**Ryan White Part A and Part B**

 **Oral Health Care Services Policy**

**Ryan White Part B Regional Fiscal Agent**

**United Way of Metropolitan Nashville**

**250 Venture Circle**

**Nashville, TN 37228**

**Contact Person: Niki Easley**

**Ph: 615/780-2427**

**Fax: 615/780-2426**

**Email:** **niki.easley@unitedwaynashville.org**

**Metropolitan Public Health Department, Nashville/Davidson County**

**Ryan White Part A Program**

**2500 Charlotte Avenue**

**Nashville, TN 37209**

**Ph: 615/340-5671**

**Email:** **Pam.Sylakowski@nashville.gov**

**Designated Administrative Agent:**

**Nashville CARES**

**633Thompson Lane**

**Nashville, TN 37204**

**Contact Person: Ben Awopeju**

**Ph: 615/259-4866**

**Fax: 615/467-1004**

**Email:** **bawopeju@nashvillecares.org**

**PROGRAM DESCRIPTION**

Nashville CARES, the Designated Administrative Agent (DAA), receives funding through contractual relationships with United Way of Metropolitan Nashville (UWMN) and Metropolitan Public Health Department (MPHD)/ Nashville/Davidson County to administer the oral health care services program for individuals living with HIV disease, who have oral health care needs, meet eligibility criteria, and do not have a third party payer source to cover these services.

The program has the following three goals:

* Provide cost effective services that control or eliminate oral infection.
* Correct a condition that prevents a person from eating.
* Provide treatment for acute pain, swelling, hemorrhage or trauma.

Clients are approved to receive services during a particular grant year (Part A beginning on March 1 and ending February 28 or Part B beginning on April 1 and ending March 31 of the following year) based on availability of funding. Individuals participating in the program are capped at the level of service (not to exceed an established cap or in emergency situations an additional $500 annually) prescribed in the treatment plan submitted by the dentist/oral health care provider and approved by the DAA.

Services must be determined to be medically necessary by the oral health care provider and focus on the oral health of the patient. Emergency services are intended for the relief of pain and suffering only. Services cannot be cosmetic in nature. Eligibility for oral health care services (based on the client’s treatment plan) is limited to each federal grant year. Client eligibility, for Ryan White must be determined every six months.

Approval priority will be given to:

1. clients who have initiated, but have not completed services from an approved oral health care treatment plan at the end of a given grant year;
2. clients currently on a waiting list (in the order they were added) from the previous funding year; and
3. first come, first served until funding is exhausted; at that time a waiting list will be established.

The Oral Health Assistance Program is available to individuals living with HIV disease who currently reside in one of the 92 Tennessee counties listed below:

**Part A Service Area:** Cannon, Cheatham, Davidson, Dickson, Hickman, Macon, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson and Wilson.

**Part B Service Area:** Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Carroll, Carter, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Decatur, DeKalb, Dyer, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Scott, Sequatchie, Sevier, Stewart, Sullivan, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White.

**CLIENT ELIGIBILITY**

In order to access this program, a client must work with a Medical Case Manager (MCM) to determine whether the following criteria are met to be eligible for services under the Oral Health Care Services Program for the TGA and State of TN Part B region:

* Provide documentation of clinically testing positive for HIV.
* Be a resident of Tennessee.
* Have a household income that is equal to or less than the currently published federal poverty level for Ryan White Part A or B.
* Have exhausted any other third-party payment options.
* Be willing to accept oral health care services on an outpatient basis only.

**CLIENT RIGHTS AND RESPONSIBILITIES**

**Your Rights**

* You have the right to confidentiality and privacy regarding you, your HIV status, and the oral health care services you receive.
* You have the right to be offered and to receive oral health care services without discrimination based on age, race, gender, ethnic background, religion, disability, or sexual orientation.
* You have the right to select the oral health care provider of your choice from the program’s approved provider list. Your Medical Case Manager will provide a list of approved providers.
* You have the right to take an active role in the decisions regarding your oral health treatment plan and care.
* You have the right to receive Oral Health Instruction from your provider.
* You have the right to be treated with dignity and respect.
* You have the right to file a grievance if you have concerns about the service or the way that you have been treated. (Any concerns about the oral health care provider’s staff and/or environment must be addressed directly with the provider via the provider’s office policies). See Page 13 for Grievance Procedures.

**Your Responsibilities**

* You are responsible for contacting your Medical Case Manager, by phone or in person, to determine eligibility for oral health care services under Ryan White Part A or Part B.
* You are responsible for maintaining program eligibility, for Ryan White every six months in order to receive services through the Oral Health Care Assistance Program. Failure to do so will result in termination from the program
* You are responsible for working with your Medical Case Manager to ensure a Medical Case Manager Referral Form (PH-3713) for services is submitted on your behalf annually. Your application date will be based on the date annotated on the Medical Case Manager Referral Form (PH-3713).
* You are responsible for making your first oral health care appointment within thirty (30) calendar days of notification that your application has been approved. Failure to do so will result in termination from the dental program.
* You are responsible for notifying the DAA of the date of your first scheduled appointment.
* You are responsible for notifying your Medical Case Manager within thirty (30) calendar days of any changes in household income, residency, insurance status, and size of your household.
* You are responsible for taking an active role in the decisions regarding your oral health treatment plan and care.
* You are responsible for making and keeping all scheduled dental appointments.
* You are responsible for the cancellation and/or rescheduling of dental appointments within 24 hours prior to the appointment.
* You are responsible for paying any fee(s) from the oral health care provider/dentist that exceeds the program limit of established cap (or in emergency situations that exceeds $500 annually) if you choose to have work completed beyond the scope of the approved dental Treatment Plan.
* You are responsible for paying any fee(s) from the oral health care provider/dentist’s office that may result from not keeping scheduled appointments.
* You are responsible for treating anyone involved in this program (e.g., Medical Case Manager, DAA staff, TGA or UWMN contract administrator/regional fiscal agency staff, and oral health care provider/dentist staff, etc.) with dignity and respect.
* You are responsible for following up with your oral health care provider within 90 days of your approved treatment services. Failure to do so will result in termination from the dental program.

**QUALIFYING SERVICES AND LIMITATIONS**

The following criteria must be met for a client to receive services under the Oral Health Care Assistance Program:

* Each potential client must have Ryan White eligibility determination every six months to participate in the program.
* Each approved client will be eligible for full services every year subject to a waiting list.
* Based on the availability of funds, the benefit is capped at the level prescribed in the oral health care treatment plan submitted by the Oral Health Care Provider, not to exceed the established cap. Additional emergency funds may be available under specific circumstances as detailed later in this document.
* You and your oral health care provider/dentist should determine the priority of the oral health care services to be provided should the situation arise where you need more services than the DAA can approve because of funding limitations.
* Funds may be available under the Oral Health Care Assistance Program for emergency services for the relief of pain and suffering only, not to exceed $500.00 annually.
* Individual fees for oral health care procedures are determined and approved by the MPHD Ryan White Part A Program and Tennessee Department of Health (TDH), HIV/STD/Viral Hepatitis Program Ryan White Part B Program in accordance with each applicable Dental Services Fee Schedule.
* The Ryan White Treatment Modernization Act legislation stipulates that it is payer of last resort. Therefore, any oral health care third party payer coverage must be exhausted prior to the client applying to the Ryan White Oral Health Care Assistance Program.
* The amount listed on Dental Services Fee Schedule is considered payment in full. The oral health care provider, as contractually agreed upon, must accept as payment in full the allowable charge for procedures paid for by the Oral Health Care Assistance Program.
	+ The fees included in the Dental Services Fee Schedule were developed to include the costs for services such as infection control; therefore, the client should not be charged for these services or an amount in excess of the established fee.
	+ If the Code on Dental Procedures (CDT) listed charge for an oral health care service provided is lower than the Dental Services Fee Schedule, reimbursement for service will occur at the lower rate.
* Oral health care providers must provide to the DAA a complete written treatment plan including the cost for prioritized services that fall within the allowed maximum, based on the established Dental Services Fee Schedule. If approved, the DAA will respond with faxed authorization within seven (7) business days.
* Reimbursement will only be made for services performed.
* Reimbursement will only be made for charges submitted on a standard ADA Billing Form and billed at the costs established in the Dental Services Fee Schedule.
	+ - Oral health care providers must abide by HIPAA regulations as it relates to the release of client information.
* Failure to make/keep established dental appointments may result in your services being delayed.
* Non-compliance with program guidelines may result in termination from the program.
* Disrespectful treatment of anyone involved in the program may result in termination from the program.

**PROCEDURES FOR THE DESIGNATED ADMINISTRATIVE AGENT (DAA)**

The Oral Health Care Assistance Program’s DAA is Nashville CARES. Nashville CARES is funded directly by the Metro Public Health Department Nashville/Davidson County, Ryan White Part A Program and Part B Regional Fiscal Agent, United Way of Metropolitan Nashville. The DAA will maintain the Oral Health Care Assistance Program in accordance with all applicable rules and regulations as set forth by the Metropolitan Davidson Public Health Department, Ryan White Part A Program, Tennessee Department of Health, HIV/STD/Viral Hepatitis Program and the Contract Administrator/Regional Fiscal Agent.

1. The DAA will maintain in the client chart appropriate program documentation of oral health care services per HIPAA, Ryan White and HRSA standards. This documentation may be subject to external audit by any applicable entity. The documentation will include, but is not limited to, progress notes and appropriate oral health care forms.

As such, the DAA will maintain:

* 1. Progress notes of any transactions with or on behalf of the client.
	2. The appropriate oral health care forms:
		1. Ryan White Program Form(PH-3716)
		2. Ryan White Medical Services Program – Medical Case Manager Referral Form(PH-3713)
		3. Oral Health Care Treatment Plan submitted by oral health care provider/dentist
		4. Copy of the paid invoice (HCFA-1500)
		5. Client’s Rights and Responsibilities Statement signed by the client.
1. As initial and subsequent services occur, the DAA will maintain client files containing contracts with oral health care provider/dentists, authorizations, treatment plans, billing and documentation of all relevant correspondence for no less than three (3) years.
2. The DAA will be responsible for processing all payments to oral health care providers for services in accordance with established limits per client served.
3. The DAA will confirm client eligibility based on the Medical Case Manager Referral Form (PH-3713) via the Ryan White Eligibility System within seven (7) business days.
4. When a client is approved for services during a grant year, the DAA will:
	1. notify the client and the Medical Case Manager of approval.
	2. send and/or fax an authorization for an initial cleaning and examination to the oral health care provider/dentist.
	3. upon receipt of the treatment plan, fax the treatment plan authorization within five (5) business days.
	4. oral health care/dental providers must submit an invoice within thirty (30) calendar days from the date of service to the DAA or possibly forfeit reimbursement.
	5. process bills for payment within thirty (30) calendar days of receipt.
	6. send treatment plan closure to the oral health care provider/dentist and to the Medical Case Manager.
	7. send service closure letter to the client.
5. The DAA will fax authorization of approval for emergency services to the oral health care provider/dentist at the time the appointment is set for the client.
6. The DAA will initiate the contracting process with any new oral health care provider/dentist within five (5) business days.
7. The DAA, at the beginning of each grant year, will provide services for clients according to the following priorities:
	1. clients who have initiated, but have not completed services from an approved oral health care treatment plan at the end of a given grant year;
	2. clients currently on a waiting list (in the order they were added) from the previous funding year;
	3. first come, first served (based on the date DAA receives application from MCM) until funding is exhausted; at that time a waiting list will be established;
	4. Emergency services will continue to be approved although a waiting list may have been instituted.
8. During the grant year, if a waiting list is established, services will be provided to clients based on order in which they were added (i.e., first come, first served).
9. Based on availability of funds, the DAA, at the beginning of each grant year, will allocate a portion of the funds for emergency services.
10. The DAA will be responsible for the maintenance of the Oral Health Care Assistance Program’s provider list. The DAA is responsible for distributing the provider list to Medical Case Managers annually, and whenever a change occurs, and upon request of the MCM.
11. The DAA will survey recipients of Oral Health Care Program services every three years unless it is determined necessary by TDH and MPDH.

**PROCEDURES FOR MEDICAL CASE MANAGERS**

Medical Case Managers who are referring clients to the Oral Health Care Assistance Program must carry out the following procedures:

1. The client requests oral health care services from an approved Medical Case Manager.
2. The Medical Case Manager will determine the eligibility of a client to receive services through the Oral Health Care Assistance Program that are consistent with the rules provided by the MPHD, Ryan White Part A Program and TDH, Ryan White Part B Program.
	1. The Medical Case Manager will submit the following oral health care forms to the DAA:
		1. Ryan White Medical Services Program – Medical Case Manager Referral Form (PH-3713)
		2. Client’s Rights and Responsibilities Statement signed by the client, if the client is newly enrolled in dental.
3. The Medical Case Manager will work to ensure client choice in selecting oral care services.
	1. The Medical Case Manager will discuss with the client the rules, limits and expectations (behavioral and financial) of the Oral Health Care Assistance Program.
		1. Services must be outpatient.
		2. Services cannot be cosmeticin nature.
		3. Services begin with an approved cleaning, examination and treatment plan prior to approval of any other service(s).
		4. Payment for services funded by Ryan White Part A or Part B is limited to the procedures prescribed in the treatment plan submitted by the Oral Health Care Provider/Dentist to the Oral Health Care Assistance Program cannot exceed established cap. (Services are approved contingent on available funds).
		5. Payment for emergencyservices is limited to procedures attested by the provider (under signature) to be necessary for the relief of pain and suffering not to exceed $500. (Services approval is contingent on available funds).
		6. If the cost of services exceeds the limit of the established cap, the client is responsible for paying any fee(s) from the oral health care provider/dentist that exceeds the program limit (or in emergent situations that exceeds $500).
		7. The maximum amount of assistance any client can receive in a given grant year is the established cap.
	2. The Medical Case Manager will inform the client that he/she can select an oral health care provider from the approved provider list.
	3. The Medical Case Manager will submit the referral form and required documentation to the Central Office via Ryan White Eligibility System for processing/approval upon completion with the client regardless of the waiting list status.
	4. The Medical Case Manager will maintain in the client chart appropriate oral health care program materials and required eligibility documentation per HIPAA, Ryan White and HRSA standards. This documentation may be subject to external audit by any legally authorized entity.
4. When processing an application, the Medical Case Manager is responsible for providing access to the current provider list and for reviewing it with the client.

**PROCEDURES FOR MAINTENANCE OF THE PROVIDER LIST**

1. The DAA will be responsible for maintenance of the provider list. Additions to the existing list must be approved by TDH and MPHD.
2. The DAA will verify licensure status via the above process every twelve (12) months.
3. During the verification process, if a provider’s license is not in good standing the DAA will consult with the Lead Agency/Contract Administrator and the provider will be removed from the provider list. The updated provider list will be shared with MCMs.
4. All clients receiving services from the removed provider will select/be reassigned a new provider based on discussions with the DAA.

**PROCEDURES FOR ORAL HEALTH CARE PROVIDERS**

Nashville CARES, the DAA, has a contractual relationship with UWMN and MPHD to administer the provision of oral health care services for People Living with HIV/AIDS who do not have adequate means to secure and finance oral health care. Contracted oral health care providers/dentists must carry out the following procedures to ensure reimbursement through the Oral Health Care Assistance Program:

1. Oral health care providers will receive faxed documentation from the DAA authorizing the first appointment to provide an oral health care examination, cleaning, treatment planning and a contract to provide the client services through the program.
	1. If a client attempts to initiate services without authorization, the client must be referred back to the DAA before initiating care.
	2. Signed contracts for each client should be faxed to (615) 259-7864 or mailed to Oral Health Care Program, 633 Thompson Lane, Nashville, TN 37204 before the client’s first appointment to verify your agreement to provide services for the individual client.
2. After initial assessment, the oral health care provider will submit the treatment plan to the DAA. The treatment plan must include ALL services needed by the client. The treatment plan must be submitted at the costs established in the Dental Service Fee Schedule distributed to each provider. The treatment plan MUST indicate the initial visit and most urgent services because it is those services that will be given priority authorization by the DAA up to the established cap. Only those services on the Ryan White Part A and Part Code on Dental Procedures (CDT) will be reimbursed.
3. The DAA will fax/email authorization for the treatment plan within seven (7) business days.
4. The oral health care provider must submit bills via the standard ADA billing form within thirty (30) calendar days of the date of service or possibly forfeit reimbursement. Claims must be billed at the costs established in the Dental Services Fee Schedule. Bills may be faxed to (615) 259-7864 or mailed to Oral Health Care Program, P.O. Box 42098, Nashville TN 37204.
5. The DAA will make payment on approved charges within thirty (30) calendar days of receipt of bill.
6. If the oral health care provider believes that the services will exceed the established cap, the client is responsible for paying any fee(s) from the oral health care provider/dentist that exceeds the program limit should the client choose to have those services provided.
7. If an emergency situation arises, the oral health care provider must submit written justification to the DAA prior to service delivery for such provision of services, up to an additional $500.00 for the relief of pain and suffering only.
8. Oral health care providers must abide by HIPAA regulations as relates to the release of client information.

**GRIEVANCE PROCEDURES FOR ORAL HEALTH CARE ASSISTANCE PROGRAM**

The purpose of the Grievance Procedure is to provide a fair and systematic process that individuals or agencies to express concerns and to establish a reasonable mechanism for resolving problems and complaints.

Grievances or complaints concerning the Oral Health Care Assistance Program should be directed to the Designated Administrative Agency. If the individual is not satisfied with the outcome of the grievance process or the grievance is about the DAA, then it should be directed to the following agencies:

Ryan White Part A Program

Metro Public Health Department Nashville/Davidson County, Ryan White Part A Program

at (615) 340-5671

Ryan White Part B Lead Agency/Contract Administrator

United Way of Metropolitan Nashville

at (615) 255-8501

All grievances or complaints will be addressed confidential manner within thirty (30) calendar days. Submission of a grievance or complaint implicitly provides your consent for investigation with any related party. However, you may also be asked to provide a written release of information. No reprisal of any kind will be initiated against a client or other party participating in the grievance process.