



Ryan White HIV Provision of Care & Special Populations

State of Rhode Island, Medicaid Division

Vigorous Pursuit of Dental Coverage Policy

1. All clients will be evaluated to determine if dental service can be reasonably covered by another funding source beyond Ryan White Part B, e.g. Medicaid, Medicare, Healthcare Marketplace HealthSource RI, employer sponsored health insurance coverage, and/or other private health insurance and the documentation requirements of those activities, at initial intake and at least every six months. **(Note: If client's financial eligibility changes before six months, case managers should vigorously pursue all applicable optional dental coverage available)**
2. **Information provided to clients without Dental benefits will include:**
 - a.) The availability of Delta Dental plan funded by the EOHHS, Ryan White program contracted with Family Service of Rhode Island (AIDS Project Rhode Island).
 - b.) The current cap on dental clients is three hundred and twenty-five (325) due to funding restrictions.
 - c.) Priority has been provided to the existing clients who received dental resources from Family Service of Rhode Island previously and those transitioning from the EOHHS, Rhode Island Financial Assistance Benefits (**RI-FAB**) program. **Please note: the existing clients FSRI provided services to may or may not be non-medical case management clients of FSRI.**
 - d.) Annual maximum is \$1,500
 - e.) Annual deductible is \$0
 - f.) Product Name is Delta Dental Premier



- g.) Clients will receive dental plan information from Family Service of Rhode Island (APRI), Program Coordinator, Kimberley Clohecy, 9 Pleasant St., Providence, RI at (401) 831-5522 ext. 2299 or their respective case manager.
- h.) Clients will review and sign the EOHHS/APRI required client checklist for dental benefits.

3. Documentation:

Program Coordinator/Case Manager notes will document all activities pertaining to client eligibility to continue to receive dental benefits at each certification and re-certification event. Clients will be asked to sign a copy of the “Client Acknowledgement” form at intake and at their six-month assessment/re-certification. All efforts to address the identified barriers for enrollment over a period of encounters will be documented in the client record.

4. Quarterly Reporting Requirements:

In collaboration with EOHHS staff, quarterly Quality Management Narrative Reports and performance measures will document successes and challenges in assisting clients with dental program coverage.