



MINUTES

Date: September 30, 2014

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| MEETING CALLED BY | Texas HIV Care Services Group |
| TYPE OF MEETING | Standards Workgroup conference call |
| FACILITATOR | Teena Edwards, DrPH, MSN, RN |
| ATTENDEES | See page 10 |

OLD BUSINESS

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| DISCUSSION | |
| CONCLUSION | |

NEW BUSINESS

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| WELCOME | Teena Edwards, Facilitator |
| | We will start with discussion on Oral Health, then if time discuss Home Health and Home and Community-Based Health Services. |

Texas Oral Health Standards

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| TOPIC/ITEM 1 | Services |
| DISCUSSION | The comment received was "recommend these services as prosthodontic and endodontics may be beyond the scope of practice for some dentists." |
| CONCLUSION | DSHS will reword to "Services will include routine dental examinations, prophylaxis, x-rays, fillings, and basic oral surgery (simple extractions). Endodontistry and prosthodontics may be funded if individual maximum cap has not been reached. Referral for specialized care should be completed if clinically necessary." |
| FOLLOW-UP ACTIONS | Revise standards |
| PERSON RESPONSIBLE | Teena Edwards, DSHS |

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| TOPIC/ITEM 2 | Clarification on what endodontistry and prosthodontics includes. |
| DISCUSSION | <p>Prosthodontics deals with the replacement of missing teeth and related mouth or jaw structures by bridges, dentures, or other artificial devices. It would include partials and dentures.</p> <p>Endodontistry perform a variety of procedures including endodontic therapy (commonly known as "root canal therapy"), endodontic retreatment, surgery, treating cracked teeth, and treating dental trauma.</p> |
| CONCLUSION | These are both eligible services depending on client financial eligibility and individual maximum cap. |
| FOLLOW-UP ACTIONS | None |
| PERSON RESPONSIBLE | |

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| TOPIC/ITEM 3 | Reword "provisions" |
| DISCUSSION | Change wording in that sentence to funding. |
| CONCLUSION | Sentence will be reworded to "Emergency procedures will be treated on a walk-in basis as availability and funding allow." |
| FOLLOW-UP ACTIONS | Revise Standards |
| PERSON RESPONSIBLE | Teena Edwards, DSHS |

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| TOPIC/ITEMS 4 and 5 | Maximum allowable benefit |
| DISCUSSION | Under Part A, the grantee sets the cap; under Part B DSHS will set the cap. According to HRSA, services fall within specified service caps, expressed by dollar amount, number of procedures, or a combination of any of the above, as determined by the grantee. Currently Tarrant County Part A does not have a cap in place. Dallas County's cap is two procedures/visit. The client may have two visits during an appointment. The rationale for this to increase continuity of care. Austin, Bexar, and Houston Part A were unavailable for this call, so their cap is unknown. |
| CONCLUSION | DSHS will send out an email with a proposed cap for comments |
| FOLLOW-UP ACTIONS | Propose cap and discuss at a later time once comments have been received. |
| PERSON RESPONSIBLE | Teena Edwards, DSHS |

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| TOPIC/ITEMS 6 and 7 | Wording doesn't should correct/how to enforce |
| DISCUSSION | Service providers shall employ clinical staff who is knowledgeable and experienced in dental care as well as in the area of HIV/AIDS dental practice. |
| CONCLUSION | Change wording to "Service provider should employ individuals who are experienced in dental care and knowledgeable in the area of HIV/AIDS dental practice. This will be a recommendation, but will not be monitored. Will remove this item from the monitoring tool. |
| FOLLOW-UP ACTIONS | Revise Standards and delete from monitoring tool |
| PERSON RESPONSIBLE | Teena Edwards, DSHS |

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| TOPIC/ITEM 8 | Confidentiality statement |
| DISCUSSION | Will change wording to dental staff |
| CONCLUSION | Change wording to Confidentiality statement signed by dental staff." |
| FOLLOW-UP ACTIONS | Revise Standard |
| PERSON RESPONSIBLE | Teena Edwards, DSHS |

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| TOPIC/ITEM 9 | Health care workers know their HIV status. |
| DISCUSSION | Comment received was " Does there need to |

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| | be proof of an HIV test in the employee file and how do we monitor for this? Texas Health and Safety Code, Title 2, Subtitle D, Chapter 85. Acquired Immune Deficiency Syndrome and Human Immunodeficiency Virus Infection, Sec. 85.201. recommends that healthcare workers know their status. We are including this recommendation in the standards per this recommendation; however will not monitor for it. |
| CONCLUSION | Recommendation only but want to include in Standards to inform dental community |
| FOLLOW-UP ACTIONS | None |
| PERSON RESPONSIBLE | |

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| TOPIC/ITEM 10 | Documentation of eligibility |
| DISCUSSION | Standards current require that dentist record contain eligibility documentation. Concern was that dentist don't want to include these documents and do not want to be responsible for them. Monitors currently review files at the case management agency for these eligibility documents before monitoring care at the dentist. |
| CONCLUSION | Will reword to allow for eligibility documents to be kept on file at the referral agency who is funding service or at the dentist |
| FOLLOW-UP ACTIONS | Reword to: "Documentation for eligibility will be kept on file in the primary client record either at the agency funding services or at the dentist, whichever is appropriate. |
| PERSON RESPONSIBLE | Teena Edwards, DSHS |

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| TOPIC/ITEM 11 | Eligibility criteria |
| DISCUSSION | The question was what are the eligibility criteria and is this set by the agency? Financial eligibility can be set by the AA for the region. |
| CONCLUSION | Additional financial criteria for eligibility can be set at the AA level. |
| FOLLOW-UP ACTIONS | None |
| PERSON RESPONSIBLE | |

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| TOPIC/ITEMS 12 and 13 | Defining "current" for laboratory testing |
| DISCUSSION | Questions were asked on the time frame for last CD4/VL and TB screening results. |
| CONCLUSION | The definition of "current" is the last CD4/VL and TB screening result that was sent over with the referral. If the dentist needs a more current laboratory test of CD4 or Viral Load, they may request from primary provider. |
| FOLLOW-UP ACTIONS | None |
| PERSON RESPONSIBLE | |

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| TOPIC/ITEM 14 | Missing word |
| DISCUSSION | Wording should be "Patient must have an initial comprehensive oral exam....." |
| CONCLUSION | Will add word "have" |
| FOLLOW-UP ACTIONS | Revise Standard |
| PERSON RESPONSIBLE | Teena Edwards, DSHS |

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| TOPIC/ITEM 15 | Oral examination twice a year |
| DISCUSSION | Comment was that ADA requires an exam with a dentist only once a year. |
| CONCLUSION | Standards will reflect ADA requirement of an oral examination once per year. This also matches HRSA HAB measures. |
| FOLLOW-UP ACTIONS | Revise Standard and monitoring tool |
| PERSON RESPONSIBLE | Teena Edwards, DSHS |

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| TOPIC/ITEM 16 | Documentation of X-rays |
| DISCUSSION | Comment was didn't see reference to x-rays in oral examination section. |
| CONCLUSION | X-rays are included in the ADA code DO120. Will add wording for clarity to include bitewing under this code. |
| FOLLOW-UP ACTIONS | Revise Standard and monitoring tool |
| PERSON RESPONSIBLE | Teena Edwards |

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| TOPIC/ITEM 17 | Monitoring contract providers for adherence |
| DISCUSSION | Comment concerning how to be adherent to these standards when using contracted providers vs. in-house dentists. Contracted dentists will need to adhere to these oral health standards if they want to receive |

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| | reimbursement for services. This is no different than OAMC private providers or other contracted services. |
| CONCLUSION | Clarification offered |
| FOLLOW-UP ACTIONS | None |
| PERSON RESPONSIBLE | |

Texas Oral Health Monitoring Tool

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| TOPIC/ITEM 1 | Confidentiality statement |
| DISCUSSION | Will change wording to dental staff |
| CONCLUSION | Change wording to Confidentiality statement signed by dental staff." |
| FOLLOW-UP ACTIONS | Revise Monitoring Tool |
| PERSON RESPONSIBLE | Teena Edwards, DSHS |

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| TOPIC/ITEMS 2 and 3 | Maximum cap |
| DISCUSSION | Discussed under Oral Health Standards |
| CONCLUSION | Will hold until final decision is made regarding maximum cap |
| FOLLOW-UP ACTIONS | Revise tool once decision is reached. |
| PERSON RESPONSIBLE | Teena Edwards, DSHS |

Comments were received on the Home Health Care and Home and Community-Based Services only. No comments were received on the monitoring tools.

Texas Home Health Care Standards

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| TOPIC/ITEM 1 | Staff qualifications - HIV/AIDS |
| DISCUSSION | Will correct to HIV/AIDS |
| CONCLUSION | Will correct |
| FOLLOW-UP ACTIONS | Revise Standards |
| PERSON RESPONSIBLE | Teena Edwards, DSHS |

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| TOPIC/ITEM 2 | Staff qualifications |
| DISCUSSION | Comment was a recommendation to strengthen the training requirements allowing for more education and understanding of HIV. Most of the AAs/Part A have training requirements for all staff listed under Universal Standards |
| CONCLUSION | No changes needed; If regions want to specify specific training requirements, they may do so. |

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| FOLLOW-UP ACTIONS | None |
| PERSON RESPONSIBLE | |

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| TOPIC/ITEM 3 | Home-bound |
| DISCUSSION | Inquiry if the client was required to be home bound to receive these services. HRSA does not make this a requirement. The only limitations is that services cannot be conducted in an inpatient, nursing home, or long-term facility. |
| CONCLUSION | Clarification offered |
| FOLLOW-UP ACTIONS | None |
| PERSON RESPONSIBLE | |

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| TOPIC/ITEM 4 | Intake and Eligibility |
| DISCUSSION | Comment was to also include proof of HIV positivity |
| CONCLUSION | Agreed - will add bullet |
| FOLLOW-UP ACTIONS | Revise Standards |
| PERSON RESPONSIBLE | Teena Edwards, DSHS |

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| TOPIC/ITEM 5 | Eligibility documentation updates |
| DISCUSSION | Comment was asking which documents need to be updated at 6 months to recertify the client. Copies of the six month recertification/attestation from the referring agency who is paying for services using RW/State Services funds. |
| CONCLUSION | Clarification offered |
| FOLLOW-UP ACTIONS | None |
| PERSON RESPONSIBLE | |

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| TOPIC/ITEM 6 | Transfer/discharge |
| DISCUSSION | Comment was wondering where the amount is set for "greater than the allowable eligibility requirements. |
| CONCLUSION | Will delete this bullet as no financial criteria should be used for this service category. |
| FOLLOW-UP ACTIONS | Revise Standards |
| PERSON RESPONSIBLE | Teena Edwards, DSHS |

Texas Home and Community-Based Services Standards

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|---------------------------|---|
| TOPIC/ITEM 1 | Home-bound |
| DISCUSSION | Inquiry if the client was required to be home bound to receive these services. HRSA does not make this a requirement. The only limitations is that services cannot be conducted in an inpatient, nursing home, or long-term facility. |
| CONCLUSION | Clarification offered |
| FOLLOW-UP ACTIONS | None |
| PERSON RESPONSIBLE | |

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| TOPIC/ITEM 2 | Staff qualifications |
| DISCUSSION | Comment was a recommendation to strengthen the training requirements allowing for more education and understanding of HIV. Most of the AAs/Part A have training requirements for all staff listed under Universal Standards |
| CONCLUSION | No changes needed; If regions want to specify specific training requirements, they may do so. |
| FOLLOW-UP ACTIONS | None |
| PERSON RESPONSIBLE | |

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| TOPIC/ITEM 3 | Staff qualifications - HIV/ADIS |
| DISCUSSION | Will correct to HIV/AIDS |
| CONCLUSION | Will correct |
| FOLLOW-UP ACTIONS | Revise Standards |
| PERSON RESPONSIBLE | Teena Edwards, DSHS |

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| TOPIC/ITEM 4 | Staff qualifications |
| DISCUSSION | Question was if we need to list out all potential professionals who may provide services: occupational therapists, respiratory therapists, physical therapist, etc. In the standards, the list was just for example; |
| CONCLUSION | Will reword sentence to state "including but not limited to...." Will add occupational therapists and respiratory therapists. |
| FOLLOW-UP ACTIONS | Revise Standards |
| PERSON RESPONSIBLE | Teena Edwards, DSHS |

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| TOPIC/ITEM 5 | Intake and Eligibility |
| DISCUSSION | Comment was to also include proof of HIV positivity |
| CONCLUSION | Agreed - will add bullet |
| FOLLOW-UP ACTIONS | Revise Standards |
| PERSON RESPONSIBLE | Teena Edwards, DSHS |

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| TOPIC/ITEM 6 | Eligibility documentation updates |
| DISCUSSION | Comment was asking which documents need to be updated at 6 months to recertify the client. Copies of the six month recertification/attestation from the referring agency who is paying for services using RW/State Services funds. |
| CONCLUSION | Clarification offered |
| FOLLOW-UP ACTIONS | None |
| PERSON RESPONSIBLE | |

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| TOPIC | Add requirement in Oral Health for dentists to check BP and pulse at every visit |
| DISCUSSION | Standards/monitoring tool was revised to include in the 3rd version |
| CONCLUSION | Clarification offered |
| FOLLOW-UP ACTIONS | None |
| PERSON RESPONSIBLE | |

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| TOPIC | Next conference call |
| DISCUSSION | Will be held on October 14th to discuss Hospice, Medical Nutrition Therapy, and Legal |
| CONCLUSION | Announcement |
| FOLLOW-UP ACTIONS | None |
| PERSON RESPONSIBLE | |

Meeting Attendance

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| Teena Edwards | DSHS HIV Care Services Group |
| Michelle Berkoff | DSHS HIV Care Services Group |
| Janina Vazquez | DSHS HIV Care Services Group |
| Ann Dills | DSHS HIV Care Services Group |
| Brian Rosemond | DSHS HIV Care Services Group |
| Jamie Schield | North Central Texas Planning Council, Part A |
| Gil Flores | North Central Texas Planning Council, Part A |
| Lisa Muttiah | Tarrant County Part A and B |
| Kristi Hanle | BVCOG HIV Program Director, Part B |
| Glenda Blackmon-Johnson | Dallas County Health and Human Services, Part A and B |
| Shibu Sam | Dallas County Health and Human Services, Part A and B |
| Maribel Rodriguez | South Texas Development Council |
| Cindy Garza | South Texas Development Council |