



LISTENING SESSION SUMMARY: RYAN WHITE (RWP) PROGRAM DENTAL SERVICES

DATE	Thursday, April 10, 2025
HOSTED BY	Consumer Caucus, Los Angeles County Commission on HIV
PARTICIPANTS	5 RWP PROVIDERS AND 13 CLIENTS/CONSUMERS
PURPOSE	To gather consumer and provider feedback on access, quality, and challenges within the RWP-funded dental service delivery system and identify actionable improvements.

SUPPORTING DOCUMENTS

[Listening Session Flyer](#)

[DHSP Oral Health Services for PWH Fact Sheet](#)

[DHSP Oral Health Service Overview PPT Presentation](#)

[Oral Health Care Service Standard](#)

KEY POINTS OF DISCUSSION

1. Access and Utilization

Demand for general dental services remains significantly higher than for specialty procedures, despite the misconception that most consumers seek cosmetic or complex services. Participants emphasized that general dental services remain the highest area of need, with many clients only recently discovering they were eligible under RWP.

Many clients were unaware of their eligibility for oral health services under RWP and lacked clear information on available providers.

Long wait times and logistical burdens at academic dental clinics were raised, with some consumers reporting full-day visits for basic cleanings, discouraging consistent care.

"You're there a whole day. A whole day for a cleaning... I go in the morning at 8 o'clock and don't get out until almost 5PM." – **Consumer**



Outreach and education efforts were credited for recent increases in access, but it was clear awareness remains uneven, particularly among women, trans, and younger clients.

2. Insurance Confusion and Coverage Gaps

Participants highlighted confusion around insurance requirements and program eligibility, particularly with Denti-Cal, private insurance, and employer-provided coverage.

"I have private insurance that covers only part of the procedure. Am I able to go to a Ryan White provider to cover the rest? It's all very confusing." – **Consumer**

Coverage overlap issues resulted in significant out-of-pocket expenses and denial of care, with consumers unsure whether to accept employer dental plans or opt for RWP services.

"I now have like, I don't know, a \$700 bill for dental services... I called about Ryan White after the fact, and they told me it couldn't be backdated." – **Consumer**

Medicaid HMO dental plans (like Denti-Cal HMOs) often assign clients to providers who do not accept Ryan White, creating gaps in care access.

"Case managers are signing clients up for Denti-Cal HMO plans we can't accept. The patients get assigned elsewhere and can't come to us." – **Provider**

Discrepancies in the data around how many RWP clients have dental insurance (reported at 70%) raised concerns from providers, who noted this does not reflect their experience.

"THERE'S ABSOLUTELY NO WAY 70% OF OUR PATIENTS HAVE DENTAL INSURANCE. THAT NUMBER JUST DOESN'T SOUND RIGHT." – **Provider**

"We need clarity on what counts as insurance in the system. Just having a card doesn't mean you're covered." – **Provider**

3. Quality of Care and Respect

While some consumers reported excellent care experiences—particularly at clinics like UCLA, where providers were described as respectful, thorough, and professional—others expressed concerns about lengthy treatment timelines, insufficient explanation of procedures in a client-friendly manner, and poor coordination between medical and dental providers.



Participants also noted a lack of culturally responsive care, citing examples such as limited bedside manner, empathy, and sensitivity—especially when receiving treatment from dental students or trainees.

At the same time, consumers highlighted the welcoming, nonjudgmental atmosphere of RWP-funded dental clinics and emphasized the importance of maintaining culturally competent, trauma-informed approaches that recognize and affirm the lived experiences of people living with HIV.

"I go to UCLA... I have not had one problem at all with nobody. They have treated me with so much respect... The services are top-notch." – Consumer

4. Provider Challenges

Providers emphasized that resource limitations require careful prioritization of care. There was concern that budget cuts (including a reported 0% contingency allocation for oral health) would force clinics to return to offering only emergency extractions.

"WE'RE DOING WHAT WE DO BECAUSE OF THE FUNDING. DENTI-CAL WOULD JUST PULL ALL YOUR TEETH AND GIVE YOU DENTURES – AND THAT'S IT." – Provider

Providers called for respect for clinical recommendations and emphasized the need for clients to adhere to treatment plans to make the most of limited resources.

"YOU CAN'T EXPECT TO COME IN WITH \$50,000 WORTH OF DENTAL NEEDS AND GET IT ALL DONE. IF WE DO THAT FOR ONE PERSON, TEN OTHERS GO WITHOUT ANY CARE." – Provider

"We only have the best interest of our patients in mind... Please try to respect the treatment plans we develop. Often, patients reject those plans from the start, which makes it difficult to help them." – Provider

5. Education & Empowerment

A reoccurring theme from the session was the need for clearer education, improved health literacy, and empowerment of both consumers and providers navigating the complex landscape of dental care access, insurance, and treatment planning.

Participants expressed a desire for providers to take more time in educating clients about procedures, treatment options, and what to expect—especially when the care is being delivered by students or new trainees.



"Sometimes it feels like there's not enough explanation before procedures. I want to know what's going on and why." – **Consumer**

A participant shared that stigma can often stem from internalized feelings of shame, noting that some clients feel embarrassed or judged when having to discuss their oral health history and care habits.

"We are treated this way because of how we feel about ourselves." – **Consumer**

"There's still stigma out there. Patients come to us because they were not treated respectfully elsewhere after disclosing their HIV status." – **Provider**

RECOMMENDATIONS

For DHSP and Commission:

- ✓ Increase outreach and education on RWP dental benefits through client-friendly tools
- ✓ Reevaluate how insurance status is captured and reported to ensure clarity and accuracy. Specifically, DHSP to follow up with the Commission and providers on how CaseWatch captures insurance data, including what qualifies as "insured" and how this information is collected and reported.
- ✓ Consider funding support for case management and care coordination within dental clinics to help consumers navigate complex systems.
- ✓ Create a client-friendly FAQ document on insurance navigation and dental service options for broad community distribution.
- ✓ Create a Client Satisfactory Survey to be shared with client after every service.

For Providers:

- ✓ Streamline appointment workflows to reduce client wait times and optimize session lengths, especially in training institutions.
- ✓ Continue emphasizing cultural sensitivity and trauma-informed care practices.
- ✓ Encourage early communication when treatment plans must change due to funding or clinical constraints.
- ✓ Disseminate a Client Satisfactory Survey to client after every service.



For Consumers:

- ✓ Communicate clearly about insurance status, treatment expectations, and preferences.
- ✓ Follow through with appointments and cancel in advance if unable to attend, to ensure efficient use of limited provider time.

*"When someone doesn't show up, they're taking the time of someone who really wants to be there... Please cancel in advance so we can fill that spot." – **Provider***

NEXT STEPS

1. **Disseminate** this summary to participants, providers, the Commission, and DHSP leadership.
2. **Implement** recommendations as appropriate.
3. **Incorporate** findings into the Oral Health Service Standards review and upcoming priority-setting processes.
4. **Collect** additional consumer and provider input on service satisfaction, insurance navigation, and access gaps—particularly from individuals who were unable to attend the session.