



## **VI. Standing Business**

### **▪ Ryan White Program Update**

*Ana Nieto for Carla Valle-Schwenk*

Ms. Nieto apologized for Carla Valle-Schwenk's absence from the meeting, as she is working on the grant. Amendments to contracts for the last sweeps are being worked on. The next sweeps letters for requests are being worked on. Ms. Nieto reviewed the September expenditures as of October 30, 2017. In Oral Health, there is a difference of almost \$500,000 between allocations and expenditures for the remainder of the year.

### **▪ Partnership Report**

*Marlen Meizoso*

Marlen Meizoso referenced the Partnership Report, which detailed the activities from the Partnership meeting of [DATE] (copy on file).

### **▪ Medical History Questionnaires**

Mrs. Meizoso reminded the workgroup that at the prior meeting, medical history questionnaires were reviewed and there was a desire to expand on questions dealing with substance abuse and mental health issues, since not all providers addressed these co-occurring conditions in their medical history materials. She reviewed the NIDA one-question substance abuse screener, the DAST-10, and the PHQ-4. Dr. Robert Ladner reviewed the 2017 Client Satisfaction Survey which provides information from the DAST-10 and PHQ-9 (copies on file). There seems to be no correlation between levels of oral health care usage and depression or substance abuse issues, based on data in the client satisfaction survey. A question was raised whether knowledge of ancillary lifestyle issues would actually assist the dentist in treating patients. For example, clients who are on mental health medications (e.g. SSRIs and benzodiazepine) have greater likelihood of having dry mouth, and this would be helpful to know. An acuity scale based on co-occurring conditions is being developed by BSR as part of a screener for clients, for either initial assessment or for six month follow-up. Urgency of referrals would presumably be modified by such an acuity scale, with those clients who are in higher need being referred to ancillary services or having an appointment scheduled more rapidly. As BSR continues to develop acuity tools, they will share the items with the workgroup.

### **▪ Trainings Update**

*All*

Mrs. Meizoso indicated that she contacted AETC for the four training items the workgroup was interested in. These items were: 1) clinical updates for dental staff; 2) cultural competency and defusing potentially violent client situations for the dental team; 3) customer service skills for front office staff; and 4) plain-language communication skills for all oral health staff. While trainings are available from AETC, not all the topics apply to all providers. Mrs. Meizoso reviewed an article in the Journal of Professional Excellence Dimensions of Dental Hygiene on the importance of health literacy, which offered some resources (copy on file). The workgroup wanted to see if the trainings could be divided or if a webinar options would be available. For the next meeting, it was suggested to have the clinical updates training early in the agenda for forty minutes. Staff will inquire with AETC to see if CE credits are provided for the training, and to obtain details on the other options discussed (including on-site technical assistance.)

### **▪ Oral Health Care Service Description**

*All*

Ms. Meizoso reviewed the Oral Health Care Service description and HRSA Bureau policy description (copy on file). The service description has been modified over the last two years including the addition of language regarding triaging of patients and a disclaimer regarding licensed Dental Assistants. The references for 2018 will be updated in the document, but no other changes were recommended to the service description.

▪ **Follow-up Discussion: OHC Protocols**

*All*

Mrs. Meizoso indicated that at the February meeting, one of the pending topics was protocols for treatment provision. Several subrecipients have already provided copies of the protocols they follow to dismiss clients from their agencies. Protocols are specific to agencies, and some protocols are agency wide rather than service specific. No further discussion was had on the subject.

**VII. New Business**

▪ **OHC Code Request: D5130 and D5140**

*All*

Mrs. Meizoso explained that a request had been made to add two codes D5130--immediate denture-maxillary and D5140-immediate denture-mandibular (copy on file). These codes are for dentures fabricated before all the teeth are removed and some of the teeth remain. Allowing this code would provide clients access to dentures prior to having all their teeth removed and maintain their quality of life (e.g., they have a more presentable appearance and can eat properly). Because of the specificity of the code, approval should only be once per lifetime.

**Motion to add D5130-immediate denture-maxillary and D5140-immediate denture-mandibular to the Ryan White Oral Health Care Formulary with a restriction to one administration per lifetime.**

**Moved: Frederick Downs, Jr.**

**Second: Dr. Michelle Soheil**

**Motion: Passed**

▪ **2018 Meeting Dates**

*All*

Mrs. Meizoso reviewed the 2018 meeting dates (copies on file). The workgroup agreed to keep the meetings in the morning.

**VIII. Announcements**

Mrs. Meizoso reviewed the November and December calendars (copies on file). She also announced that in February, elections would be held for Chair of the workgroup.

**IX. Next Meeting**

The next meeting is scheduled for Friday, February 2, 2018 from 10:00 a.m. to 12:00 p.m.

**X. Adjournment**

**Motion to adjourn.**

**Moved: Frederick Downs, Jr.**

**Second: Dr. Robert Johnson**

**Motion: Passed**

Dr. Casas adjourned the meeting at 11:48 a.m.