



LOS ANGELES COUNTY  
COMMISSION ON HIV



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# STANDARDS AND BEST PRACTICES COMMITTEE

## Virtual Meeting

Tuesday, January 3, 2022

10:00AM-12:00PM (PST)

Agenda + Meeting Packet will be available on  
the Commission's website at:

<http://hiv.lacounty.gov/Standards-and-Best-Practices-Committee>

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Public Comments will open at the time referenced on the meeting agenda. For those who wish to provide live public comment, you may do so by joining the WebEx meeting through your computer or smartphone and typing **PUBLIC COMMENT** in the Chat box. You may also provide written public comments or materials by email to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org). Please include the agenda item and meeting date in your correspondence. All correspondence and materials received shall become part of the official record.

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LOS ANGELES COUNTY  
**COMMISSION ON HIV**



AGENDA FOR THE **VIRTUAL MEETING** OF THE  
LOS ANGELES COUNTY COMMISSION ON HIV (COH)  
**STANDARDS AND BEST PRACTICES COMMITTEE**  
TUESDAY, JANUARY 3, 2023, 10:00 AM – 12:00 PM

**\*\*\*WebEx Information for Non-Committee Members and Members of the Public Only\*\*\***

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Standards and Best Practices (SBP) Committee Members			
Erika Davies <i>Co-Chair</i>	Kevin Stalter <i>Co-Chair</i>	Mikhaela Cielo, MD	Wendy Garland, MPH
Thomas Green	Mark Mintline, DDS	Paul Nash, PhD, CPsychol, AFBPsS, FHEA	Mallery Robinson
Harold Glenn San Agustin, MD			
QUORUM: 5			

AGENDA POSTED: December 29, 2022

VIRTUAL MEETINGS: Assembly Bill (AB) 361 amends California’s Ralph M. Brown Act Section 54953 to allow virtual board meetings during a state of emergency. Until further notice, all Commission meetings will continue to be held virtually via WebEx. For a schedule of Commission meetings, visit <https://hiv.lacounty.gov/meetings>

ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours-notice before the meeting date. To arrange for these services, please contact the Commission Office at (213) 738-2816 or via email at [HIVComm@lachiv.org](mailto:HIVComm@lachiv.org).

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SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. The Commission Offices are at 510 S. Vermont Ave. 14<sup>th</sup> Floor, one block North of Wilshire Blvd on the eastside of Vermont just past 6<sup>th</sup> Street. Free parking is available.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission’s standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs’ discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting. External stakeholders who would like to participate in the deliberation of discussion of a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission’s Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Commission leadership and staff will make every effort to accommodate reasonable scheduling and timing requests - from members or other stakeholders - within the limitations and requirements of other possible constraints.

Call to Order, Introductions, Conflict of Interest Statements 10:00 AM – 10:03 AM

**I. ADMINISTRATIVE MATTERS** 10:03 AM – 10:07 AM

1. Approval of Agenda MOTION #1

2. Approval of Meeting Minutes MOTION #2

**II. PUBLIC COMMENT** 10:07 AM – 10:10 AM

3. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission

**III. COMMITTEE NEW BUSINESS ITEMS** 10:10 AM – 10:15 AM

4. Opportunity for Commission members to recommend new business items for the full body or a committee level discussion on non-agendized Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda.

**IV. REPORTS**

5. Executive Director/Staff Report 10:15 AM – 10:20 AM  
 a. Operational Updates

6. Co-Chair Report 10:20 AM – 11:00 AM  
 a. 2023 SBP Committee Workplan Development

7. Division of HIV & STD Programs (DHSP) Report 11:00 AM – 11:10 AM

**V. DISCUSSION ITEMS**

- 8.** Oral Healthcare Service Standards 11:10 AM – 11:50 AM
  - a. Continue review

**VI. NEXT STEPS**

11:50 AM – 11:55 AM

- 9.** Tasks/Assignments Recap
- 10.** Agenda development for the next meeting

**VII. ANNOUNCEMENTS**

11:55 AM – 12:00 PM

- 11.** Opportunity for members of the public and the committee to make announcements

**VIII. ADJOURNMENT**

12:00 PM

- 12.** Adjournment for the virtual meeting of January 3, 2023.

<b>PROPOSED MOTIONS</b>	
<b>MOTION #1</b>	<b>Approve the Agenda Order, as presented or revised.</b>
<b>MOTION #2</b>	<b>Approve the Standards and Best Practices Committee minutes, as presented or revised.</b>



LOS ANGELES COUNTY  
COMMISSION ON HIV



**DRAFT**

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HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov> • VIRTUAL WEBEX MEETING

Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote. Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.

**STANDARDS AND BEST PRACTICES (SBP)  
COMMITTEE MEETING MINUTES**

December 6, 2022

COMMITTEE MEMBERS					
P = Present   A = Absent					
Erika Davies, <i>Co-Chair</i>	P	Wendy Garland, MPH	P	Paul Nash, PhD, CPsychol, AFBPsS, FHEA	P
Kevin Stalter, <i>Co-Chair</i>	P	Thomas Green	P	Mallery Robinson	A
Mikhaela Cielo, MD	P	Mark Mintline, DDS	P	Harold Glenn San Agustin, MD	EA
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit, Jose Rangel-Garibay					
DHSP STAFF					
Sona Oksuzyan					

*\*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.*

*\*Members of the public may confirm their attendance by contacting Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).*

*\*Meeting minutes may be corrected up to one year from the date of Commission approval.*

*\*\*LOA: Leave of absence*

Meeting agenda and materials can be found on the Commission's website at  
<https://hiv.lacounty.gov/standards-and-best-practices-committee/>

**CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS**

The meeting was called to order at 10:05 am. Erika Davies led introductions.

**I. ADMINISTRATIVE MATTERS**

**1. APPROVAL OF AGENDA**

**MOTION #1:** Approve the agenda order, as presented (*✓Passed by consensus*).

**2. APPROVAL OF MEETING MINUTES**

**MOTION #2:** Approve the 11/1/2022 SBP Committee meeting minutes, as presented (*✓Passed by consensus*).

**II. PUBLIC COMMENT**

**3. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION:** There were no public comments.

**III. COMMITTEE NEW BUSINESS ITEMS**

**4. OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA:**  
There were no committee new business items.

**IV. REPORTS**

## 5. EXECUTIVE DIRECTOR/STAFF REPORT

### a. Operational Updates

- Cheryl Barrit, Executive Director, reported that Commission staff assisted with the Executive Office Swearing-in Ceremonies for the incoming Los Angeles County Sherriff Luna, Supervisor Solis, and incoming Supervisor Horvath.

### b. Comprehensive HIV Plan (CHP) 2022-2026

- C. Barrit reported that Pamela Ogata from the Division on HIV and STD Programs (DHSP) will submit the CHP on 12/8/22 to HRSA and CDC.

### c. Co-Chair Nominations

- C. Barrit noted that COH staff received nominations for Erika Davies and Kevin Stalter. There were no additional nominations.
- E. Davies and K. Stalter were elected to serve as Co-Chairs in 2023.

### d. Holiday Meeting Schedule

- Jose Rangel-Garibay, COH staff, reminded attendees of the various Committee/Commission meetings taking place this week and confirmed that the first SBP meeting in 2023 will take place virtually via WebEx on 1/3/2023.

## 6. CO-CHAIR REPORT

### • 2022 Workplan Updates

- E. Davies provided a review of the 2022 workplan and noted the following:
  - Item 10, 11, and 12 will move to the 2023 workplan. See the meeting packet for additional details.
  - The Committee will review the Medical Care Coordination and the Universal service standards in 2023
  - The Committee will collaborate with the Aging Caucus to develop a set of Transitional Case Management standards for Aging/Older Adults/50+ that focus on the transitioning out of Ryan White/Medi-Cal to Medi-Care and other forms of care.
  - The Committee will collaborate with the Black Caucus to identify how the SBP committee can assist the Caucus on standards/best practices to address mental health needs in the Black/African American communities in Los Angeles County

## 7. DIVISION ON HIV AND STD PROGRAMS (DHSP) REPORT

- There was no DHSP report. Wendy Garland noted that Mario Perez, DHSP Director, will provide an update at the 12/8 Full-Body Commission meeting.

## V. DISCUSSION ITEMS

### 8. Transitional Case Management: Justice-Involved Individuals (TCM)

- E. Davies noted to edit the service name in the "Service Description" to "Transitional Case Management: Justice-Involved Individuals"

**MOTION 3:** Approve the Transitional Case Management: Justice-Involved Individuals service standards, as presented or revised, and elevate to the Executive Committee. (*✓Passed. Yes: Paul Nash, Thomas Green, Mark Mintline, Mikhaela Cielo, Kevin Stalter, Erika Davies. Absent: Mallery Robinson, Harold Glenn San Agustin, Wendy Garland.*)

### 9. Oral Healthcare Service Standards

- J. Rangel-Garibay noted that the Dental Implants Addendum will be added to the Oral Health Care service standards once the document is approved by the Commission. There is a motion to approve the document at the 12/8/22 Commission meeting.



- Add the DHSP Customer Support Program information to the Intake service component. E. Davies recommended to update the information on filing grievances on the Universal Standards and to make sure there is consistent phrasing in the Patient Bill of Rights section of the document.
- J. Rangel-Garibay noted that the service components include a brief description of the service within the tables. E. Davies suggested to keep the descriptions as it serves as an overview for the service component.
- Move the Treatment Standards sentence under the General Considerations section.
- Mark Mintline confirmed that the 3–6-month cycle for patients to receive Primary Medical Care and viral load tests is current practice and will cross reference the information with guidelines provided by the American Dental Association (ADA) and the Centers for Disease Control and Prevention (CDC) dental guidelines.
- E. Davies recommended to combine the first two standards under the Medical Consultation and Primary Care Participation service component.
- K. Stalter noted that having to consult with the Primary Care Physician (PCP) every time could be a hindrance to receiving care and recommended changing the phrasing to indicating the need to consult with a patient’s PCP, “depending on the medical needs of the patient”
- E. Davies recommended rephrasing the following: “Dentists will encourage consistent medical care [...] programs may decide to discontinue oral health services if a client has not engaged in primary medical care”
- Under the Prevention/Early Intervention service component, root planning should read root planing
- Under the Special Treatment Considerations service components, “In severe cases, patients may be treated more sagely” should read “In severe cases, patients may be treated more safely”
- Change formatting from “Triage, Referral, Coordination” to “Triage/Referral/Coordination”
- M. Mintline recommended to add “Prosthodontists” to the list of dental providers in the “Triage/Referral/Coordination” section.
- E. Davies and K. Stalter recommend changing the phrasing from “Providers will attempt to make contact with a client’s primary care clinic at minimum of once a year, or as clinically indicated, to coordinate and integrate care” to “Providers will attempt to make contact with a client’s primary care clinic if required or as clinically indicated to coordinate and integrate care”
- E. Davies recommended to change the service component name from “Linkages and Services Promotion” to “Outreach” to align with recently revised service standards
- K. Stalter recommended reviewing the items included in the “Training Suggestions” section and compare with the items listed in the Universal standards to remove any redundancies.
- M. Mintline noted that the items listed under the training section are included in most dental programs and are part of the curriculum for dental students.
- E. Davies recommended updating the acronyms section to reflect the additional licenses included throughout the document
- M. Mintline noted that it remains to be seen if N-95 masks will become standard precautions for dental procedures that cause aerosols/splatters. He also noted that adopting face shields has been more common.

## **VI. NEXT STEPS**

### **10. TASK/ASSIGNMENTS RECAP:**

- ➡ SBP Co-Chairs will present a motion to approve the TCM service standards at the 12/7 Executive Committee meeting. If approved, SBP Co-Chairs will present motion to approve the TCM service standards at the 12/8 Commission meeting. If approved, COH staff will draft transmittal letter to DHSP.

- ➡ SBP Co-Chairs will present a motion to approve the Dental Implants Addendum to the Oral Health Care service standards at the 12/8 Commission meeting. If approved, COH staff will draft transmittal letter to DHSP.
- ➡ COH staff will send revised version of the Oral Healthcare service standards to Committee members

**10. AGENDA DEVELOPMENT FOR NEXT MEETING:**

- Develop 2023 Workplan
- Continue reviewing the Oral Healthcare service standards

**VII. ANNOUNCEMENTS**

**11. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** There were no announcements.

**VIII. ADJOURNMENT**

**12. ADJOURNMENT:** The meeting adjourned at 11:15 am.





## LOS ANGELES COUNTY COMMISSION ON HIV 2022 STANDARDS AND BEST PRACTICES WORKPLAN (Updates in RED)

<b>Co-Chairs: Erika Davies, Kevin Stalter</b>				
<b>Approval Date: 2/1/22</b>				
<b>Purpose of Work Plan:</b> To focus and prioritize key activities for COH Committees and subgroups for 2022.				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review and refine 2022 workplan	COH staff to review and update 2021 workplan monthly	Ongoing	Workplan revised/updated on: 12/22/21, 1/6/2022, 1/19/22, 1/26/22; 2/1/22; 2/24/22; 3/30/22; 4/27/22, 6/24/22, 7/26/22, 8/30/22, 9/28/22, 11/1/22, 12/5/22
2	Update Substance Use Outpatient and Residential Treatment service standards	Continuation of SUD service standards review from 2021.	Jan 2022 <b>COMPLETED</b>	During the 11/2021 meeting, the committee placed a temporary hold on approving the SUD service standards pending further review of the implications of CalAIM. COH staff will provide CalAIM updates and allow the committee to determine to approve or extend the hold on approving the SUD service standards. At the 12/7/21 meeting, the committee approved the SUD service standards and moved them to the Executive Committee for approval. Approved by the Executive Committee on 12/9/21 and on the Commission agenda for approval on 1/13/22  Approved by Commission on 1/13/22. COH staff sent transmittal letter to DHSP on 1/26/22.
3	Update Benefits Specialty service standards	Continuation of BSS service standards review from 2021.	<del>Early 2022</del> October 2022  <b>COMPLETED</b>	Committee extended the public comment period and now ends on January 21, 2022. The Committee reviewed public comments received at the February 2022 meeting. Committee placed a temporary hold on additional review of the BSS standards pending further instruction from DHSP. Approved by the Executive Committee on 8/29/22. Executive Committee approved the BSS standards and moved them to the Full Commission for approval. The Full Commission approved the BSS standards on 9/8/22. COH staff sent Transmittal letter to DHSP staff on 10/28/22.
4	Update Home-based Case Management service standards	SBP prioritized HBCM for 2022 based on recommendations from ATF and DHSP. 84% of HBCM clients are ages 50+	<del>July 2022</del> October 2022  <b>COMPLETED</b>	DHSP presented a HBCM service utilization summary document at the January 2022 SBP Committee meeting Committee will announced a 30-day Public Comment period starting on 5/4/22 and ending on 6/3/22. Approved by the Executive Committee on 8/29/22. Executive Committee approved the HBCM standards and moved them to the Full Commission for approval. The Full Commission approved the HBCM standards on 9/8/22. COH staff sent transmittal letter to DHSP staff on 10/28/22.

## LOS ANGELES COUNTY COMMISSION ON HIV 2022 STANDARDS AND BEST PRACTICES WORKPLAN (Updates in **RED**)

5	Conduct a targeted review of the oral health service standards and developing guidance for specialty dental providers related to dental implants.	Mario Perez (DHSP) recommended that the SBP committee conduct this specific addendum to the oral health standards for 2022	<del>July 2022</del> <del>October 2022</del> December 2022  <b>COMPLETED</b>	<p>COH staff scheduled a planning meeting to elaborate details for an expert panel. The meeting is scheduled January 11, 2022.</p> <p>COH staff to identified Jeff Daniels as facilitator for Subject Matter Expert (SME) panel. COH staff requested service utilization summary document for Oral Health service standards from Wendy Garland [DHSP]. Dr. Younai provided literature review materials and COH staff will prepare an annotated bibliography. Paulina Zamudio provided list of dental providers contracted with DHSP. COH staff will draft SME panel invite letter. SME panel to convene in late February 2022.</p> <p>The COH convened an oral healthcare subject matter expert panel to support Commission staff in drafting a dental implant addendum to the current Ryan White Part A oral healthcare service standard. The addendum will provide clarification and guidance to the Commission's current oral healthcare service standard regarding to dental implants</p> <p>Commission staff will work with the panel facilitator Jeff Daniel, to compile a meeting summary to share with the panelists and will begin drafting an outline for the addendum. The plan is to have a draft addendum ready for the SBP committee to review for the April SBP meeting. Committee will vote to approve the addendum at the September meeting and move to the Executive Committee for approval.</p> <p>The Executive Committee approved the addendum on 10/27/22 and moved it to the full Commission for approval at their December meeting.</p>
6	Update Oral healthcare Service Standards	Recommendation from DHSP	Mid 2023	COH staff will provide an overview of the 2017 Oral Healthcare Service Standards at the November 2022 meeting to initiate the review process.
7	Update Transitional Case Management service standards	Recommendation from DHSP	<del>November 2022</del> December 2022  <b>COMPLETED</b>	The Committee will begin the review process at the March 2022 meeting. The Committee announced a public comment period starting on November 4, 2022 and ending on December 5, 2022. The Committee will review public comments received and vote to approve the standards at their 12/6 committee meeting. If approved, then the Committee will elevate the TCM standards to the Executive Committee for approval on 12/7. If approved by the Executive Committee, the standards will be elevated to the full body for approval on 12/8.



## LOS ANGELES COUNTY COMMISSION ON HIV 2022 STANDARDS AND BEST PRACTICES WORKPLAN (Updates in **RED**)

8	Provide feedback on and monitor implementation of the local Ending the HIV Epidemic (EHE) plan	Develop strategies on how to engage with private health plans and providers in collaboration with DHSP	Ongoing, as needed	
9	Collaborate with the Planning, Priorities and Allocations Committee and AJ King (consultant) to shape the Comprehensive HIV Plan (CHP)	Contribute to the development of the CHP and advance the goals of the Comprehensive HIV Plan and Los Angeles County HIV/AIDS Strategy	Ongoing <b>COMPLETED</b>	Added "CHP discussion" item for all SBP Committee meetings in 2022. COH staff and AJ King to provide updates on CHP progress and submit requests for information for the SBP Committee to address.  The plan will be submitted to Federal partners on 12/7/22.
10	Engage private health plans in using service standards and RW services		TBD	Item will move to the 2023 SBP Committee workplan.
11	Update the Medical Case Management service standards	Committee received a public comment requesting for a review and update of the MCC services standards.	2023	Item will move to the 2023 SBP Committee workplan.
12	Update Consumer Bill of Rights	Committee received feedback during the oral healthcare dental implants subject matter expert panel to consider reviewing the Consumer Bill of Rights.	2023	Item will move to the 2023 SBP Committee workplan.



**LOS ANGELES COUNTY COMMISSION ON HIV 2023  
STANDARDS AND BEST PRACTICES WORKPLAN (Updates in RED)**

<b>Co-Chairs: Erika Davies, Kevin Stalter</b>				
<b>Approval Date: TBD</b>				
<b>Purpose of Work Plan:</b> To focus and prioritize key activities for COH Committees and subgroups for 2023.				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review and refine 2023 workplan	COH staff to review and update 2023 workplan monthly	Ongoing, as needed	Workplan revised/updated on: 12/22/22
2	Provide feedback on and monitor implementation of the local Ending the HIV Epidemic (EHE) plan	Develop strategies on how to engage with private health plans and providers in collaboration with DHSP	Ongoing, as needed	Engage private health plans in using service standards and RW services
3	Provide feedback on and monitor implementation of the Comprehensive HIV Plan (CHP)	Collaborate with the PP&A Committee to support the implementation of the CHP	Ongoing, as needed	
4	Update the Medical Case Management service standards	Committee received a public comment requesting for a review and update of the MCC services standards.	TBD	
5	Update Universal service standards and Consumer Bill of Rights	Annual review of the standards	TBD	Incorporate Mental health training and documentation needed for addressing the needs of people living with HIV 50+
6	Update the Transitional Case Management: Youth service standards		TBD	
7	Develop Transitional Case Management: 50+ service standards	Collaborate with the Aging Caucus to develop a TCM service standard that focused on healthcare navigation between the Ryan White Care System, Medi-Cal, and Medi-Care for people living with HIV 50+	TBD	

**DRAFT UNDER REVIEW**  
**SERVICE STANDARDS FOR ORAL HEALTH CARE SERVICES**



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



**Under review by the SBP Committee.**  
**Current draft as of 12/22/22**

**DRAFT**

**SERVICE STANDARDS: ORAL HEALTH CARE SERVICES**

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**IMPORTANT:** The service standards for Oral Health Care Services adhere to requirements and restrictions from the federal agency, Health Resources and Services Administration (HRSA). The key documents used in developing standards are as follows:

[Human Resource Services Administration \(HRSA\) HIV/AIDS Bureau \(HAB\) Policy Clarification Notice \(PCN\) # 16-02 \(Revised 10/22/18\): Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds](#)

[HRSA HAB, Division of Metropolitan HIV/AIDS Programs: National Monitoring Standards for Ryan White Part A Grantees: Program – Part A](#)

[Service Standards: Ryan White HIV/AIDS Programs](#)

## **INTRODUCTION**

Service standards for the Ryan White HIV/AIDS Part A Program (RWHAP) outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers for guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White-funded agencies offer to clients, however, providers are encouraged to exceed these standards. The Los Angeles County Commission on HIV (COH) developed Oral Health Care Services standards to establish the minimum services necessary to provide oral health care services to people living with HIV. The development of the standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health Division of HIV and STD Programs (DHSP), members of the Los Angeles County COH Standards and Best Practices Committee (SBP), caucuses, and the public-at-large.

## **SERVICE DESCRIPTION**

Oral health care services are an integral part of primary medical care for all people living with HIV. Most HIV infected patients can receive routine, comprehensive oral health care in the same manner as any other person. All treatment will be administered according to published research and available standards of care. In addition, the COH developed a Dental Implants addendum to provide specific service delivery guidance to Ryan White Part A-funded agencies regarding the provision of dental implants. For more information, see the [Oral Health Care Service Standard Addendum](#).

Service shall include (but not limited to):

- Routine dental care and oral health education and counseling
- Obtaining a comprehensive medical and oral hygiene history and consulting primary medical providers as necessary
- Providing educational, prophylactic, diagnostic and therapeutic dental services to patients with a written confirmation of HIV status
- Providing medication appropriate to oral health care services, including all currently approved drugs for HIV-related oral manifestations
- Providing or referring patients, as needed, to health specialists including, but not limited to, periodontists, **prosthodontists**, endodontists, oral surgeons, oral pathologists, oral medicine practitioners and registered dietitians

## DRAFT

### SERVICE STANDARDS: ORAL HEALTH CARE SERVICES

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- Maintaining individual patient dental records in accordance with current standards
- Complying with infection control guidelines and procedures established by the California Occupation Safety and Health Administration (Cal-OSHA)

The following are priorities for HIV oral health treatment:

1. Prevention of oral and/or systemic disease where the oral cavity serves as an entry point
2. Elimination of presenting symptoms
3. Elimination of infection
4. Preservation of dentition and restoration of functioning

Recurring themes in this standard include:

- Good oral health is an important factor in the overall health management of people living with HIV.
- Treatment modifications should only be used when a patient's health status demands them.
- Comprehensive evaluation is a critical component of appropriate oral health care services.
- Treatment plans should be made in conjunction with the patient.
- Collaboration with primary medical providers is necessary to provide comprehensive dental treatment.
- Prevention and early detection should be emphasized.

**General Considerations:** There is no justification to deny or modify dental treatment based on the fact that a patient has tested positive for HIV. Further, the magnitude of the viral load is not an indicator to withhold dental treatment for the patient. If, however, a patient's medical condition is compromised, treatment adjustments, as with any medically compromised patient, may be necessary.

#### SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

HIV/AIDS oral health care services shall be provided by dental care professionals who have applicable professional degrees and current California State licenses. **Dental staff can include dentists, dental assistants, dental assistants in extended functions, dental hygienists, and dental hygienists in extended practice.** Clinical supervision shall be performed by a licensed dentist responsible for all clinical operations.

**Dentists:** A dentist must complete a four-year dental program and possess a Doctor of Dental Surgery (DDS) **or Doctor of Dental Medicine (DMD)** degree. Additionally, dentists must pass a three-part examination as well as the California jurisprudence exam and a professional ethics exam. Dentists are regulated by the California Dental Board (please see ([Dental Board of California](#)) for further information).

**Registered Dental Assistants (RDA):** RDAs must possess a diploma or certificate in dental assisting from an educational program approved by the California Dental Board, or 18 months of satisfactory work experience as a dental assistant. RDAs are regulated by the California Dental Board (please see [Dental Board of California](#) for further information).

**Registered Dental Assistants in Extended Functions (RDAEF)<sup>1</sup>:** RDAEF holds a current licensure as a Registered Dental Assistant or has completed the requirements for licensure as a RDA, completed a

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<sup>1</sup> [Registered Dental Assistant in Extended Functions Applicants - Dental Board of California](#)



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**SERVICE STANDARDS: ORAL HEALTH CARE SERVICES**

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Board-approved course in the application of Pit & Fissure Sealants, completed a Board-approved RDAEF program, passed a written examination administered by the Board, and submitted fingerprint clearances from both the Department of Justice and the Federal Bureau of Investigation. RDAEFs are regulated by the California Dental Board (please see [Dental Board of California](#) for further information).

**Registered Dental Hygienists (RDH):** RDHs must have been granted a diploma or certificate in dental hygiene from an approved dental hygiene educational program. RDHs are regulated by the California Dental Board (please see [Dental Board of California](#) for further information).

**Registered Dental Hygienists in Extended Functions (RDHEF)<sup>2</sup>:** RDHEF holds a current license as a registered dental hygienist in California, completed clinical training approved by the dental hygiene board in a facility affiliated with a dental school under the direct supervision of the dental school faculty, performed satisfactorily on an examination required by the dental hygiene board, and completed an application form and paid all application fees required by the dental hygiene board. RDHEF are regulated by the California Dental Board (please see [Dental Board of California](#) for further information).

**SERVICE STANDARDS**

All contractors must meet the Universal Standards of Care approved by the COH in addition to the following Oral Health Care Services standards. The Universal Standards of Care can be accessed at: <https://hiv.lacounty.gov/service-standards>

SERVICE COMPONENT	STANDARD	DOCUMENTATION
INTAKE	Intake process will begin during first contact with client.	Intake took in client file to include (at minimum): <ul style="list-style-type: none"><li>• Documentation of HIV status</li><li>• Proof of LA County residency</li><li>• Verification of financial eligibility</li><li>• Date of intake</li><li>• Client name, home address, mailing address and telephone number</li><li>• Emergency and/or next of kin contact name, home address and telephone number</li></ul>
	Confidentiality Policy and Release of Information will be discussed and completed.	Release of Information signed and dated by client on file and updated annually.
	Consent for Services will be completed.	Signed and dated Consent in client file.
	Client will be informed of Rights and Responsibilities and the	Signed, dated forms in client file.

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<sup>2</sup>[Codes Display Text \(ca.gov\)](#)

**DRAFT**

**SERVICE STANDARDS: ORAL HEALTH CARE SERVICES**

	Division on HIV and STD Programs (DHSP) <a href="#">Customer Support Program</a> <sup>3</sup> .	
<p><b>EVALUATION</b></p> <p>When presenting for dental services, people living with HIV should be given a comprehensive oral evaluation. When indicated, diagnostic tests relevant to the evaluation of the patient should be performed and used in diagnosis and treatment planning. In addition, full medical status information from the patient’s medical provider, including most recent lab work results, should be obtained, and considered by the dentist</p>	<p>A comprehensive oral evaluation will be given to patients living with HIV and will include:</p> <ul style="list-style-type: none"> <li>• Documentation of patient’s presenting complaint</li> <li>• Caries charting</li> <li>• Radiographs or panoramic and bitewings and selected periapical films</li> <li>• Complete periodontal exam or PSR (Periodontal Screening Record)</li> <li>• Comprehensive head and neck exam</li> <li>• Complete intra-oral exam, including evaluation for HIV-associated lesions</li> <li>• Pain assessment</li> </ul>	Signed, dated evaluation on file in patient chart.
	<p>As indicated, diagnostic tests relevant to the evaluation will be used in diagnosis and treatment planning. Biopsies of suspicious oral lesions will be taken.</p>	Signed, dated evaluation in patient chart to detail additional tests.
	<p>Full medical status information will be obtained from the patient’s medical provider and considered in the evaluation. The medical history and current medication list will be updated regularly to ensure all medical and treatment changes are noted.</p>	Signed, dated evaluation in patient chart to detail medical status information.
	<p>Obtain a thorough medical, dental, and psychosocial history to assess the patient’s oral hygiene habits and periodontal stability and determine the patient’s capacity to achieve dental implant success and the</p>	Client Chart/Treatment Plan/Provider Progress Notes

<sup>3</sup> The program aims to assist consumers of HIV and STD services who have experienced difficult accessing services from DHSP-funded providers throughout Los Angeles County.

**DRAFT**

**SERVICE STANDARDS: ORAL HEALTH CARE SERVICES**

	possibility of dental implant failure.	
	Clinician, after patient assessment, will make necessary referrals to specialty programs including, but not limited to smoking cessation programs; substance use treatment; medical nutritional therapy, thereby increasing patients' success rate for receiving dental implants.	
	The clinicians referring patients to specialty Oral Healthcare services will complete a referral form, educate the patient, and discuss treatment plan alternatives with patient.	
<p><b>TREATMENT PLANNING</b></p> <p>In conjunction with the patient, each dental provider shall develop a comprehensive, multidisciplinary treatment plan. The patient's primary reason for the visit should be considered by the dental professional when developing the dental treatment plan. Treatment priority should be given to the management of pain, infection, traumatic injury, or other emergency conditions.</p> <p>Dental provider will support and reinforce patient understanding, agreement, and education in the patient's treatment plan. Ensure patient understanding that dental implants are for medical necessity (as determined by the dental provider through assessments and evaluation) and would lead to improved HIV health outcomes. Reinforce that Ryan White funds cannot be</p>	<p>A comprehensive, multidisciplinary treatment plan will be developed in conjunction with the patient.</p> <p>Patient's primary reason for dental visit should be addressed in treatment plan.</p> <p>Patient strengths and limitations will be considered in development of treatment plan.</p> <p>Treatment priority will be given to pain management, infection, traumatic injury, or other emergency conditions.</p> <p>Treatment plan will include consideration of the following factors:</p> <ul style="list-style-type: none"> <li>• Tooth and/or tissue supported prosthetic options</li> <li>• Fixed prostheses, removable prostheses or combination</li> <li>• Soft and hard tissue characteristics and morphology, ridge relationships, occlusion and occlusal forces, aesthetics, and parafunctional habits</li> </ul>	<p>Treatment plan dated and signed by both the provider and patient in patient file.</p> <p>Treatment plan dated and signed by both the provider and patient in the patient file to detail.</p> <p>Treatment plan dated and signed by both the provider and patient in patient file to detail.</p> <p>Treatment plan dated and signed by both the provider and patient in patient file to detail.</p> <p>Treatment plan dated and signed by both the provider and patient in file to detail.</p>

**DRAFT**

**SERVICE STANDARDS: ORAL HEALTH CARE SERVICES**

<p>used to provide dental implants for cosmetic purposes.</p>	<ul style="list-style-type: none"> <li>• Restorative implications, endodontic status, tooth position and periodontal prognosis</li> <li>• Craniofacial, musculoskeletal relationships</li> </ul>	
	<p>Six-month recall schedule will be used to monitor any changes. A three-month recall schedule may be considered to limit disease progression and maintain healthy periodontal tissues in advanced cases of periodontitis or caries.</p>	<p>Signed, dated progress note in patient file to detail.</p>
	<p>Treatment plans will be updated as deemed necessary.</p>	<p>Signed, dated progress note in patient file to detail.</p>
	<p>The receiving clinician will review the referral, consider the patient's medical, dental, and psychosocial history to determine treatment plan options that offer the patient the most successful outcome based on published literature. The clinician will discuss with patient dental implant options with the goal of achieving optimal health outcomes.</p>	<p>Referral in Client Chart/Treatment Plan/Provider Progress Notes</p>
	<p>The clinician will consider the patient's perspective in deciding which treatment plan to use.</p>	<p>Client Chart/Treatment Plan/Provider Progress Notes</p>
	<p>The clinician will discuss treatment plan alternatives with the patient and collaborate with the patient to determine their treatment plan.</p>	
	<p>The clinician and the patient will revisit the treatment plan periodically to determine if any adjustments are necessary to achieve the treatment goal.</p>	
	<p>The clinician will educate patients on how to maintain dental implants and the importance of routine care.</p>	

**DRAFT**

**SERVICE STANDARDS: ORAL HEALTH CARE SERVICES**

<p><b>INFORMED CONSENT</b> Patients will sign an informed consent document for all dental procedures. This informed consent process will be ongoing as indicated by the dental treatment plan.</p>	<p>As part of the informed consent process, dental professionals will provide the following before obtaining consent:</p> <ul style="list-style-type: none"> <li>• Diagnostic information</li> <li>• Recommended treatment</li> <li>• Alternative treatment</li> <li>• Benefits and risks of treatment</li> <li>• Limitations of treatment</li> </ul>	<p>Signed, dated progress note or informed consent in patient field to detail.</p>
	<p>Dental providers will describe all options for dental treatment and allow the patient to be part of the decision-making process.</p>	<p>Signed, dated progress note or informed consent in client file to detail.</p>
	<p>After the informed consent discussion, patients will sign an informed consent for all dental procedures.</p>	<p>Signed, dated informed consent in client file.</p>
	<p>This informed consent process will be ongoing as indicated by the dental treatment plan.</p>	<p>Ongoing signed, dated informed consents in client file (as needed).</p>
<p><b>MEDICAL CONSULTATION AND PRIMARY CARE PARTICIPATION</b> Dentists can play an important part in reminding patients of the need for regular primary medical care and CBC, CD4, viral load tests every three to six months depending on the past history of HIV infection and level of suppression achieved and encouraging patients to adhere to their medication regimens. However, even the highest number of viral copies has no impact on the provision of dental care. If a patient is not under the regular care of a primary care physician, the patient should be urged to seek care and a referral to primary care will be made.</p>	<p>Primary care physicians will be consulted when providing dental treatment.</p>	<p>Signed, dated progress note to detail consultations.</p>
	<p>Primary care physicians will be consulted when providing dental treatment depending on the medical needs of the patient. Consultation with medical providers will be:</p> <ul style="list-style-type: none"> <li>• To obtain the necessary laboratory test results</li> <li>• When there is any doubt about the accuracy of the information provided by the patient</li> <li>• When there is a change in the patient's general health, determine the severity of the condition and the need for treatment modifications</li> <li>• If after evaluating the patient's medical history and the laboratory tests, the oral health provider decides that treatment</li> </ul>	<p>Signed, dated progress note to detail consultations.</p>

**DRAFT**

**SERVICE STANDARDS: ORAL HEALTH CARE SERVICES**

	<p>should occur in a hospital setting</p> <ul style="list-style-type: none"><li>• New medications are indicated to ensure medication safety and prevent drug/drug interactions</li><li>• Oral opportunistic infections are presents</li></ul>	
	Dentists will encourage consistent medical care in their patients and provide referrals as necessary. Under certain circumstances, dental professionals may require further medical information to determine safety and appropriateness of care.	Signed, dated progress notes to detail referrals and discussion.
	Programs may decide to discontinue oral health services if a client has not engaged in primary medical care. Patients will be made aware of this policy at time of intake into the program.	Signed, dated progress notes to detail referrals and discussion. Policy on file at provider agency. Intake materials will also state this policy.
	Under certain circumstances, dental professionals may require further medical information to determine safety and appropriateness of care.	Signed, dated progress notes to detail discussion.
<b>PREVENTION/EARLY INTERVENTION</b>	Dental professionals will educate patients about preventive oral health practices.	Signed, dated progress note in patient file to detail education efforts.
Dental professionals will emphasize prevention and early detection of oral disease by educating patients about preventive oral health practices, including instruction in oral hygiene. In addition, dental professionals may provide counseling regarding behaviors (e.g., tobacco use, unprotected oral sex, body piercing in oral structures) and general health conditions that can compromise oral health. The impact of good	Routine examinations and regular prophylaxis will be scheduled twice a year.	Signed, dated progress note or treatment plan in patient file to detail schedule.
	Dental professionals will provide basic nutritional counseling to assist in oral health maintenance. Referrals to an RD and others will be made, as needed.	Signed, dated progress note to detail nutrition discussion and referrals made.
	Root planing/scaling will be offered as necessary, either directly or by referral.	Signed, dated progress note or treatment plan in patient file to detail.

**DRAFT**

**SERVICE STANDARDS: ORAL HEALTH CARE SERVICES**

nutrition on preserving good oral health should be discussed.		
<b>SPECIAL TREATMENT CONSIDERATIONS</b>	<p>As indicated, the following modifications to standard dental treatment should be considered:</p> <ul style="list-style-type: none"><li>• Bleeding tendencies may determine whether or not to recommend full mouth scaling and root planning or multiple extractions in one visit.</li><li>• In severe cases, patients may be treated more sagely in a hospital environment where blood transfusions are available.</li><li>• Deep block injections should be avoided in patients with bleeding tendencies.</li><li>• A pre-treatment antibacterial mouth rinse should be used for those patients with periodontal disease.</li><li>• Patients with salivary hypofunction should be closely monitored for caries, periodontitis, soft tissue lesions and salivary gland disease.</li><li>• Fluoride supplements should be prescribed for those with increase caries and salivary hypofunction. Referral to dental professional experiences in oral mucosal and salivary gland diseases should be made in severe cases of xerostomia.</li></ul>	Signed, dated process note or treatment plan in patient file to detail treatment modifications and referrals.
	Routine examinations and regularly prophylaxis will be scheduled twice a year.	Signed, dated progress note or treatment plan in patient file to detail scheduled.



**DRAFT**

**SERVICE STANDARDS: ORAL HEALTH CARE SERVICES**

	Root planning/scaling will be offered as necessary, either directly or by referral.	Signed, dated progress note or treatment plan in patient file to detail.
<b>TRIAGE, REFERRAL, COORDINATION</b>  On occasion, patients will require a higher level of oral health treatment services than a given agency is able to provide. Coordinating oral health care with primary care medical providers is vital. Regular contact with a client's primary care clinic will ensure integration of services and better client care.  Train referring dental providers on how to adequately complete referral forms to allow more flexibility in treatment planning for receiving specialty dental providers.	As needed, dental providers will refer patients to full range of oral health care providers, including: <ul style="list-style-type: none"><li>• Periodontists</li><li>• Endodontists</li><li>• Prosthodontists</li><li>• Oral surgeons</li><li>• Oral pathologists</li><li>• Oral medicine practitioners</li></ul> Providers will attempt to contact a client's primary care clinic if required or as clinically indicated to coordinate and integrate care.	Signed, dated progress note to document referrals in patient chart.  Documentation of contact with primary medical clinics and providers to be placed in progress notes. In
<b>OUTREACH</b>  Programs providing dental care for people living with HIV will actively promote their services through known linkages and direct outreach.	Programs will promote dental services for people living with HIV through linkages or outreach.	Service promotion/outreach plan on file at provider agency.
<b>CLIENT RETENTION</b>	Programs shall develop a broken appointment policy to ensure continuity of service and retention of clients.	Written policy on file at provider agency.
	Programs shall provide regular follow-up procedures to encourage and help maintain a client in oral health treatment services.	Documentation of attempts to contact in signed, dated progress notes. Follow-up may include: <ul style="list-style-type: none"><li>• Telephone calls</li><li>• Written correspondence</li><li>• Direct contact</li><li>• Text messaging</li></ul>
<b>STAFFING REQUIREMENTS AND QUALIFICATIONS</b>	Provider will ensure that all staff providing oral health care services will possess applicable	Documentation of professional degrees and licenses on file.

**DRAFT**

**SERVICE STANDARDS: ORAL HEALTH CARE SERVICES**

	professional degrees and current California state licenses.	
	Providers shall be trained and oriented before providing oral health care services both in general dentistry and HIV specific oral health services. Training will include: <ul style="list-style-type: none"><li>• Basic HIV information</li><li>• Office and policy orientation</li><li>• Infection control and sterilization techniques</li><li>• Methods of initial evaluation of the patient living with HIV disease</li><li>• Health maintenance education and counseling</li><li>• Recognition and treatment of common oral manifestations and complications of HIV disease</li><li>• Recognition of oral signs and symptoms of advanced HIV disease</li></ul>	Training documentation on file maintained in personnel record.
	Oral health care providers will practice according to California state law and the ethical codes of their respective professional organizations.	Chart review will ensure legally and ethically appropriate practice.
	Dentist in charge of dental operations shall provide clinical supervision to dental staff.	Documentation of supervision on file.
	Dental care staff will complete documentation required by program.	Periodic chart review to confirm.
	Providers will seek continuing education about HIV disease and associated oral health treatment considerations.	Documentation of trainings in employee file.

## **ACRONYMS**

AIDS Acquired Immune Deficiency Syndrome  
CAL-OSHA California Occupation Safety and Health Administration  
CD4 Cluster Designation 4  
DDS Doctor of Dental Surgery  
DHSP Division of HIV and STD Programs  
HBV Hepatitis B Virus  
HIPAA Health Insurance Portability and Accountability Act  
HIV Human Immunodeficiency Virus  
RDA Registered Dental Assistant  
RDH Registered Dental Hygienists  
STD Sexually Transmitted Disease

## **DEFINITIONS AND DESCRIPTIONS**

**Client registration and intake** is the process that determines a person's eligibility for oral services.

**Registered Dental Assistant (RDA)** is a licensed person who may perform all procedures authorized by the provisions of these regulations and in addition may perform all functions which may be performed by a dental assistant under the designated supervision of a licensed dentist.

**Registered Dental Hygienist (RDH)** is a licensed person who may perform all procedures authorized by the provisions of these regulations and in addition may perform all functions which may be performed by a dental assistant and RDA under the designated supervision of a licensed dentist.

**Oral prophylaxis** is a preventive dental procedure that includes the complete removal of calculus, soft deposits, plaque, and stains from the coronal portions of the tooth. This treatment enables a patient to maintain healthy hard and soft tissues.

**Direct supervision** is supervision of dental procedures based on instructions given by a licensed dentist who must be physically present in the treatment facility during performance of those procedures.

**General supervision** is the supervision of dental procedures based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures.

**Basic supportive dental procedures** are the fundamental duties or functions which may be performed by an unlicensed dental assistant under the supervision of a licensed dentist because of their technically elementary characteristics, complete reversibility, and inability to precipitate potentially hazardous conditions for the patient being treated.

**Standard precautions** are an approach to infection control that integrates and expands the elements of universal precautions (human blood and certain human body fluids treated as if known to be infectious

SERVICE STANDARDS: ORAL HEALTH CARE SERVICES

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for HIV, Hepatitis B Virus (HBV) and other blood-borne pathogens). Standard precautions apply to contact with all body fluids, secretions and excretions (except for sweat), regardless of whether they contain blood, and to contact with non-intact skin and mucous membranes.

**REFERENCES**

- Agency for Healthcare Research and Quality, Health Resources and Services Administration. (2000) *Access to Quality Health Services. Healthy People 2010*. Available at <http://www.health.gov/healthypeople/document/HTML/Volume1/01Access.html>.
- Brown, J.B., Rosenstein, D., Mullooly, J., O’Keeffe, R.M., Robinson, S., Chiodo, G. (2002). Impact of intensified dental care on outcomes in human immunodeficiency virus infection. *AIDS Patient Care*, 16 (10), 479-486.
- Dobalian, A., Andersen, R.M., Stein, J.A., Hays, R.D., Cunningham, W.E., Marcus, M. (2003). The impact of HIV on oral health and subsequent use of dental services. *Journal of Public Health Dentistry*, 63 (2), 78-85.
- Marcus, M., Freed, J.R., Coulter, I.D., Der-Martirosian, C., Cunningham, W., & Andersen, R. (2000). Perceived unmet need for oral treatment among a national population of HIV-positive medical patients: Social and clinical correlates. *American Journal of Public Health*, 90, 1059-1063.
- Shiboski, C.H., Palacio, H., Neuhaus, J.M., Greenblatt, R.M. (1999) Dental care access and use among HIV-infected women. *American Journal of Public Health*, 89, 834-839.
- U.S. Department of Health and Human Services. (2000). *Oral Health in America: A Report of the Surgeon General—Executive Summary*, Washington, DC: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health. Available at: <http://www.nidr.nih.gov/sgr/execsumm.html>.
- Zabos, G.P. (1999). Meeting primary oral health care needs of HIV-infected women. *American Journal of Public Health*, 89, 818-819.
- Oral Health Care Exhibit*, Office of AIDS Programs and Policy, 2004
- Practice Guidelines for the Treatment of HIV Patients in General Dentistry*, LA County Commission on HIV Services, 2002
- Oral Health Care for People with HIV Infection*, AIDS Institute, New York State Department of Health, 2001
- Standards of care developed by several other Ryan White Title 1 Planning Councils. Most valuable in the drafting of this standard were Florida Community Planning Group (2002); Denver, CO (2004); and Chicago, IL (2002)
- The New York AIDS Institute Oral Health Guidelines, 2001* (available at: [http://www.hivguidelines.org/public\\_html/center/clinicalguidelines/oral\\_care\\_guidelines/oral\\_health\\_book/oral\\_health.htm](http://www.hivguidelines.org/public_html/center/clinicalguidelines/oral_care_guidelines/oral_health_book/oral_health.htm))
- The LA County Commission on HIV Practice Guidelines for the Treatment of HIV Patients in General Dentistry*
- Dental Management of the HIV-infected Patient, Supplement to JADA*, American Dental Association, Chicago, 1995
- Clinician’s Guide to Treatment of HIV-infected Patients, Academy of Oral Medicine*, 3rd Edition, Ed. Lauren L. Patton, Michael Glick, New York, 2002
- Principles of Oral Health Management for the HIV/AIDS Patient, A Course for Training the Oral Health Professional*, Department of Human Services, Rockville, Maryland, 2001



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**SERVICE STANDARDS: ORAL HEALTH CARE SERVICES**

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American Dental Association. Human Immunodeficiency Virus (HIV) <https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/hiv#:~:text=Nearly%20all%20patients%20with%20HIV,and%20procedures%2C%20including%20oral%20surgery.&text=Still%2C%20dental%20treatment%20planning%20must,and%20their%20physician%20as%20appropriate>. Accessed December 29, 2022.

American Dental Association. Infection Control and Sterilization. <https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/infection-control-and-sterilization>. Accessed December 29, 2022.

Bosh KA, Hall HI, Eastham L, Daskalakis DC, Mermin JH. Estimated Annual Number of HIV Infections – United States, 1981-2019. *MMWR Morb Mortal Wkly Rep* 2021;70(22):801-06.

Centers for Disease Control and Prevention. Infection Prevention and Control in Dental Settings: Bloodborne Pathogens & Aerosols. U.S. Department of Health and Human Services. <https://www.cdc.gov/oralhealth/infectioncontrol/faqs/bloodborne-exposures.html>. Accessed December 29, 2022.

Centers for Disease Control and Prevention. Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care. In: *Services DoHaH*, editor. Atlanta, GA: Centers for Disease Control and Prevention; 2016. <https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf>. Accessed December 29, 2022.

Centers for Disease Control and Prevention. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. *MMWR* 2001;50(RR-11).

Parish C, Siegel K, Pereyra M, Liguori T, Metsch L. Barriers and facilitators to dental care among HIV-Infected adults. *Spec Care Dentist*. 2015 Nov-Dec;35(6):294-302. doi: 10.1111/scd.12132. Epub 2015 Sep 4. PMID: 26336866; PMCID: PMC5838363.

Reznik DA. Oral manifestations of HIV disease. *Top HIV Med* 2005;13(5):143-8.

Riddle MW. HIV screening in dental settings: Challenges, opportunities, and a call to action. *Oral Dis*. 2020 Sep;26 Suppl 1:9-15.

Shiels MS, Islam JY, Rosenberg PS, et al. Projected Cancer Incidence Rates and Burden of Incident Cancer Cases in HIV-Infected Adults in the United States Through 2030. *Ann Intern Med* 2018;168(12):866-73.

Workowski KA, Bolan GA; Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines, 2015. *MMWR Recomm Rep*. 2015 Jun 5;64(RR-03):1-137. Erratum in: *MMWR Recomm Rep*. 2015 Aug 28;64(33):924.

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**SERVICE STANDARDS: ORAL HEALTH CARE SERVICES**

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World Health Organization. HIV/AIDS. <https://www.who.int/news-room/fact-sheets/detail/hiv-aids> Accessed December 28, 2022.