [Life Care and Early Intervention Services \(LCEIS\) Universal Standards of Care](#), as well as the standards outlined below.

Standard 1: Dental Services providers ensure services are delivered in accordance with the Wisconsin Life Care and Early Intervention Services Eligibility and Recertification Policy and Procedures.

Providers are responsible for determining eligibility at enrollment and for confirming eligibility annually.

Documentation

Client records must document that the client is living with HIV and resides in Wisconsin at initial enrollment in accordance with the [Wisconsin LCEIS Eligibility Policy](#).

Standard 2: Intakes are conducted in a safe, welcoming, and trauma informed way.

Providers or non-service provider staff who conduct intake services must create a safe, welcoming, and trauma-informed environment for all new clients to encourage retention in services.

Documentation

Providers or non-service provider staff must be able to describe clinic policies, protocols, and practices that create an environment to build client rapport.

Standard 3: Intakes may be performed by providers, non-service provider staff, or interns.

Intake may be performed by recipient staff or interns who are not Dental Services providers granted they meet all the following criteria:

- Are an employee or intern of the recipient.
- Received proper onsite training and signed the agency confidentiality agreement.
- Completed the HIV Basics Online Course offered through the University of Wisconsin-Madison, HIV Training System.

Documentation

The client record must indicate who performed the intake.

If the client record shows that intake is performed by someone who is not a Dental Services provider, the required criteria must be documented in their personnel file or somewhere easily accessible for chart audits.

Standard 4: Intake includes identification of alternative funding sources and assurance that LCEIS is payer of last resort.

On intake, clients must be assessed for current or potential eligibility for third-party payment, including Medicaid and private health insurance plans.

Third-party payers for which the client is enrolled should be utilized before LCEIS funding. These provisions do not apply to Ryan White, Veterans Administration, and Indian Health Services benefits.

Documentation

Client records and billing records must document assessment, enrollment assistance, and use of alternative payment sources before using LCEIS funding.

Standard 5: Dental Services clients receive a baseline assessment.

Medical histories are an especially important tool for providers to use, in consultation with the client's medical provider, to establish a safe treatment plan for the client.

A baseline assessment should be performed at the first appointment and include:

- A medical history.
- A comprehensive intraoral soft tissue, periodontal, and hard tissue examination.
- Chief complaint.

- Medical alert, if appropriate.
- Radiographs appropriate for an accurate diagnosis and treatment.
- History of medication and substance use.
- Evaluation for HIV-associated lesions.

Documentation

Documentation of examination and baseline evaluation, signed and dated, must be present in the client record.

Standard 6: Dental Services treatment plans are individualized and tailored to the needs of PLWH.

Dental treatment planning must be adaptive to individual client needs and created in consultation with the client and the client's medical provider, as appropriate. Treatment plans should address all oral health needs, including conditions and complications associated with HIV, including but not limited to:

- The effects of ARVs (antiretroviral drugs), such as abnormal bleeding, glucose intolerance, or hyperlipidemia.
- The judicious use of antibiotic prophylaxis, factoring in drug resistance and other potential adverse reactions.
- Xerostomia.
- Conditions associated with opportunistic infections.
- Necrotizing ulcerative gingivitis or periodontitis.
- Increased likelihood of caries due to reduced salivary flow and antibodies.

Providers must continuously monitor dental and oral health for disease progression and implementation of the treatment plan.

Documentation

The treatment plan must be present in the client record and include provisions for conditions and complications, as needed.

Progress toward the treatment plan goals and modifications to the treatment plan must be noted in the client record.

Standard 7: Dental Services include the delivery of preventive counseling.

To help prevent further disease, providers must provide counseling about modifiable risk factors, such as use of tobacco, alcohol, or other drugs that may increase risk of oral abnormalities or complications, as well as work with the client to implement oral hygiene regimens.

Documentation

Preventive counseling must be documented in the client record.

Standard 8: Treatment plans for Dental Services adhere to exclusions and limitations regarding fixed and removable prosthetics.

Replacement of fixed and removable prosthetics due to loss or theft is limited to one instance during any 12 consecutive months. This includes crowns, bridges, and full or partial dentures.

Denture relines are limited to one per denture during any 12 consecutive months.

Full upper and/or lower dentures are limited to one in any five-year period.

These limitations and exclusions may be waived if deemed medically necessary by a licensed dentist with concurrence from the client's medical provider.

Documentation

The client record must document that limitations and exclusions have been met.

Exceptions must be documented by a written statement signed by a licensed dentist with signed concurrence by a licensed medical care provider.

Standard 9: Dental Services clients who are not engaged in medical care are referred to a primary care provider or HIV-specific physician.

If a client is not seeing a medical provider regularly, they should be urged to seek care, and a referral to a primary care provider or HIV-specific physician should be made.

Documentation

All referrals and the outcomes must be documented in the client record.

Standard 10: Treatment of oral opportunistic infection by a Dental Services provider is coordinated with the client's medical provider.

Treatment for oral opportunistic infection must be done in consultation with client's medical provider.

Documentation

Contracts, subcontracts, and other written agreements with Dental Services providers must include language concerning coordination of treatment of oral opportunistic infections with the client's medical provider.

Standard 11: Referrals to HIV-specific oral health specialty care must be made as needed and monitored for client follow up.

Treatment plans for Dental Services must guide referrals for HIV-specific oral health specialty care.

Referrals initiated by the provider to HIV-specific oral health specialty care must be agreed upon by the client and the provider and include:

- Referral and contact information to a named agency.
- Assisting clients with making and keeping appointments.
- Identifying referral agency eligibility requirements, including gathering all necessary documentation needed to bring to the appointment as needed.

Documentation

Referrals and the outcomes must be documented in the client record.