

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.

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.