St. Louis TGA: Oral Health Services

PC Approved: 02.2026

PC Revisions: 01.2026

HRSA Definition[1]:

Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Program Guidance:

None at this time.

St. Louis TGA Definition:

Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and dental assistants.

Oral Health Services are subject to a cap of $2000 per client per grant year. Exceptions may be made with approval from the Recipient.

St. Louis TGA Program Guidance	
Federal Poverty Level [2]:	Clients must have a gross family income at or below 300% in MO and IL for Ryan White Part A services.

[1] https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16- 02Final.pdf p. 10

Service Charges:	Must comply with Ryan White legislative requirements on service charge limits and cannot deny services to clients for inability to pay.

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Service Caps:	Oral health services are subject to a cap of $2,000 per client per grant year. Exceptions may be made with approval from the Recipient.
Service Unit:	1 unit = one (1) office visit

[2] Office of the Assistant Secretary for Planning and Evaluation. U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs: https://aspe.hhs.gov/poverty-guidelines

St. Louis TGA Program Guidance

[2] *Glossary of Ryan White HIV/AIDS Program -Related Terms:* https://targethiv.org/library/glossary

Unallowable Costs:	• Direct cash payments to clients are not permitted. • Charges for services not rendered (e.g., no-show fees, etc.) • Cosmetic procedures (e.g., bleaching or whitening, ortho, braces, veneers, etc.) ○ Dentures and partials are not considered cosmetic and are allowable. • Customized upgrades (jewels, gold, etc.) to prosthetics (partials, dentures, and crowns).

Subrecipient [2]: The legal entity that receives Ryan White HIV/AIDS Program funds from a recipient and is accountable to the recipient for the use of the funds provided.

Subrecipients may provide direct client services or administrative services directly to a recipient. Subrecipient replaces the term “Provider (or service provider).”

1.0 Intake, Eligibility, and Recertification		
Standard	**Measure**	**Responsibility**
1.1 Oral health services are available to any individual who meets program eligibility requirements, within funded capacity.	1.1 Documentation of eligibility and oral health services utilization.	1.1 Subrecipient Responsibility

1.2 Subrecipient will verify client eligibility.	1.2 Documentation of client I.D and referral expiration date in client chart.	1.2 Subrecipient Responsibility

2.0 Agency, Policies, and Procedures		
Standard	**Measure**	**Responsibility**
2.1 Subrecipient will assess patient's oral health at least annually.	2.1 Date of care is documented in client chart.	2.1 Subrecipient Responsibility

2.2 Treatment will be administered according to published research and available standards of care and clinical decisions will be supported by the American Dental Association Dental Practice Parameters[3].	2.2 Date of care is documented in client chart.	2.2 Subrecipient Responsibility
2.3 A comprehensive oral evaluation should be given to people with HIV presenting for dental services which includes: a. Documentation of patients presenting complaints b. Caries charting c. Radiographs or panoramic and bitewings and selected periapical films. d. Complete periodontal exam or PSR (periodontal	2.3 Documented clinical notes in client chart.	2.3 Subrecipient Responsibility

screening records) e. Complete intraoral exam, including evaluation for HIV associated lesions f. Pain assessment. f. Pain assessment		
2.4 As indicated, diagnostic tests relevant to the evaluation should be used in diagnosis and treatment planning. a. Subrecipient will refer biopsies of suspicious oral lesions or request an exception from the Recipient to take biopsies of suspicious oral lesions.	2.4 Documented evaluation in client chart. a. Approval from Recipient and authorization number on file.	2.4 Subrecipient responsibility to request an exception. Recipient responsibility to respond to Subrecipient request with approval or denial.
2.5 Subrecipient will develop a treatment plan collaboratively with clients as needed and revise care plan on an ongoing basis.	2.5 Completed treatment plan, including services provided and referrals made, in client chart and documentation of review in the electronic client database.	2.5 Subrecipient Responsibility
2.6 Subrecipient will notify client of dental appointment at least two (2) business	2.6 Ninety percent (90%) of clients will be notified of their appointment at least	2.6 Subrecipient Responsibility

days in advance of appointment.	two (2) business days in advance of appointment.	
2.7 For MO clients, Subrecipient will obtain authorization for delivered services.	2.7 Assigned authorization number in client chart.	2.7 Subrecipient Responsibility
2.8 If treatment exceeds the service cap, the Subrecipient will get an exception from the Recipient prior to providing service.	2.8 Letter of medical necessity, estimate cost, and procedure code sent to the Recipient on file. Approval from Recipient and authorization number on file.	2.8 Subrecipient responsibility to request an exception. Recipient responsibility to respond to Subrecipient request with approval or denial.

[3] https://www.ada.org/en/member-center/oral-health-topics/hiv *Prepared by: Department of Scientific Information.*

3.0 Personnel Qualifications, Training, and Supervision ***(Including licensure)***		
Standard	**Measure**	**Responsibility**
3.1 Oral health services are provided by general dental practitioners, dental specialists, dental hygienist, and auxiliaries, and meet current dental care guidelines.	3.1 Copies of professional licensure and certification on file.	3.1 Subrecipient Responsibility
3.2 Oral health professionals providing the services have appropriate and valid licensure and certification, based on State and local laws.	3.2 Copies of professional licensure and certification on file.	3.2 Subrecipient Responsibility