

Oral Health Services Review Tool

Miami-Dade County Ryan White Providers

Agency reviewed _____

__Episodic Care

Name of reviewer _____

Date of review _____

Date of initial visit _____

Date of last visit _____

If client not reviewed why not _____

Client Intake

1. There is proof of client's HIV status or a current (not more than 6 mos. before DOS) Ryan White Certified Referral.
2. There is evidence of financial eligibility in the client's file or a current (not more than 6 mos. before DOS) Ryan White Certified Referral.
3. There is evidence client is a permanent resident of Miami-Dade County.
4. There is a signed and dated Consent to Release and Exchange Information in the SDIS.
5. Socio-demographic data includes at least address, phone number, emergency information, age, race/ethnicity and gender.
6. Informed consent for general treatment signed? (Required once only)

Medical History

7. There is an initial comprehensive medical history (health questionnaire) that includes medications and conditions that may affect the diagnosis and management of oral health.
8. The initial comprehensive medical history is signed and dated by the patient and dentist.
9. Medical conditions and/or medications requiring an alert are flagged.
10. The medical history is updated every six months or at the next appointment after six months and any change is noted.
11. Allergies or NKA (No Known Allergies) are prominently noted.

12. A dental history is taken that includes:
 - a. Problems with or reactions to anesthesia
 - b. Specific or chief complaint(s), if any
 - c. Problems with previous treatment, if any

Treatment/Service Plan

13. There is a treatment plan in the progress notes or on a form.
14. All progress notes are legible, dated and signed by the provider.
15. Documentation of services (treatment) rendered contains, at a minimum, the following:
 - a. Date of service
 - b. Tooth number, if appropriate
 - c. Description of the service
 - d. Anesthetic used, if any – including strength and quantity
 - e. Materials used, if any
 - f. Prescriptions or medications dispensed including name of drug; quantity and dosage
 - g. Education provided
 - h. Signature and title
16. There is a comprehensive or problem-focused oral exam that includes:

Comprehensive:	NA (episodic care, follow up or problem focused exam)
a. Cavity charting	
b. Complete periodontal exam or periodontal screening record	
c. Documentation of restorations and prosthesis	
d. Full mouth radiographs	
e. Pre-existent condition(s)	
f. Disease presence	
g. Structural anomalies	
h. Oral hygiene instruction provided	

- i. Prescriptions or medications dispensed including name of drug; quantity and dosage
- j. Education provided

Problem-Focused: (follow up or episodic care)

- a. Chief complaint is documented
 - b. Problem focused evaluation is performed
 - c. Prescriptions or medications dispensed include name of drug; quantity and dosage
 - d. Radiographs as necessary
 - e. Specific oral treatment plan developed
 - f. Education provided
 - g. Return for further evaluation documented
17. Charting of the examination findings/treatment is completed in the appropriate tooth grids.
18. There is an informed consent prior to any/all new oral surgery procedures that includes the risks, benefits, alternatives and the consequences of not having procedure.
19. Reason for client refusal of radiographs/treatment is documented.
20. Reason for dentist's refusal to perform a requested treatment is documented.
21. Periodontal maintenance is performed according to treatment plan or at next appointment if later than six months.
22. Treatment provided for oral opportunistic infection (when indicated) is coordinated with the client's PCP.

Referral

23. There is documentation of the condition and referral to a specific specialty or ancillary service provider.
24. There is documentation of heavy tobacco use and a referral to a tobacco counseling program has been made.
25. There is documentation of nutritional problems and a referral to a nutritionist has been made.

Client Education

26. There is evidence of education in preventive oral health practices including hygiene every six months or at next appointment if later than six months.
27. There is evidence that education, if appropriate, was provided concerning tobacco use.
28. There is evidence nutritional education as related to oral health was provided.