Oral Health Care Review Tool Miami-Dade County Ryan White Providers

Agency reviewed	Date of review
Name of reviewer	Episodic Care
CIS #	Agency ID
Date of initial visit	Date of last visit
If client file not reviewed why not	

Client Intake

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

Medical History

- 8. There is an initial comprehensive medical history (health questionnaire) that includes medications and conditions that may affect the diagnosis and management of oral health care including problems with or reactions to anesthesia, specific or chief complaints, if any and problems with previous treatment, if any.
- 9. Initial comprehensive medical history is signed and dated by the client and dentist.
- 10. Medical conditions and/or medications requiring an alert are flagged.
- 11. The medical history is updated every six months or at the next appointment after six months and any change is noted.
- 12. Allergies or NKA (No Known Allergies) are prominently noted.

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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/sealed 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. Signature and title or provider number as appropriate
- 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. Prescriptions or medications dispensed including name of drug; quantity and dosage

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. 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 the procedure.
- 19. Reason for client refusal of radiographs/treatment is documented.
- 20. Reason for dentist's refusal to perform a requested treatment is documented.

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- 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) is coordinated with the client's PCP (when indicated).
- 23. Documentation of oral hygiene instruction every 6 months or at next appointment if later than 6 months.
- 24. Documentation of nutritional assessment with referral for identified need or documentation that no need was identified at this time.
- 25. Documentation of tobacco assessment with referral for identified need or documentation that no need was identified at this time.

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