

**Health Planning Council of Southwest Florida, Ryan White Part B  
Dental Policy**

**Effective: 3/01/08**

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The Ryan White CARE Act defines the Oral Health budget line items as follows:

**Oral Health:** Includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.

The Southwest Florida Regional HIV/AIDS Council (RHAC) policy is that all patients should receive an annual dental exam. The following services are the top priority for funding, require only an authorization for payment from HPC:

- Annual Dental Exam (scheduled and emergency) including x-rays
- Biannual Basic Cleaning

RHAC and HPC also agree that restorative and prosthodontic services should be accessible based on client need and available funding. HPC requires an authorization for payment and a dental plan of care for the following eligible services:

- Amalgam and Resin Fillings
- Complete Dentures

HPC will cover oral surgical services based on documentation of need, authorization from the Primary Care Provider indicating the client is in condition to receive services, and availability of funding. To receive an authorization from HPC, the plan of care and PCP authorization must be sent to HPC.

- Extensive (Deep) Cleaning / Scaling
- Extraction(s)
- Root Canal(s)

HPC issues authorization for payment to RW Part B contracted Primary Care Providers or other entities entering into an agreement with HPC to assure eligibility and secure appropriate documentation in compliance with the RWII program and policies. Funding is allocated quarterly to the following agencies and authorizations must be obtained prior to service:

- Charlotte County Health Department
- Collier County Health Department
- Community AIDS Network
- DeSoto County Health Department
- Hendry County Health Department
- Island Coast AIDS Network
- McGregor Clinic
- Sarasota County Health Department

Requests for services from agencies without sufficient funding availability at that time should submit the request to HPC and they will either be considered under other avenues of available funding or put on a wait list until funding becomes available.

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I, (print client name) \_\_\_\_\_, have read and understand the above policy. I understand my responsibilities to seek other sources of reimbursement or coverage, and seek reimbursement back to the RWII program where applicable. I understand I must be compliant with the requirements for assistance outlined above or I risk being ineligible for further assistance.

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_