

**Las Vegas Transitional Grant Area  
Ryan White Part A Program  
Policy and Procedures**

**ORAL HEALTH CARE SERVICES**

**Effective Date: 04/01/2013**

**Updated: 06/15/2016**

**PURPOSE:**

To guide the administration of the Las Vegas TGA's Ryan White Part A Program's Oral Health Care Services. The administration of funds and provision of services must be consistent with the TGA's established client eligibility criteria, service category definitions and Standards of Care established by the Ryan White Part A Planning Council. It is the intention of the Las Vegas TGA to ensure access to medical care and cost effective utilization of Ryan White funds.

The Ryan White HIV/AIDS Treatment Extension Act of 2009 defines core medical services are a set of essential, direct health care services provided to persons living with HIV/AIDS. Medical outcomes defined as those outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.

**PROCEDURE:**

Client must be Part A eligible. Part A eligibility will be determined by Southern Nevada Health District OR Aid for AIDS of Nevada (AFAN) OR Community Outreach Medical Center (COMC) OR Nye County Health & Human Services OR North Country HealthCare OR Community Counseling Center OR AIDS Healthcare Foundation OR UMC Wellness Center every six (6) months. The two dental options are detailed below:

Option #1

UNLV School of Dental Medicine  
1001 Shadow Lane Bldg. A  
Las Vegas, NV 89106

To receive Ryan White Part A dental services at the UNLV School of Dental Medicine, the Ryan White Part A clients should contact their Part A case manager for a referral. The case manager should use the dental referral form and follow the outlined steps on the form, which are:

- Step 1: Verify that client is currently RWPA eligible.
- Step 2: Complete top portion of form with current client contact information.
- Step 3: Attach legible, printed copy of current labs (within last (6) months), including Absolute CD4 and Viral Load. Prothrombin Time for clotting factor is **not** required. If a client needs this lab performed, UNLV is able to order and perform it in-house.
- Step 4: Attach current medication list printout, if available. This is needed to ascertain the complexity of the case. If printout is unavailable, client may be required to provide the medication printout at a later date.

Step 5: Provide a complete medical diagnosis (problem) list (attached.) If currently being treated for Tuberculosis, a negative sputum test should be documented here prior to referral.

Step 6: Attach RW TGA Consent for Release of Information.

Step 7: Fax to Claudia Nunez, Patient Care at (702) 774-2503, who will contact the patient to schedule an appointment once she has received the referral form\*\*. If you need to follow up with her, she can be reached at (702) 774-2451.

#### Option #2

UMC Wellness Center

701 Shadow Lane, Suite 200

Las Vegas, NV 89106

Contact Eligibility Worker at UMC Wellness Center at (702) 383-2691 to discuss dental process.

**DEFINITION:** Oral Health Care Services.

*Oral health care* includes diagnostic, preventive, and therapeutic services provided by a dental health care professional licensed to provide health care in the State or jurisdiction, including general dental practitioners, dental specialists, and dental hygienists, as well as licensed and trained dental assistants.

#### **ELIGIBILITY:**

*Eligible utilization of this service category:*

The following eligibility is for any client determined eligible for Part A services but must also meet the criteria specific for this service category.

Clients are to be referred to Oral Health Care Services after Part A eligibility is determined and only when other options are unavailable, making this program the payer of last resort.

#### **ELIGIBLE SERVICES AND COSTS:**

Eligible services are defined as:

- Visit with a dentist for routine or complex dental care.
- Receive a routine dental exam and cleaning every 6 months.

Oral Health Care costs:

- Ryan White funded clients will receive oral health care with a cap of \$2,000 per person per grant year for medically needed dental services from any Part A service provider.
  - Note: Cosmetic dental care is not allowable under Part A funding.

All providers must adhere to the negotiated fees as stated in the contract between the provider and the Part A grantee. Any changes to fees, specifically for an increase, must receive prior approval by the grantee in order to assure that the grant can substantiate the increase in costs as

well as maintain access for eligible clients. Decrease in fees must also be reported so that expansion to serve more clients can be reviewed and implemented, if applicable.

**DOCUMENTATION:**

The Part A eligibility provider is responsible for obtaining documentation from clients verifying that the Part A program is the payer of last resort.

**UNLV DENTAL**  
**1001 Shadow Lane Bldg. A**  
**Las Vegas, NV 89106**

**REFERRAL FORM**  
**RYAN WHITE PART A SERVICES LAS VEGAS TGA**

\*\*\*Client name, date of birth and gender must be listed exactly as it is in CAREWare\*\*\*

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

*(Referral Only Valid within 30 days of date issued)*

RWPA Eligibility Review Date: \_\_\_\_\_

Referring Case Manager: \_\_\_\_\_

Verified By (Name and Title) : \_\_\_\_\_

Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Is Client Medicaid Eligible:                      Yes                      No

If yes, Medicaid #: \_\_\_\_\_

- 
- Step 1: Verify the client is currently RWPA eligible.
  - Step 2: Complete top portion of form with current client contact information.
  - Step 3: Attach **legible**, printed copy of current labs (within last (6) months), including Absolute CD4 and Viral Load. Prothrombin Time for clotting factor is **not** required. If Client needs this lab performed, UNLV is able to order and perform it in-house.
  - Step 4: Attach current medication list printout, if available. This is needed to ascertain the complexity of the case. If printout is unavailable, client may be required to provide the medication printout at a later date.
  - Step 5: Provide a complete medical diagnosis (problem) list (attached.) If currently being treated for Tuberculosis, a negative sputum test should be documented here prior to referral.
  - Step 6: Attach RW TGA Consent for Release of Information.
  - Step 7: Fax to Claudia Nunez, Patient Care at (702) 774-2503, who will contact the patient to schedule an appointment once she has received the referral form\*\*. If you need to follow up with her, she can be reached at (702) 774-2451.

Medication Checklist - Check **ALL** medications client is currently prescribed. Use the blank column to list any medications not seen here. (*Please print legibly and do **not** use abbreviations.*)

- |   |  |                          |
|---|--|--------------------------|
| <input type="checkbox"/> Stribild*4 combo         | <input type="checkbox"/> Cipro                             | <input type="checkbox"/> |
| <input type="checkbox"/> Atripla*3 combo          | <input type="checkbox"/> Biaxin                            | <input type="checkbox"/> |
| <input type="checkbox"/> Combivir*3 combo         | <input type="checkbox"/> Cleocin                           | <input type="checkbox"/> |
| <input type="checkbox"/> Complera*3 combo         | <input type="checkbox"/> Mycelex                           | <input type="checkbox"/> |
| <input type="checkbox"/> Trizivir*3 combo         | <input type="checkbox"/> Dapsone                           | <input type="checkbox"/> |
| <input type="checkbox"/> Epzicom*2 combo          | <input type="checkbox"/> Myambutol                         | <input type="checkbox"/> |
| <input type="checkbox"/> Truvada*2 combo          | <input type="checkbox"/> Diflucan                          | <input type="checkbox"/> |
| <input type="checkbox"/> Isentress (raltegravir)  | <input type="checkbox"/> Sporanox                          | <input type="checkbox"/> |
| <input type="checkbox"/> Sustiva (efavirenz)      | <input type="checkbox"/> Leucovorin                        | <input type="checkbox"/> |
| <input type="checkbox"/> Reyataz (atazanavir)     | <input type="checkbox"/> Megace                            | <input type="checkbox"/> |
| <input type="checkbox"/> Viread (tenofovir)       | <input type="checkbox"/> Avelox                            | <input type="checkbox"/> |
| <input type="checkbox"/> Kaletra (ritonavir)      | <input type="checkbox"/> Alinia                            | <input type="checkbox"/> |
| <input type="checkbox"/> Intelence (etravivine)   | <input type="checkbox"/> Nilstat                           | <input type="checkbox"/> |
| <input type="checkbox"/> Lexiva (fosamprenavir)   | <input type="checkbox"/> Humatin                           | <input type="checkbox"/> |
| <input type="checkbox"/> Retrovir (zidovudine)    | <input type="checkbox"/> Noxafil                           | <input type="checkbox"/> |
| <input type="checkbox"/> Norvir (ritonavir)       | <input type="checkbox"/> Primaquine                        | <input type="checkbox"/> |
| <input type="checkbox"/> Epivir (lamivudine)      | <input type="checkbox"/> Pyramethamine                     | <input type="checkbox"/> |
| <input type="checkbox"/> Videx (didanosine)       | <input type="checkbox"/> Rifabutin                         | <input type="checkbox"/> |
| <input type="checkbox"/> Zerit (stavudine)        | <input type="checkbox"/> Sulfadiazine                      | <input type="checkbox"/> |
| <input type="checkbox"/> Ziagen (abacavir)        | <input type="checkbox"/> Septra/Bactrim                    | <input type="checkbox"/> |
| <input type="checkbox"/> Emtriva (emtricitabine)  | <input type="checkbox"/> Valcyte                           | <input type="checkbox"/> |
| <input type="checkbox"/> Viramune (nadirapine)    | <input type="checkbox"/> Pioglitazone                      | <input type="checkbox"/> |
| <input type="checkbox"/> Rescriptor (delavirdine) | <input type="checkbox"/> Elavil                            | <input type="checkbox"/> |
| <input type="checkbox"/> Edurant (vilpivine)      | <input type="checkbox"/> Senormin/Tenormin                 | <input type="checkbox"/> |
| <input type="checkbox"/> Invirase (saquinavir)    | <input type="checkbox"/> Lipitor                           | <input type="checkbox"/> |
| <input type="checkbox"/> Crixivan (indinavir)     | <input type="checkbox"/> Amoxicillin/Clavulanate           | <input type="checkbox"/> |
| <input type="checkbox"/> Viracept (nelfinavir)    | <input type="checkbox"/> Vantin                            | <input type="checkbox"/> |
| <input type="checkbox"/> Aptivus (tipranavir)     | <input type="checkbox"/> Lomotil                           | <input type="checkbox"/> |
| <input type="checkbox"/> Prezista (darunavir)     | <input type="checkbox"/> Diprolene Ointment and Cream      | <input type="checkbox"/> |
| <input type="checkbox"/> Fuzeon (enfuvirtide)     | <input type="checkbox"/> Depakote                          | <input type="checkbox"/> |
| <input type="checkbox"/> Selzentry (maraviroc)    | <input type="checkbox"/> Doxycycline                       | <input type="checkbox"/> |
| <input type="checkbox"/> Tivicay (dolutegravir)   | <input type="checkbox"/> Marinol                           | <input type="checkbox"/> |
| <input type="checkbox"/> Zovirax (acyclovir)      | <input type="checkbox"/> Aranesp                           | <input type="checkbox"/> |
| <input type="checkbox"/> Mepron (atovaquone)      | <input type="checkbox"/> Erythropoetin                     | <input type="checkbox"/> |
| <input type="checkbox"/> Zithromax                | <input type="checkbox"/> Tricor                            | <input type="checkbox"/> |
| <input type="checkbox"/> Effexor                  | <input type="checkbox"/> Neurontin                         | <input type="checkbox"/> |
|   | <input type="checkbox"/> Neupogen                          | <input type="checkbox"/> |
|   | <input type="checkbox"/> Diabeta/Glycron/Glynase/Micronase | <input type="checkbox"/> |
|   | <input type="checkbox"/> Lipid                             | <input type="checkbox"/> |
|   | <input type="checkbox"/> Ibuprofen                         | <input type="checkbox"/> |
|   | <input type="checkbox"/> Naproxen                          | <input type="checkbox"/> |



**Diabetes/Endocrine Disorder:** \_\_\_\_\_  
\_\_\_\_\_

- Diabetes Type 1 \_\_\_\_\_
- Diabetes Type 2 \_\_\_\_\_
- Hyperthyroidism \_\_\_\_\_
- Hypothyroidism \_\_\_\_\_
- Adrenal gland disorder \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

**Kidney/Prostate Disorder:** \_\_\_\_\_  
\_\_\_\_\_

- Renal failure/insufficiency \_\_\_\_\_
- Dialysis (Frequency & Premed Used) \_\_\_\_\_
- Prostate \_\_\_\_\_

**Cancer or tumors:** \_\_\_\_\_  
\_\_\_\_\_

- Malignant (Type & Location) \_\_\_\_\_
- Benign (type & Location) \_\_\_\_\_

**Neurologic Problem:** \_\_\_\_\_  
\_\_\_\_\_

- Stroke \_\_\_\_\_
- Seizures/Epilepsy \_\_\_\_\_
- Multiple sclerosis \_\_\_\_\_
- Parkinson's disease \_\_\_\_\_
- Neuropathies \_\_\_\_\_
- Dementia/Alzheimer's \_\_\_\_\_
- Psychiatric/Mental Health Disorder (Specify) \_\_\_\_\_
  - Bipolar \_\_\_\_\_
  - Schizophrenia \_\_\_\_\_
  - Depression\Post traumatic stress \_\_\_\_\_
- Obsessive/compulsive \_\_\_\_\_
- ADD/ADHD \_\_\_\_\_
- Autism \_\_\_\_\_
- Down's syndrome \_\_\_\_\_





**Muscle/Bone/Connective Tissue Disorder:** \_\_\_\_\_  
\_\_\_\_\_

- Rheumatoid Arthritis
- Osteoarthritis
- Osteoporosis
- Gout
- Temporomandibular joint disorder
- Lupus
- Scleroderma
- Fibromyalgia
- Other (Specify) \_\_\_\_\_

**Oral Conditions:** \_\_\_\_\_  
\_\_\_\_\_

- Herpes zoster
- Herpes simplex
- Complex aphthous ulcers
- Papilloma virus
- Actinic cheilitis
- Oral candidiasis

**Head/Eye/Ear:** \_\_\_\_\_  
\_\_\_\_\_

- Glaucoma
- Cataract
- Hearing Impairment
- Other (Specify) \_\_\_\_\_

**\*\*Dental treatment cannot be done until all requested information has been received, including:**

1. Complete medication list;
2. Complete medical problem list;
3. **Legible**, printed copy of last:
  - Metabolic Panel
  - Absolute CD4 count
  - Viral Load
  - Platelet Count