

PLANNING AND IMPLEMENTING A SCHOOL-BASED HEALTH CENTER DENTAL PROGRAM

Guidance in Applying to Provide Dental Health Services in a School in New York State

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□ INTRODUCTION

Article 28 facilities (e.g., hospital, diagnostic and treatment center, community health center, and county health department under its Article 28 certificate) interested in establishing a school-based health center dental program (**SBHC-D**) in New York State must complete an application for the provision of dental health services and receive approval from the New York State Departments of Health. For purposes of this document and the application process, **school-based** refers to pre-school, Head Start/Early Head Start, and elementary, middle, or high school.

This guidance document is designed to be used in conjunction with the preparation of your application packet and provides assistance to applicants in:

- determining the need for school-based dental programs;
- identifying schools and pre-school and Head Start/Early Head Start sites within the community with the greatest need for dental services;
- developing appropriate interventions to meet the identified needs of the target population;
- developing a work plan consisting of activities, timelines, budget, staffing pattern, and an evaluation component;
- establishing a memorandum of understanding with each school or site;
- developing an operating manual consisting of policies and procedures for program implementation, monitoring and quality assurance, compliance with rules and regulations, and billing for services; and
- developing evaluation and continuous quality improvement plans.

Applicants should also review ***Requirements for a School-Based Health Center Dental Program in New York State*** prior to initiating work on the application. This document, which begins on page 23, defines the levels of service, staffing, and operations of a school-based dental program, the provision of emergency dental services during non-school hours, and the requirements for establishing relationships between the SBHC-D and the Head Start/Early Head Start Center or pre-school site, the school, the School Board, and the School District; the student's family; the community; the sponsoring facility; and other oral health care providers.

Technical assistance for the development and improvement of oral health service delivery is available from the NYS Oral Health Technical Assistance Center <http://www.oralhealthtac.org/>. Applicants are strongly encouraged to contact the Technical Assistance Center for guidance and support in planning and developing a school-based dental services program prior to initiating work on the application packet.

In addition, information on starting a school-based dental program, see the State of Ohio Dental Bureau website at <http://www.ohiodentalclinics.com/>. The Center for Health and Health Care in Schools' website also has an entire section on the development and management of dental health services in schools <http://www.healthinschools.org/Health-in-Schools/Health-Services/School-Based-Dental-Health.aspx>

□ DOCUMENTATION OF NEED

Applicants **must** establish that the proposed populations to be served have inadequate access to dental health services as designated by indicators of socioeconomic and dental health status and primary dental care capacity and demonstrate the need for the dental services being proposed and for the selection of specific service sites. Applicants must also identify and describe prevalent dental problems experienced by pre-school or school-aged children and youth targeted for services, as well as demographics, cultural, social, geographical, institutional and financial barriers to care. Health care and human service resources available to the population and why school-based dental services are needed to supplement these resources must likewise be described.

In determining the need for services, the following should be considered:

- population demographics
- presence of factors and determinants that are known to be associated with high rates of dental diseases
- dental needs of the target population(s)
 - results of surveys or assessments showing high unmet needs
 - prevalence of serious, but preventable, dental conditions
- accessibility of current dental care resources for target populations, including the availability and utilization of private and public dental care
- community perceptions of the need for dental care resources and services
- documentation that schools and sites to be served are located in high need areas

A variety of resources are available to help identify and document the need for dental services, including:

- The oral health component of Healthy People 2010 <http://www.healthypeople.gov/document/html/volume2/21oral.htm> ,
- The Centers for Disease Control and Prevention (CDC) National Center for Chronic Disease Prevention and Health Promotion (NCCD) website has state level data available on dental screening, dental sealants, early childhood caries, fluoride mouth rinse and fluoride supplement programs, needs assessments and oral health surveys, and oral health education and promotion <http://apps.nccd.cdc.gov/synopses> ,
- The Oral Health of Children: A Portrait of States and the Nation 2005 <http://mchb.hrsa.gov/cshcn05/MI/NSCSHCN.pdf>
- The Head Start Program Information Report on the use of dental services http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and%20Management/Head%20Start%20Requirements/Program%20Information%20Report/2009-2010_PIR_Survey_Changes.pdf
- The NYS Oral Health Plan http://www.health.state.ny.us/prevention/dental/oral_health_plan.htm,
- The oral health status of 3rd grade children in NYS http://www.health.state.ny.us/prevention/dental/docs/child_oral_health_surveillance.pdf
- A report on the impact of oral disease in NYS http://www.health.state.ny.us/prevention/dental/docs/oral_health_plan.pdf

- Expenditures for dental care services from the Agency for Healthcare Research and Quality <http://www.ahrq.gov/data/mepsix.htm> .
- The community health assessment, which is periodically conducted by each county department of health, includes a variety of data on the dental health status and needs of local residents.

The chart on the next 3 pages provides suggestions on the types of data that can be used in a **community needs assessment** to document need and potential sources for obtaining the data in addition to those referenced above.

Types of Data to Include in a Needs Assessment

	Category of Data	Where Found
1	<p>Demographic Data</p> <p>How many children are eligible for school lunch program?</p> <p>How many families at the federal poverty level?</p>	<ul style="list-style-type: none"> ▪ Local school district School Report Card: data on participation in free lunch, reduced price lunch, public assistance for each school within the district – available at https://www.nystart.gov/publicweb/Home.do?year=2009 2005 Community Health Assessment – available on each county from the respective county health department; may also be available on the county health department's website ▪ The oral health status of 3rd grade children in NYS http://www.health.state.ny.us/prevention/dental/docs/child_oral_health_surveillance.pdf. ▪ The report on the impact of oral disease in NYS http://www.health.state.ny.us/prevention/dental/oral_health_plan.htm,
2	<p>Community Oral Health Status</p> <p>Prevalence of the following:</p> <ul style="list-style-type: none"> ▪ dental caries (tooth decay), ▪ periodontal health, including oral cancer ▪ oral defects (e.g. clefts, malocclusion) ▪ other oral conditions <p>Prevention Measures</p> <ul style="list-style-type: none"> ▪ annual visit to dentist/dental clinic in last year ▪ dental cleaning in last year 	<ul style="list-style-type: none"> ▪ 2005 Community Health Assessment – available on each county from the respective county health department; may also be available on the county health department's website ▪ Some county-level data available from Robert Wood Johnson Foundation http://www.countyhealthrankings.org/new-york ▪ State or local surveys on different age groups The oral health status of 3rd grade children in NYS http://www.health.state.ny.us/prevention/dental/docs/child_oral_health_surveillance.pdf ▪ Local or State dental director ▪ State or County dental society ▪ Youth Risk Behavioral Surveillance System at http://www.cdc.gov/HealthyYouth/yrbs/index.htm

	Category of Data	Where Found
3	<p>Perceived Need for Dental Care</p> <p>Perceptions of the following:</p> <ul style="list-style-type: none"> ▪ Consumers (accessibility, acceptability, affordability) ▪ Oral health care providers (dentists, dental hygienists) ▪ School personnel (teachers, nurses, principals) ▪ Health care providers (pediatricians, clinic providers, etc) ▪ Local leaders (elected officials, community leaders, etc) 	<ul style="list-style-type: none"> ▪ 2005 Community Health Assessment – available on each county from the respective county health department; may also be available on the county health department's website ▪ Surveys in the schools and community ▪ Interviews with community leaders ▪ Interviews with school administrators and teachers ▪ Research on issue in newspapers
4	<p>Medicaid and Child Health Plus Coverage</p> <ul style="list-style-type: none"> ▪ Utilization of dental services by Medicaid and Child Health Plus eligibles ▪ Local Dentists participating in Medicaid/Child Health Plus: <ul style="list-style-type: none"> ○ number of dentists practicing in community ○ number of dentists accepting Medicaid/Child Health Plus beneficiaries ○ number of dentists with 	<ul style="list-style-type: none"> ▪ State Medicaid - data also available on line at http://www.health.state.ny.us/statistics/ ▪ Electronic version of Managed Care Plans – Performance Reports (eQARR) available at http://www.nyhealth.gov/ ▪ Local Department of Social Services for Medicaid and Child Health Plus utilization data related to dental services ▪ Local intelligence on participation of dentists in Medicaid and Child Health Plus and waiting time for services: data may be available from County Dental Society and local departments of health and social services. ▪ The report on the impact of oral disease in NYS http://www.health.state.ny.us/prevention/dental/oral_health_plan.htm ▪ Report on the <i>Factors Contributing to Low Use of Dental Services by Low-Income</i>

	at least one Medicaid/ Child Health Plus claim during most recently available reporting period	<i>Populations</i> (PDF) U.S. General Accounting Office, GAO/HEHS-00-149, September 2000 http://www.gao.gov/new.items/he00149.pdf
	Category of Data	Where Found
5	Insurance <ul style="list-style-type: none"> ▪ % of population who are uninsured for dental care ▪ % of population who are uninsured for health care 	<ul style="list-style-type: none"> ▪ 2005 Community Health Assessment – available from county health department; may also be available on the county health department’s website ▪ State Insurance Department ▪ City Planner
6	Prevention Programs <ul style="list-style-type: none"> ▪ Number and type of public dental disease prevention programs: <ul style="list-style-type: none"> ○ fluoride mouth rinse ○ fluoride tablet ○ educational ○ sealants ▪ Number and age of individuals served by programs ▪ Populations served by fluoridated public water supply systems 	<ul style="list-style-type: none"> ▪ County Health Department 2005 Community Health Assessment – available on each county from the respective county health department; may also be available on the county health department’s website ▪ Bureau of Dental Health, NYS Department of Health, for information on schools participating in the fluoride tablet, rinse, and/or sealant programs ▪ State-level data on fluoride supplement, sealant, and oral health education programs are also available at http://apps.nccd.cdc.gov/synopses/ ▪ Information available on fluoridation status of all water systems in NYS at My Water’s Fluoride website at http://apps.nccd.cdc.gov/MWF/index.asp?Warn=Select+a+valid+State%2E

□ **DESIGNING THE PROGRAM**

Once the needs assessment is completed and the need for dental services identified, select the specific schools, pre-school, and Head Start/Early Head Start programs within the community serving the greatest numbers of children being targeted for services. When considering the selection of schools and pre-school, Head Start/Early Head Start programs, the operational feasibility of establishing a site within any given school or program, as well as the level of support and cooperation of the surrounding community, must also be taken into account.

Services must be provided on-site (fixed facility or portable clinic) or on the premises (mobile van) of a school, pre-school, or Head Start/Early Head Start program within the school district, with the types and intensity of the interventions being planned based on the identified needs of the community.

Types of Intervention

Five different types of intervention programs may be considered based on need, feasibility, and local capacity.

I Creating a Healthy Environment

Develop policy interventions to promote regular dental checkups, proper dietary habits, the use of fluoride, and safety measures to protect from injuries.

Examples: use of mouth guards in school sports
requiring dental checkups as part of school physical
community water fluoridation

II Health Education and Promotion Programs

Incorporate dental health into the school curriculum by developing specific age-appropriate activities to promote dental health.

Examples: dental health month
tobacco cessation programs
visits to dental offices
tooth brushing programs

III School-Based Preventive Programs

- dental assessments and counseling
- screenings and referral
- fluoride mouth rinse or tablets
- management of dental emergency

IV School-Based Clinical Preventive Programs

- oral prophylaxis (cleaning)
- sealants
- fluoride applications

V School-Based Treatment Programs

- treatment program using mobile vans or portable equipment
- treatment program using fixed facilities

School-based clinical preventive (**IV**) and treatment programs (**V**) provided to students of the school or school district or to children in pre-school or Head Start/Early Head Start

programs in the school district during school hours require prior approval by the New York State Departments of Health and Education pursuant to Chapter 198 governing School-Based Health Centers. For those SBHC-D programs providing treatment services (Intervention V), the Article 28 sponsor must ensure that appropriate dental treatment services are provided or arranged for during non-school hours, school vacations and on weekends.

The Article 28 sponsor must be involved with the overall operation and management of the SBHC-D and is required to submit all billable clinical preventive and treatment services for reimbursement to Medicaid, Child Health Plus, or to the child's private dental health insurance carrier, as appropriate. Under Departmental Regulation 10 NYCRR 86-4.9, such a service by a RDH in a clinic setting constitutes a Medicaid billable threshold service if done pursuant to an individual order/treatment plan from a clinic dentist. If families are notified in advance and agree, fees may be charged for clinical treatment services using a zero-based sliding fee scale. No child, however, can be denied treatment services based solely on the family's lack of insurance or inability or refusal to pay.

Additionally, all school-based dental screening and educational services are to be provided to students free of charge, with no out-of-pocket expenses to students or their families.

Plan of Work

General Description of the Program and Procedures

Applicants are required to provide a description of all proposed program services, an implementation plan, a description of how each service will be maintained, and all applicable procedures related to the service. Please refer to pages 30-31 of *The Requirements for a School-Based Health Center Dental Program in New York State* for more detailed information on work plan components and requirements.

Based on the type(s) of intervention program(s) to be implemented, applicants should describe how the following activities and services will be provided:

- program promotion and outreach,
- oral health education, and
- primary and preventive dental health care.

The procedures and strategies to be used to accomplish the following should likewise be described. These procedures and any related policies would also be included in the program's operating manual.

- obtaining parental consent and involvement,
- enrollment
- follow-up and referrals,
- linkages with dental health providers when the child has another provider,
- transfer of client specific information among providers, school and backup facility,
- provision of or referral for dental treatment services during non-school hours,
- obtaining third party reimbursements for billable dental services
- data collection and the evaluation of services, and
- quality assurance.

Site Specific Work Plans for Providing Dental Services

A work plan is required for each site at which dental services will be provided. The work plan should include a list of all site-specific activities, and for each activity, the timeframes for implementation of the activity, the frequency of the activity, individuals targeted for the activity, and the individual(s) responsible for the activity.

Evaluation Plan

An evaluation plan is critical to the long-term success of the dental program. Both process and outcome and/or impact measures should be included in the plan.

Process evaluation answers the question, “What services are actually being provided and to whom?” The focus of process evaluation is on the characteristics of the program and target population being served, the number and kinds of services offered and provided, and a description of the recipients of the services.

Examples of process evaluations:

Process Evaluation	Data Collected to Evaluate Success
Program promotion/outreach	<ul style="list-style-type: none"> ▪ number of promotional programs ▪ number of families reached ▪ number of outreach/promotional materials distributed and to whom
Oral health education	<ul style="list-style-type: none"> ▪ number of sessions held and topics covered ▪ number of attendees
Informed consent	<ul style="list-style-type: none"> ▪ number of forms distributed ▪ % returned
Enrollment	<ul style="list-style-type: none"> ▪ number of children enrolled in the program by age, race/ethnicity, income (or participation in free or reduced-price school lunch program), and third party insurance coverage ▪ average waiting time for appointments ▪ frequency of missed appointments
Reimbursements	<ul style="list-style-type: none"> ▪ number of claims eligible for Medicaid reimbursement, % of claims billed, % of claims paid, and dollar value of paid claims ▪ number of claims eligible for reimbursement by Child Health Plus, % of claims billed, % of claims paid, and dollar value of paid claims ▪ number of claims eligible for private third party reimbursement, % of claims billed, % of claims paid, and dollar value of paid claims
Preventive Dental Services <ul style="list-style-type: none"> ▪ Comprehensive Oral Exam ▪ X-Rays ▪ Oral Prophylaxis ▪ Fluoride ▪ Sealant ▪ Other (specify) 	<ul style="list-style-type: none"> ▪ number and % of enrolled children receiving preventive services by type of service ▪ for each type of preventive service, the distribution of children by age, race/ethnicity, income, and third party insurance coverage receiving services
Treatment Services <ul style="list-style-type: none"> ▪ Restoration ▪ Extractions 	<ul style="list-style-type: none"> ▪ number and % of enrolled children receiving treatment services by type of service ▪ for each type of treatment service, the distribution of

▪ Other (specify)	children by age, race/ethnicity, income, and third party insurance coverage receiving services
Referrals	<ul style="list-style-type: none"> ▪ number of children in need of referrals and % referred ▪ % of those referred following through with referral

Outcome evaluation tells you whether or not your program is achieving its desired outcomes and answers the question, “Did the program make a difference?” Impact evaluation examines the ultimate impact of your program within the context of the dental problems identified in the community needs assessment.

Examples of outcome or impact evaluations:

Outcome /Impact Evaluation	Measures of Success
Dental caries	decrease in the prevalence of dental caries
Untreated decay	<ul style="list-style-type: none"> ▪ decrease in the % of children found to have active decay ▪ reduction in tooth extractions ▪ decrease in absenteeism due to dental problems
Dental sealants	increase in the % of children with sealants
Utilization of dental services	<ul style="list-style-type: none"> ▪ increase in % of children having annual dental visit ▪ increase in % of children having teeth cleaned in past year
etc.	

Process-related data should, at a minimum, be collected and analyzed on a quarterly basis. Based on the findings and identification of any problems or deficiencies, modifications in the provision of services can be made in a timely manner in order to best meet the needs of the target population. Outcome and impact evaluations are more rigorous, require the program to have been in operation for a longer length of time, and must take into account the occurrence of intervening variables that can affect the results.

Continuous Quality Improvement

School-based dental programs must have a plan for quality assurance/continuous improvement. One person must be assigned responsibility for this function and be actively involved in the CQI process. The CQI process should be integrated into and parallel the quality improvement processes of the Article 28 sponsor.

The CQI plan, at a minimum, needs to:

- include the review of quality assurance elements and policies and procedures pertaining to dental health services in the school-based program,
- be evaluated on a quarterly basis,
- incorporate findings from program evaluations, and
- disseminate results to staff at both the sponsoring facility and school site(s) and to members of the Community Advisory Committee.

Based on findings, an action plan would be required to be developed and implemented to improve dental health services and correct any possible deficiencies found.

Collaborations

Support from and collaboration with the school district, school staff (teachers, administrators, and support staff) parents, students, community service organizations, and community leaders are critical for the ultimate success of the dental health program. Consideration must also be given to the way in which dental health services are integrated into the SBHC and other health-related services in the school.

Community Advisory Committee

Community involvement in the proposed program is essential for garnering greater acceptance and support of the program and in helping to ensure its ultimate success. Seek the involvement of individuals representing different constituencies within the community (e.g., dental health professionals, parents, school administrators and teachers, local health department, local governing body, community health centers, local service organizations) to provide assistance in obtaining community input and support and in serving as members of an advisory committee.

Each school-based health center should already have a community advisory committee representative of its constituency and oriented to clinical services. This advisory committee should be approached to ascertain its willingness to provide oversight of the dental services. The advisory committee should be briefed on the findings from the community needs assessment, the scope of the problem, and plans to establish school-based dental services. It is important to elicit the support of advisory committee members in providing assistance in program planning and implementation, oversight of the dental services, and in obtaining community input.

Applicants must describe how input from the Community Advisory Committee will be established, maintained and incorporated into the dental health services and how the committee will meet its responsibilities specific to oversight/planning of dental health services. A list of committee members and the constituencies they represent must be included in the application packet.

Memorandum of Understanding

For **each school, preschool, or Head Start/Early Head Start site** at which dental health services are to be implemented, a Memorandum of Understanding (MOU) is required to be signed by the district superintendent **and** school principal (or Head Start/Early Head Start program director) and, as applicable, either the Chief Executive Officer of the sponsoring agency or the Commissioner/Director of Public Health. The MOU documents the responsibilities of the school and service provider and should be reviewed and amended as needed to reflect any changes or additions in dental health services and program requirements. A sample MOU is included in the Appendix. Two copies of the MOU with all original signatures must be submitted with the application; one copy of the MOU will be retained by the Bureau of Dental Health, New York State Department of Health.

Budget

A budget is required to be submitted for review in order for the Department to be assured that adequate resources are available to operate a quality SBHC-D program and to assure its future financial viability.

General directions:

- The budget must cover a full 18-month time period (6 month start up and 12 months operation).

- The budget information reported includes ***all sites***.
- All requested information and data must be provided.
- The staffing titles listed in the budget must be consistent with the titles of program staff reported under site-specific information (Table E).
- All funding sources must be disclosed, including third-party and other reimbursements, should equal projected expenses.
- The value of in-kind contributions (both personnel and equipment/supplies) must be listed.
- All dental health-related grant funded programs must be identified, and a description of funded services and the amount of the award provided.

Development of a Dental Services Operating Manual

There are minimum policies and procedures that must be in place when operations begin. A description of these and all other relevant policies and procedures are to be incorporated into an Operating Manual for the Dental Clinic. The Dental Services Operating Manual must be specific to the SBHC-D and the provision of dental services and should include, at a minimum, the following:

- scope of services to be provided,
- obtaining parental consent to enroll a child,
- appointment and re-call schedule,
- treatment of emergencies,
- referral for non-covered services,
- follow-up on referrals and missed appointments,
- linkages with dental health providers when the child has another provider,
- provision of or access to care during non-school hours,
- patient privacy and the confidentiality of dental records,
- transfer of client specific information, with parental approval, among providers, school and backup facility, and the child's primary care dentist, where applicable,
- infection control procedures, including exposure control plan (required by federal regulation),
- hazard communications program (required by federal regulation),
- organization chart,
- position descriptions,
- hiring procedures, including staff orientation, in-service training, and continuing education opportunities,
- obtaining third party reimbursements for billable dental services,
- zero-based sliding fee scale to be used for determining the parental share for dental treatment services,
- data collection and the evaluation of services,
- program monitoring, and
- quality assurance measures, including child/parent satisfaction surveys.

If dental services are to be added to an existing school-based health center program, many of the policies and procedures required to be included in the Dental Services Operating Manual may already be described in the Operating Manual for the School-Based Health Center (SBHC). Relevant sections of the SBHC manual, if applicable to the operation of the dental program, can be used or modified as needed for inclusion in the Dental Services Operating Manual.

□ PROVIDER RESPONSIBILITIES

All applicants approved to provide school-based dental services must:

- Plan for and operate dental health services in collaboration with the school, community leaders and organizations, other health care and dental resources, and with a community advisory committee.
- Assure that all health professionals are licensed and registered pursuant to Title VIII of the NYS Education Law and that the program is under the general supervision of a licensed physician and dentist. Licensure can be verified online through the NYS Office of Professions <http://www.op.nysed.gov/opsearches.htm>
- For SBHC-Ds located at sites lacking a SBHC, assure that a licensed physician and dentist at least provides general administrative oversight and supervision of the program.
- Assure that appropriate dental treatment coverage is provided for continuity of care, such as making arrangements for appropriate coverage during out-of-school hours, during school vacations and on weekends.
- Provide dental screenings, education and referral services at no cost to the child or family.
- Provide primary and/or preventive dental health services consistent with **Requirements for a School-Based Health Center Dental Program** (see Appendix)
- When screenings indicate the need for additional services, the parent or caregiver must be notified of the options available for follow-up services, as well as any charges that might be incurred by the family.

Options include one of the following:

- referral to another provider, or
 - on-site treatment utilizing a zero-based sliding fee scale.
- Inform parents that they can elect to have their children receive dental services through the SBHC-D or that services can be provided by the child's current primary dental care professional.
 - Provide for a system of ongoing data management, program monitoring and service evaluation.
 - **Submit quarterly and annual reports to the Department within thirty days (30) of the close of the report period, as well as report any program or staffing changes immediately.**
 - Demonstrate financial viability and sustainability.

GLOSSARY OF TERMS

Article 28 Facility

An Article 28 facility is a hospital, diagnostic and treatment center, or community health center approved to operate by the New York State Department of Health. Additionally, home health agencies operated by county health departments are certified by the New York State Department of Health as Article 28 providers; a county health department, under its Article 28 operating certificate, is therefore eligible to apply to become a SBHC-D provider.

Back-Up Facility

An Article 28 facility that will be used to provide dental treatment services during non-school hours/days and/or when dental treatment services outside of the scope of services provided by the SBHC-D are needed.

Dental Health Services:

- **Dental Health Education**: Basic information about oral health, including age-appropriate oral hygiene practices (brushing, flossing, dental visits), caries prevention, nutrition and dental health, and tobacco use and oral health. Dental health education is typically incorporated in the school curriculum and provided in a group or classroom setting; it can also be provided to parents and teachers. Dental health education is not a billable service under Medicaid. ***(Please note that a SBHC-D Application is not required if providing this service only or in conjunction with a screening).***
- **Dental Screening Program**: A dental screening program is one in which all or specific groups of children within a school, preschool program, or Head Start/Early Head Start Center undergo a general dental assessment or screening by a dental hygienist, nurse, or other health professional for the purposes of collecting oral health surveillance data, determining the current oral health status of children, identifying current oral health problems and treatment needs, and making referrals for any needed dental care and treatment. Dental screening is not a billable service under Medicaid. ***(Please note that a SBHC-D Application is not required if providing this service only or in conjunction with dental health education).***
- **Clinical Preventive Services**: Clinical preventive services are Medicaid billable and include the following:
 - Oral Evaluations
 - Periodic Oral Evaluations: An **initial** dental examination of a new child consists of a comprehensive clinic examination of the oral cavity and teeth and includes charting, history recording, pulp testing when indicated, and the development of a treatment plan. A **recall** dental examination is limited to one per six-month period and includes charting and history necessary to update and supplement initial oral examination data.
 - Limited Oral Evaluation – Problem Focused (emergency oral examination): This refers to exams to evaluate emergency conditions and typically involves

children being seen for a specific problem and/or presenting with a dental emergency, trauma, acute infection, etc.

- Radiographs/Diagnostic Imaging: Appropriate radiographic studies can be done to supplement periodic oral evaluations and should take into account the individual needs of the child, dental age, past dental history, and clinical findings.
- Oral Prophylaxis or cleaning of the teeth is typically done once per six-month period.
- Sealants: The application of sealants is restricted to children between 5 and 15 years of age with previously unrestored permanent first or second molars that exhibit no clinical or radiographic signs of occlusal or proximal caries. Reapplication, if necessary, is permitted once every 3 years.
- Fluoride Applications: Refers to semi-annual topical fluoride treatment when professionally administered in accordance with appropriate standards. Fluoride rinse (aqueous sodium fluoride) is not reimbursable under the Medicaid Program.

(Please note that a SBHC-D Application is required if providing these services)

- ***Clinical Treatment Services:*** Clinical treatment services are Medicaid billable and include the following: restoration of a tooth with amalgam or a composite resin material, crowns, periodontics (gingivectomy or gingivoplasty, periodontal scaling and root planing), and tooth extractions. ***(Please note that a SBHC-D Application is required if providing these services)***

Family-Centered

Being family-centered means that policies regarding access, availability, and flexibility take into consideration the various structures and functions of families in the community being served. Providing family-centered dental care means understanding the nature, role, and impact of a child's oral health practices, dental health status, and oral health needs in terms of the family's structure, function, and dynamics.

Fee for Service (FFS)

The amount paid for a service rendered.

Fixed Site

A fixed site refers to a permanent or immovable operatory located within a school, pre-school, or Head Start/Early Head Start program established and exclusively used for the provision of dental services. All dental equipment (e.g., examination chairs, radiographic equipment, dental supplies, sterilization materials and apparatus) remain within the clinic site and are not brought in and set up each time services are to be provided,

Full Time Equivalent (FTE)

A measurement equal to one staff person working a full-time work schedule for 1 year.

Managed Care Organization (MCO)

A health plan that seeks to manage care and provide cost containment. Generally, this involves contracting with health care providers to deliver health care services on a capitated (per-member per-month) basis.

Memorandum of Understanding

A Memorandum of Understanding (MOU) is a legal document describing mutual agreement between parties. It expresses the responsibilities of each party and how the parties will work together toward a common goal or purpose.

For each school site or program at which dental health services are to be implemented, an MOU must be in place and must be signed by both the district superintendent **and** school principal and, as applicable, either the Chief Executive Officer of the sponsoring agency or the Commissioner/Director of Public Health. Since the MOU documents the responsibilities of the school and service provider, it must be reviewed at least annually and amended as needed to reflect any changes or additions in dental services and program requirements.

If a subcontractor of the Article 28 sponsor is to be used for the provision of dental services, the MOU should also include a description of the roles and responsibilities of the subcontractor as related to the provision of dental services at the school; the MOU, however, is **still** between the Article 28 and school and must still be signed by the Chief Executive Officer of the Article 28 facility.

Mobile School-Based Dental Clinic

A mobile school-based dental health clinic or program is one in which portable equipment is brought into the school to be used for the provision of services or one in which a mobile dental van is brought onto school property to provide services.

Operating Certificate

Article 28 facilities must be approved by the NYS Department of Health to provide services at a specific site and must be issued an Operating Certificate prior to the initiation of services. Operating Certificates are based, in part, on the information provided in the Article 28's application or Certificate of Need. For Article 28 facilities with an existing Operating Certificate who plan to add services, a revised Certificate of Need must be submitted and the Operating Certificate revised accordingly to reflect the new services. The following are definitions of different types of Operating Certificates that can be issued:

- Primary Medical Care, Outpatient:** means those non-critical or special care services provided to patients on a short-term basis to protect and promote the health and well being of the patients. Such services shall be provided to members of the community on an outpatient basis [407.10 (a)].
- Practitioner Services Dental:** means care provided to patients by a person licensed under Article 133 of the Education Law, who is appropriately credentialed by the governing body of the provider.
- Part-time clinic:** means an ambulatory care program operated at a particular site less than 60 hours per month (as determined by the aggregate hours of program site operation) by a general hospital or a diagnostic or treatment center that is approved to operate part-time clinics. A part-time clinic site is a site other than the primary delivery site(s) listed on the primary facility's operating certificate; provided, however, that any health care services provided in elementary or secondary schools to students during regular school hours shall not qualify as part-time clinic sites under this Title. [700.2(a)(22)]

School-Based Site

A school-based site refers to a clinic site located in or on the grounds of a pre-school program, Head Start/Early Head Start Center, or elementary, middle, or high school.

School Based Health Center (SBHC)

A school-based health center (SBHC), as defined by the NYS Department of Health School Health Program, is a delivery system of primary and preventive health located in a school and provided by an Article 28 facility: hospital, diagnostic and treatment center or community health center.

School-Based Health Center-Dental Program (SBHC-D)

A school-based health center dental program is an approved dental health services delivery program located in a school/pre-school/Head Start/Early Head Start program or on school/pre-school/Head Start/Early Head Start program property that provides dental health services during school hours. Unlike a dental sealant program, which targets services to a specific age/grade-level group of children, **all children** enrolled in the school or pre-school/Head Start/Early Head Start program, regardless of age or grade, are eligible, if they meet service criteria, to receive the full range of preventive and treatment services provided by the SBHC-D. If the SBHC-D provides on-site treatment of dental problems as one of its services, arrangements must be made for the provision of treatment services during non-school hours either at the Article 28 main site or at a designated back-up facility or through referral to another provider.

A SBHC-D program may be operated as an extension of a SBHC or be located in a school or site lacking a SBHC (stand alone SBHC-D).

Sliding Fee Scale (SFS)

The amount charged for services based on household income and measured with reference to the federal non-farm income official poverty level. The percent of costs for services paid by the family increases as household income increases,

At the beginning of each calendar year, the government publishes its Federal Poverty Guidelines in the Federal Register (<http://aspe.hhs.gov/poverty/07fedreg.htm>). Revisions must therefore be made in any sliding fee scales used to determine charges for services in order to reflect changes in the federal non-farm income official poverty level.

Example:

2010 HHS Federal Poverty Guidelines

Example for Family Size of 3:

Family Size	Annual Income
1	\$10,830
2	\$14,570
3	\$18,310
4	\$22,050
5	\$25,790
6	\$29,530
7	\$33,270
8	\$37,010
For each additional person	Add \$3,740

Income	Pay
up to \$18,310.00	5% of charges
\$18,310.01-\$20,141.00	10% of charges
\$20,141.01-\$21,972.00	20% of charges
\$21,972.01-\$23,803.00	30% of charges
\$23,803.01-\$25,634.00	40% of charges
etc.	

Stand Alone SBHC-D

A stand alone SBHC-D is a free-standing dental health services delivery program located in a school or on school property that provides dental health services during school hours and/or non-school hours to school-age and preschool children. Stand alone SBHC-D programs are situated in schools lacking a school-based health center.

Title VIII of the Education Law

Title VIII of the NY State Education Law refers to the Professions. Article 133 (Sections 6600-6612) pertains to dentistry and dental hygiene.

Work Plan

A work plan is a description of how all program services will be implemented, maintained, and evaluated; how the program will be promoted; and what procedures will be used related to program services.

Zero-Based Sliding Fee Scale

A sliding fee scale based on household income and the federal non-farm income official poverty level that does not require families below a designated percent of the federal poverty level to pay for services. The percent of costs for services paid by the family increases as household income increases.

At the beginning of each calendar year, the government publishes its Federal Poverty Guidelines in the Federal Register <http://aspe.hhs.gov/poverty/>. Revisions must therefore be made in any sliding fee scales used to determine charges for services in order to reflect changes in the federal non-farm income official poverty level.

Example:

- Families with a household income at or below 150% of the federal poverty level (FPL) are not charged for dental treatment services.
- Families with a household income between 151% to 250% of the FPL are charged 10% of the costs of dental treatment services.
- Families with a household income between 251% to 325% of the FPL are charged 25% of the costs of dental treatment services.

- Families with a household income between 326% to 400% of the FPL are charged 50% of the costs of dental treatment services.
- Families with a household income between 401% to 450% of the FPL are charged 75% of the costs of dental treatment services.
- A child residing in a family with a household income over 450% of the FPL is charged the full amount of costs of dental treatment services.

RESOURCES

A variety of resources are available on line to assist in the preparation of the application packet for school-based dental programs. These include, but are not limited to, the following:

Infection Control:

- Guidelines for Infection Control in Dental Health-Care Settings, MMWR 2003, 52(RR-17); 1-66.
- Recommended Infection Control Practices for Dentistry. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>
- Infection Control Recommendations for the Dental Office and the Dental Laboratory. JADA 1996; 127 (May): 672-680. Available at <http://jada.ada.org/cgi/reprint/127/5/672>.

Dental Programs:

- Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States. MMWR, August 17, 2001; 50 (RR-14): 1-42. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm>
- Implementation Guidelines for Sealant Programs in New York State. New York State Department of Health Dental Bureau.
- American Academy of Pediatric Dentistry 2003-04 Policies and Guidelines. Available at <http://www.jdentaled.org/cgi/reprint/68/5/513.pdf>.
- Safety Net Dental Clinic, State of Ohio Dental Bureau. Available at <http://www.ohiodentalclinics.com/>

Documentation of Need:

- Healthy People 2010 at <http://www.healthypeople.gov/document/html/volume2/21oral.htm>
- The Oral Health of Children: A Portrait of States and the Nation 2005 at <http://mchb.hrsa.gov/oralhealth/index.htm>

- The Head Start Program Information Report at <http://aspe.hhs.gov/hsp/06/catalog-ai-an-na/HSPiR.htm>
- NYS Oral Health Plan at http://www.health.state.ny.us/prevention/dental/docs/oral_health_plan.pdf
- The oral health status of 3rd grade children at http://www.health.state.ny.us/prevention/dental/docs/child_oral_health_surveillance.pdf
- Impact of Oral Disease in NYS at http://www.health.state.ny.us/prevention/dental/docs/impact_of_oral_disease.pdf
- Agency for Healthcare Research and Quality at <http://www.ahrq.gov/>
- Youth Risk Behavioral Surveillance System at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>
- Oral health-related state data and trends are available at <http://www.cdc.gov/datastatistics/>

Pertinent Legislation Related to a School-Based Health Center Dental Program:

- Establishment of school-based health centers for preschool and school-age children:
Chapter 170 of the Laws of New York State of the Laws of 1994
Chapter 198 of the Laws of New York State May 31, 1978
- Use of schoolhouse and grounds for a school-based health, dental or mental health clinic:
State Education Law, Article 9, Chapter 414
- The practice of dentistry and dental hygiene:
Title 8 of the Education Law, Article 133, §6600-6612
- Requirements for fingerprinting:
Part 87, §305, paragraph 30(a) of the Education Law
- Management of elemental mercury and dental amalgam waste at dental facilities:
Environmental Conservation Law, 6NYCRR Subpart 374-4
- Requirements for the use of radiographic equipment:
New York State Laws and Regulations, NYCRR Title 10, Part 16: Ionizing Radiation
- Infection control requirements and an Infection Control Program:
New York State Laws and Regulations, NYCRR Title 10, Part 92: Infection Control Requirements
<http://public.leginfo.state.ny.us/menugetf.cgi?COMMONQUERY=LAWS>
- Confidentiality of personal health information:
Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Parts 160 and 164 of Title 45 of the Code of Federal Regulations (the "Privacy Rule")
<http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>

New York State Confidentiality Law

PHL § 17, PHL § 18, PHL § 206(1)(j), PHL § 2782, PHL § 2782, PHL § 2805-m,
PHL § 4410, P.L. 104-191, § 264(c)
http://www.health.state.ny.us/nysdoh/hipaa/hipaa_preemption_charts.htm

The Family Educational Rights and Privacy Act (FERPA):

(20 U.S.C. § 1232g; 34 CFR Part 99)
<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

- Maintenance of medical records:

New York State Laws and Regulations, NYRCRR Title 10, Part 751: Organization and Administration, §751.7: Medical Record System
http://www.nyhealth.gov/regulations/nycrr/title_10/

Medicaid Billing:

The New York State Medicaid Program publishes a variety of provider manuals with information about Medicaid and specific instructions on how to submit a claim for rendered services.

In addition to pertinent policy and resource information relevant to all providers, a separate manual is available for dental services. The manual contains specific rules governing the provision of services to Medicaid recipients, billing instructions for electronic transactions, and all related procedure codes and fee schedules. Manuals are available on line at:
<http://www.emedny.org/ProviderManuals/Dental/index.html>

Article 28 facilities, including School-Based Dental Programs, are reimbursed based upon a **rate rather than on fees** for specific services rendered and **must use rate codes** when billing Medicaid for dental services.

- ***Oral Evaluation:***

Includes periodic oral evaluations, limited oral evaluations, and radiographs/
diagnostic imaging

- ***Routine Visit:***

Includes oral prophylaxis or cleaning, sealants, topical fluoride applications,
Restorations, periodontics, and tooth extractions.

IMPORTANT MEDICAID BILLING INFORMATION FOR SCHOOL-BASED HEALTH CENTER DENTAL PROVIDERS

Third party reimbursement must be sought for all billable school-based dental health services provided to Medicaid recipients, including those provided to children enrolled in Medicaid managed care programs.

Dental services provided to Medicaid recipients are paid through the eMedNY system. All Medicaid claims for SBHC dental services, regardless of the recipient's managed care enrollment status, must be submitted to the State's Fiscal Agent, Computer Sciences Corporation (CSC), for processing and payment. All claims must be submitted electronically in a HIPAA-compliant format using the **HIPAA 837 Institutional** (837I) transaction.

In order for claims to be paid for Medicaid recipients, the following billing data must be included in the billing record sent to CSC. This information is important for billing systems programming personnel at your Article 28 sponsoring facility, will assist the programmer with ensuring that the appropriate billing criteria are located in the appropriate positions for HIPAA 837I transactions, and should be shared with the appropriate individuals.

Rate Code: When submitting Medicaid claims for SBHC services, the appropriate **Rate Code** must be used.

Type of Facility	Rate Code	Description
D & T Center	1447	Comprehensive Physical Exam / Oral Evaluation
D & T Center	1447	Routine Visit
Hospital Based	1444	Comprehensive Physical Exam / Oral Evaluation
Hospital Based	1444	Routine Visit

Inquires

Medicaid billing inquiries and requests for training should be directed to CSC. CSC has telephone inquiry staff available to answer billing questions from 7:30 am to 10 pm, Monday through Friday, and on weekends from 8:30 am to 5:30 pm at the following number **(Please have your National Provider Identifier [NPI] available when calling):**



800-343-9000

CSC also has Regional Representatives available to meet with your program's billing personnel at the provider's office at no charge to the provider. Call the number listed above to request an on-site visit. The Regional Representative will contact you within ten (10) business days to set up the meeting at the provider's convenience.

APPENDICES

SAMPLE MEMORANDUM OF UNDERSTANDING (MOU)

A Memorandum of Understanding between: _____ and
Name of Sponsoring Agency

_____ of _____ and
Name of School Principal Name of School

_____ of _____
Name of Superintendent Name of School District

The purpose of this MOU is to define and outline the responsibilities of _____
Sponsoring Agency
and _____ in order to provide dental health services at the school site.
School

The School agrees to provide the following support to the project staff at this site:

FACILITIES: Space for the Dental Health Services Program that includes room for:

- | | | |
|-----------------------|----------------------|--|
| Chair | Hand-washing sink | X-ray machine (for treatment programs) |
| Dental operatory room | Sterilization set-up | Facsimile machine |

EQUIPMENT AND SUPPLIES: At least one telephone for contacting the dental personnel.

EMERGENCIES: Notification of the SBHC-D site manager in the event of school closures or a declared emergency situation.

PROGRAMMATIC COMPONENTS: Assistance with:

- Obtaining informed parental consent for program enrollment.
- Accommodating parental presence during dental procedures.
- Assisting students and parents in obtaining insurance or Medicaid coverage.
- Providing follow-up on broken appointments.
- Marketing the program and availability of dental services and distributing communication materials.
- Implementing joint health education workshops, if applicable, in all project schools.

The Dental Services Program will provide the following:

ON-SITE SERVICES (for enrolled students only – with parental consent):

- Primary and preventive dental health services for children in accordance with dental health guidelines.
- Referral and follow-up for needed dental care.
- Health education for parents and teachers in cooperation with the school.
- Ensuring ongoing care for specialized dental services.
- First aid and emergency care (available to **all** students in the school).

BY REFERRAL TO AN ARTICLE 28 FACILITY OR ANOTHER SOURCE OF CARE:

For programs providing treatment services, continuity of care, 24 hours a day, 7 days a week, dental services will be available through _____
Facility Name

For programs not offering treatment services (Level V Intervention) or for dental services beyond the scope of the program, children in need of additional dental services will, with parental consent, be referred to _____.
Facility or Provider Name

SIGNATURES:

_____	_____
Chief Executive Officer/Commissioner/Director of Public Health	Date
_____	_____
Superintendent of School District	Date
_____	_____
School Principal	Date

REQUIREMENTS FOR A SCHOOL-BASED HEALTH CENTER DENTAL PROGRAM IN NEW YORK STATE

A school-based health center dental program (**SBHC-D**) is an approved dental health services delivery program located in a school/pre-school/Head Start/Early Head Start program or on school/pre-school/Head Start/Early Head Start program property that provides dental health services during school hours. Dental services may include basic screening or comprehensive dental health examinations; diagnosis and treatment of minor, acute and chronic dental conditions; preventive services; and referrals.

Services can either be provided directly or made available through referral, and must be designed to meet the needs of children and youth within the context of the family, culture, and environment. **All children** enrolled in the school or pre-school/Head Start/Early Head Start program, if they meet service criteria, are eligible to receive the full range of preventive and treatment services provided by the SBHC-D regardless of age or grade level.

A SBHC-D can represent an expansion of an existing school-based health center, with dental services incorporated into the full array of services provided by the school-based health center, or it can be established as a stand alone program at schools lacking a school-based health center. Additionally, dental services can be provided at a fixed location within the school or can be mobile, utilizing portable equipment and resources

Applicants interested in establishing a school-based health center dental program must meet the following requirements:

❖ DETERMINE THE NEED FOR SERVICES

- Assess the needs of the community and identify schools and pre-school programs for targeting interventions.
- Select schools and pre-school programs based on demonstrated need, operational feasibility, cooperation and support of the community.
- Develop interventions to meet the needs of the population. The intensity of the program may vary depending upon the needs of the community.

❖ ACCESS TO SERVICES

- SBHC-Ds must be located in communities and schools designated as high need based on an assessment of community needs and resources. Schools with a larger proportion of students with the highest prevalence of unmet dental need and limited access to oral health resources and services must be targeted for the establishment of services.
- The SBHC-D provides on-site access during the academic day when school is in session and must be open and staffed during normally scheduled school hours.
- For SBHC-Ds providing on-site treatment of dental problems as one of its services, arrangements must be made for the provision of treatment services during non-school hours, weekends, and vacation periods, or when the SBHC-D is not in operation, Treatment services during non-school hours must be made available either at the Article 28 main site or at a designated back-up facility or through referral to another provider.
- For SBHC-Ds not providing on-site treatment services, access to needed treatment services must be made available at all times, including during non-school hours,

through referral to the Article 28 main site, a designated back-up facility, or to another dental care provider.

- Children are to be provided 24 hour/7 day access to dental treatment services through an on-call system during non-school hours, weekends, and vacation periods, or when the SBHC-D is not in operation.
- Ideally, the Article 28 facility, back-up facility, or other dental care provider that has been designated to provide 24 hour/7 day emergency treatment services during non-school hours should be located in close proximity or within reasonable distance to the SBHC-D site in order to facilitate the receipt of treatment services and minimize travel time and transportation expenses.
- Dental services are to be made available to only those students enrolled in the school at which there is a SBHC-D. The complete array of dental health services provided by the program, however, must be made available to **any** student attending the school, contingent on parental consent.
- **Dental screenings, education and referral services** must be **provided at no out-of-pocket cost** to the child or family.
- When screenings indicate the need for additional services, the parent or caregiver must be informed of the options available for follow-up services, as well as any charges that might be incurred by the family.
- **Third party reimbursement must be sought** from the student's insurance carrier (Medicaid, Child Health Plus, or commercial insurance carrier) **for all billable preventive and treatment services**.
- In situations in which the SBHC-D includes **on-site treatment services** and a child lacks any third party insurance coverage against which services can be billed, the **family, if notified in advance** to the receipt of any treatment service, **and if agreeable**, can be **charged on a zero-based sliding fee scale for the child's treatment services**.
- No child, however, can be denied on-site treatment services because of insurance status, the scope of dental treatment services needed, or the parents' inability or refusal to pay for the services.
- Children having an existing dental care provider cannot be denied dental health services. For children having an existing dental care provider, every effort must be made by the SBHC-D to coordinate services with the dental care provider to avoid duplication of service.
- For children lacking dental health care coverage, referral assistance must be provided to help children obtain Medicaid/Child Health Plus coverage.

❖ ENROLLMENT AND PARENTAL CONSENT

- The SBHC-D, through cooperation with the participating school, must provide written information to parents about services available through the SBHC-D. Information must include:
 - The scope of services offered and the ability of the SBHC-D to serve as child's designated dental care provider or to provide services in collaboration with the child's existing dental care provider;
 - The staffing pattern, including how dental coverage will be assured in those schools where the full-time presence of a dentist or dental hygienist is not provided; and

- How children can access 24-hour/7 day dental treatment coverage when the school is closed or not in session.
- Copies of all printed promotional materials for the program, if available, must be included as part of the application process.
- The SBHC-D must make consent forms available to all enrolling children in order to obtain the informed written consent of the parent or legal guardian. If the student receiving services is 18 years of age or older or is otherwise qualified to give consent under section 2504 of the Public Health Law and is competent to give such consent, such consent will be obtained.

At a minimum, the parental consent form should request the following information:

- Child's name;
- Address;
- Date of birth;
- Name of parent/guardian;
- Child's social security number;
- The child's dental health services insurance carrier;
- As applicable, the child's Insurance, Medicaid, and Child Health Plus identification number;
- The name and address of the child's dental care provider, or designation of the SBHC-D/Article 28 sponsor/back up facility as the dental care provider; and
- Authorization for the release of dental information.
- Copies of the consent forms to be used for program enrollment and the provision of specific treatment services, must be included, if available, as part of the application process.
- A SBHC-D can serve as the child's primary dental provider or complement services provided by an outside dental provider.
- For children with an outside dental care provider, the SBHC-D must coordinate care with the child's primary dental care provider in order to ensure continuity of care.
 - Upon enrollment, the SBHC-D must initiate a written communication process with the child's existing or designated dental care provider.

At a minimum, such communication should include:

- Notification that the child has enrolled in the SBHC-D;
- The scope of services offered by the SBHC-D;
- A request for the child's dental information, including the results of the most recent dental exam and history and current treatment plan; and
- A signed copy of the appropriate dental release authorization form.

❖ CORE SERVICES

- The services provided by the SBHC-D are dependent on the initial and any subsequent assessments of community need and the characteristics, oral health status, and needs of the children targeted for services.
- At a minimum, all SBHC-Ds must provide dental health screening or oral health assessment, age-appropriate dental health prevention, and treatment services; treatment services can be provided either on-site at the school or through referral.

- Oral health assessments consist of an oral health history, including the name of the child's dentist and date of the last visit; an inspection of the mouth; identification of observable problems; appropriate dental health education; and referral if the child has had no preventive appointment within the past year or if problems are identified.
- On-site diagnosis, treatment, and appropriate triage and referral mechanisms must be in place for minor, acute, and chronic problems and should be considered part of the required core services of the SBHC-D.
- Services provided by referral must include follow-up to ensure the appointment was kept, the services met the child's needs, and that the outcome of the referral is incorporated into the child's dental record.
 - If the child is in a managed care plan, the referral for services should be made within the plan network and should follow the plan's service access requirements.
- SBHC-D dentists should exercise professional judgment when extensive treatment is needed, as the child may be better served by being treated at the sponsoring Article 28 facility main location rather than on site at the SBHC-D.
 - Extensive treatment is defined as 5 or more restorations and 2 extractions.

❖ EXPANDED SERVICES

- The following services can be provided according to local need and the feasibility for expanded services:
 - Dental Health Education/Promotion
 The SBHC-D may provide dental health education for enrolled students, their families, and staff of the SBHC.
 The SBHC-D should support the provision of comprehensive health education in the classroom through
 - one-on-one patient education
 - group/targeted education
 - family and community oral health education
 - oral health education for school staff
 - Social Services
 The SBHC-D may provide initial assessments and referrals to social service agencies, as well as some on-site services. Services may include referral and follow-up for assistance with Medicaid and other health insurance enrollment and transportation arrangements to the sponsoring facility or referral site.

❖ WORK PLAN

- A work plan must be developed that includes all of the steps to be taken in developing, establishing, maintaining, and evaluating the SBHC-D, including all applicable procedures related to program services.
- The SBHC-D work plan should cover **all** activities, services, and procedures **applicable to all sites**, and at a minimum, include the following:
 - how the program will be promoted to children, parents, teachers, and the community
 - outreach activities to be conducted or strategies to be used
 - parental consent

- for program enrollment
- for treatment services, where applicable
- follow-up procedures to be used if consent forms are not returned
- how parental involvement will be obtained and fostered
- enrollment of children into the program
- provision of oral health education, including topics to be covered
- preventive dental care
 - types of services to be provided
 - how appointments will be scheduled
 - follow-up for missed appointments
- treatment services
 - types of treatment services to be provided
 - how appointments will be scheduled
 - follow-up for missed appointments
 - strategies to be used to ensure that all treatment needs are being met
- for children with an existing primary dental care provider, how the SBHC-D will link to and work with a child's dental practitioner to ensure non-duplication of services
- referrals
 - criteria to be used to refer children for additional dental services
 - ✓ within the SBHC-D
 - ✓ to the Article 28 sponsor, back-up facility, or other dental provider
 - procedures to be followed to ensure that children in Medicaid Managed Care programs are referred to only approved dental providers within their network
 - follow-up on referrals
- Communication
 - with parents about:
 - ✓ the outcome of preventive visits
 - ✓ the need for additional services
 - ✓ outcome of treatment visits
 - sharing of client-specific information
 - ✓ among dental care providers within the SBHC-D
 - ✓ between the SBHC-D and the school
 - ✓ between the SBHC-D and Article 28 sponsor
 - ✓ between the SBHC-D and back-up facility
 - ✓ between the SBHC-D and child's dental practitioner when the child has a primary dental care provider
- obtaining third party reimbursements for billable services from:
 - Medicaid
 - Child Health Plus
 - Private insurance carriers
- implementation of a zero-based sliding fee scale
- how 24 hours a day/7 days a week access to dental treatment services during non-school hours will be provided
- data collection
 - types of data to be collected
 - frequency of data collection

- person responsible for overseeing/collecting data
- program evaluation
 - strategies or procedures to be used to evaluate the program
 - person responsible for overseeing/conducting program evaluations
- When the SBHC-D operates more than one site for the provision of dental services, a site-specific work plan must be completed for each site.
 - Site-specific work plans should contain a list of all activities to be implement/provided at the site and include the following information for each activity:
 - timeframe for the implementation of the activity
 - frequency of the activity
 - individuals targeted for the activity
 - person(s) responsible for the activity

❖ **PROGRAM EVALUATION**

- The SBHC-D must be evaluated utilizing both process and outcome and/or impact measures.
- Process-related data should, at a minimum, be collected and analyzed quarterly and modifications in the provision of services made as needed based on findings and the identification of any problems or deficiencies.
- The results of evaluations should, where applicable, be incorporated into the continuous quality improvement plan of the SBHC-D.
- Evaluation results are to be shared with school administration and members of the community advisory committee.

❖ **CONTINUOUS QUALITY IMPROVEMENT AND QUALITY MANAGEMENT**

- The SBHC-D sponsor should ensure that appropriate facility involvement and support are provided to address continuous quality improvement and quality management.
- The licensed physician responsible for providing general supervision and administrative oversight of the SBHC-D should be actively involved in the SBHC-D's continuous quality improvement process and oversee implementation of quality improvement activities.
- Continuous quality improvement and quality management should address a full range of activities, including but not limited to:
 - management of clinical conditions,
 - documentation of care,
 - use of services,
 - staff qualifications,
 - system organization,
 - patient satisfaction,
 - patient knowledge and
 - changes in patient behaviors.
- One person should be designated as the continuous quality improvement/quality management coordinator.
- The SBHC-D should establish goals, objectives and standards of care that clearly identify what the program wants to accomplish. These should be regularly reviewed

and updated annually. The standards of care should be consistent with current practice.

- The SBHC-D must develop a plan for evaluating the success and impact of the program.
- The SBHC-D should identify activities which lead to accomplishing its goals.
- The SBHC-D should regularly measure achievement of desired performance and take necessary actions to address any identified problems.
- There should be written quality management policies and procedures which include:
 - provider credentials and maintenance,
 - professional continuing education,
 - pre-employment procedures,
 - staff and program evaluation,
 - measures of patient satisfaction,
 - medical record review,
 - complaint and incident review, and
 - corrective actions and time frame.
- The SBHC-D should develop and implement a continuous quality improvement/quality management plan based on a needs assessment and previous quality improvement activities.
- The SBHC-D a continuous quality improvement/quality management plan should, on a quarterly basis, include at a minimum:
 - a distinct focus on each of the following areas:
 - administration,
 - clinical,
 - consumer satisfaction (patient/student, family and school personnel),
 - community outreach and education, and
 - complaint investigation;
 - structure, process and outcome measures appropriate to the area of study;
 - collection and analysis of data for each area studied/assessed;
 - development and implementation of strategies to address areas of concern that need improvement; and
 - periodic re-evaluation of new strategies to assess effectiveness.

❖ RELATIONSHIPS

- SBHC-Ds are organized through family, school, community, dental health provider, and sponsoring agency relationships and provide services consistent with state and local laws and regulations, established standards and community practice.
- Relationships should be established with:
 - Child's Family
 - SBHC-D providers should make every effort to be family centered and to involve the child's family, as both age-appropriate and necessary, in the child's dental care.
 - Whenever possible and within the guidelines of adolescent confidentiality, parents/guardians should receive prior notification of any services to be provided to a child and should be given the option of joining their child during the provision of the services.

- As appropriate, parents should receive notification after services are provided, informing them of the outcome of the encounter.
- Whenever possible, the family should receive education on the importance of prevention and the appropriate use of the dental health care system, including the role of the primary dental care provider.
- School, School Board and School District
 - The SBHC-D is integrated into the school environment, and both the SBHC-D and school are committed to operating with mutual respect and a spirit of collaboration.
 - The school assists the SBHC-D in many ways, including:
 - ✓ marketing the SBHC-D,
 - ✓ collaborating in establishing a Dental Program Community Advisory Committee,
 - ✓ helping to obtain informed parental consent,
 - ✓ helping to obtain information on insurance status and Medicaid status, including any enrollment in a managed care plan,
 - ✓ providing appropriate access to school health records,
 - ✓ providing space for the SBHC-D at no cost to the program, and
 - ✓ providing general janitorial maintenance for the SBHC-D facility.
 - The SBHC-D's relationship with the school involves routinely publicizing the services of the dental program to the student body at least twice a year.

Methods of outreach include:

 - ✓ contact during school registration,
 - ✓ PTA meeting attendance,
 - ✓ mail outs/send home notes,
 - ✓ bulletin boards/posters,
 - ✓ student newspapers, and
 - ✓ teacher/staff referrals.
 - The relationship between the school district and the SBHC-D sponsor should include regular meetings between the school district and/or school principal and administration and the SBHC-D sponsor
 - A Memorandum of Understanding (MOU) between the SBHC-D sponsor, School Superintendent, and the school principal at each school at which dental services will be provided is required.
 - ✓ the MOU must be current and be reviewed annually and reauthorized at least once every five years;
 - ✓ methods for addressing priorities and resolving differences should be spelled out in the MOU;
 - ✓ the MOU should provide assurances that there will be a collaborative relationship between the SBHC-D staff and school personnel; and
 - ✓ the MOU should describe how the provider will provide 24-hour access to services when the school is not in session or when the SBHC-D is closed.
- The Community
 - The SBHC-D recognizes that it functions within the community and should draw upon and contribute to its resources.
 - SBHC-D providers contribute to and participate in community diagnosis, health surveillance, monitoring, and evaluations conducted as a routine

function of public health agencies.

- Community-oriented care assures that the views of community members are incorporated into decisions involving policies, priorities and plans related to the delivery of SBHC-D services.
- Child's Regular Source of Dental Health Care
 - Policies and procedures should be in place for those instances in which a child enrolled in a SBHC-D has an outside dental care provider or when the dental care provider is the SBHC-D sponsoring facility.
 - The policies and procedures should serve to strengthen the services of the SBHC-D and dental care provider by fostering comprehensive and coordinated dental health care delivery and avoiding the duplication of services.

Topics to be addressed in these policies and procedures include:

 - ✓ appropriate information and sharing of medical records,
 - ✓ mechanisms to ensure confidentiality,
 - ✓ referral for specialty care, and
 - ✓ coordination of treatment.
- Sponsoring Facility
 - The SBHC-D sponsoring facility has overall responsibility for SBHC-D administration, operations and oversight.
 - The sponsoring facility must be actively involved in the ongoing administration and operation of the SBHC-D.
 - Policies and procedures articulating this involvement must be in place and should address:
 - ✓ ongoing communication,
 - ✓ 24 hour/7 day coverage,
 - ✓ maintenance of medical records in accordance with confidentiality laws,
 - ✓ continuous quality improvement,
 - ✓ fiscal and billing procedures, and
 - ✓ coordination of services.
- The SBHC-D and school must strive to operate with mutual respect and spirit of collaboration. The school/school district should facilitate and promote the utilization of SBHC-D services
- The SBHC-D must be integrated into the school environment and plan and coordinate dental services with school personnel (e.g., administrators, teachers, nurses, counselors, and support personnel), as well as with other community providers co-located at the school.
- Every effort must be made for the SBHC-D and school to work together to ensure the provision of dental health education and a healthy school environment.
- The SBHC-D, in partnership with the school and other co-located service providers, must develop policies and systems to ensure confidentiality in the sharing of dental/medical information and allow for case management.
- The SBHC-D should work with the local county Department of Health to coordinate the provision of dental health services and avoid service duplication.

❖ COMMUNITY ADVISORY COMMITTEE

- The SBHC-D must have a community advisory committee to provide input into the development and operation of the program.
- An advisory committee is required for the planning period and the first three years of operation of the SBHC-D. After three years of operation, the SBHC-D/sponsor should assess the functioning of the committee and may delegate the role and activities of the committee to another representative body.
- The advisory committee should provide oversight of the dental services and assist the program in obtaining community input.
- The Advisory Committee should be involved in:
 - program planning and development
 - identification of emerging oral health issues and appropriate interventions
 - providing assistance in identifying funding for the SBHC-D
 - providing advocacy for the program
- The committee is to be representative of the different constituencies served by the SBHC-D and oriented to SBHC-D services.
- Advisory council membership can include school staff, community members, health providers, and parents and students.
- Community advisory committee meetings should be scheduled on a regular basis and minutes of all meetings distributed to all committee members.

❖ STAFFING

- All health professionals must be licensed pursuant to Title 8 of the education law.
- SBHC-Ds located in schools with a SBHC must be under the general supervision of a licensed physician.
- In SBHC-Ds in schools without a SBHC, a licensed physician must provide general administrative oversight and supervision of the program.
- The SBHC-D must have a supervising dentist who is responsible for the supervision of dental staff.
- All direct service staff must be trained in child abuse, infection control, and emergency care, including general first aid, cardiopulmonary resuscitation, and the Heimlich maneuver.
- All staff affiliated with the SBHC-D who will have direct contact with students, pursuant to Section 305, paragraph 30 (a) of the Education Law, are required to be fingerprinted.
- The SBHC-D should ensure the presence of dental health care professionals during normal school hours. The actual numbers of staff, as well as the amount of time staff spend on-site, are dependent on the number of students enrolled in the SBHC-D and the identified needs of students.
- Core staffing:
 - Program Manager
 - coordinates and provides oversight of SBHC-D services;
 - ensures that appropriate linkage are maintained between the sponsoring

- facility and the SBHC-D;
- provides ongoing communication and administrative direction in conjunction with the sponsoring facility;
- directly involved and/or coordinates with others in data collection, budget and finance, preparation of statistical reports and narratives, purchasing, staff supervision/scheduling;
- functions as a liaison with the school, Article 28 sponsor, back-up provider, community, and funding sources;
- serves as a member of the community advisory committee;
- coordinates and oversees all quality assurance activities; and
- responsible for program development and program evaluation.
- Supervising Dentist
 - provides general supervision for dental staff and is available for consultation, diagnosis and evaluation, and
 - authorizes the dental hygienist to perform services and exercises the degree of supervision appropriate for the circumstances.
- Dental Hygienist
 - provides preventive dental services including, health education, screenings, prophylaxis, fluoride and sealants; and
 - provides individual and group health education, as well as classroom education where possible.
 - 1 full time equivalent dental hygienist can provide services for approximately 2,500 students
- Dental Assistant
 - assists dental hygienist and dentist in chair side procedures
 - 1 full time equivalent dental assistant can provide services for approximately 2,500 students

❖ DATA MANAGEMENT

- There should be written policies to dictate the access to and use of SBHC-D data.
- A designated individual should be responsible for preparation of NYSDOH quarterly and other reporting forms.
- **Reports MUST be submitted to the NYS DOH Bureau of Dental Health within 30 days of the end of each reporting period.**
- **ALL SBHC-D Programs are required to submit quarterly reports to NYS DOH Bureau of Dental Health with out exception.**

❖ FISCAL OPERATIONS

- The SBHC-D sponsor should ensure that appropriate administrative support is provided to address the following:
 - Program
 - Receipts and expenditures should be adequately identified for each contract/source of funds.
 - Equipment inventories, budget analysis, and total service cost calculations

should be completed annually.

- Medicaid and Other Third Party Reimbursement
 - There should be established procedures for determining and obtaining information on Medicaid, Child Health Plus and other third party eligibility and helping families in the enrollment process if the child is not enrolled.
 - There should be established procedures for determining and obtaining information on Medicaid eligibility and managed care plan enrollment using methods such as the Name Search software available from the Department of Health or other equivalent alternatives.
 - Encounter forms should be generated for all billable visits.
 - Procedures should be in place that ensure Medicaid and third party billing of encounters.
 - Procedures should adequately address rejected Medicaid or other third party claims.
 - Medicaid and third party revenues should be readily identifiable by using correct Medicaid billing codes.
 - Reimbursements must be returned to the SBHC-D.

❖ **FACILITY REQUIREMENTS**

- Space must be adequate to accommodate Dental Program staff, afford the client verbal/physical privacy, and to allow for ease in performing necessary clinical, clerical and sterilization activities.
- For a SBHC-D with an enrollment of 700, approximately 1,500 to 2,000 square feet is recommended. The size of the space may be adjusted according to school enrollment, the staffing plan, local needs and available resources.
- Space for the SBHC should include:
 - a minimum of one exam/treatment area;
 - preferably 2 exam/treatment areas per full-time provider;
 - a sink within reasonable access to exam area;
 - access to a counseling room or private area;
 - an accessible toilet facility;
 - a designated waiting area;
 - secure storage space for sterile supplies, pharmaceutical supplies and other materials;
 - a clerical area;
 - designated area for sterilization equipment; and
 - appropriate disposal areas for hazardous waste and sharps
- The SBHC-D must be equipped with a private telephone and fax line to ensure confidentiality and adequate access to the community and back-up providers.
- The SBHC-D provider must ensure that:
 - solid wastes, including biological infectious wastes and elemental Mercury and dental amalgam waste, are properly collected, stored and disposed of;
 - all exits and access to exits are marked with prominent signs;
 - sites, which operate after sundown, are provided with adequate lighting for all exits and access to exits;
 - adequate ventilation is provided;

- passage ways, corridors, doorways and other means of exit are kept clear and unobstructed;
- sites are kept clean and free of safety hazards;
- medical, fire and emergency instructions and other procedures, including telephone numbers, are posted;
- smoke detectors and general purpose and chemical fire extinguishers are in working order and within easy access of the SBHC-D;
- SBHC-D staff have keys for all bathrooms with inside locks;
- all bolt locks have been removed from bathroom doors; and
- the patient's bill of rights is posted and available in other languages as necessary.

❖ **DENTAL SERVICES OPERATING MANUAL**

- A dental services **operating manual** must be developed that is **specific to the SBHC-D** and the provision of dental services.
- All policies and procedures applicable to the operation of the dental health program, as well as procedures for program implementation, continuous quality monitoring and improvement, compliance with the rules and regulations, and billing for services are to be included in the manual.
- Sections of the operating manual for the Article 28 sponsor that are applicable to the SBHC-D can be incorporated into the Dental Services Operating Manual, but in no case can the Article 28's operating manual be used in part or in its entirety to serve as the SBHC-D's Dental Services Operating Manual.
- Copies of the most recently available manual should be maintained at the sponsoring facility and at each SBHC-D site.
- The policy and procedure manual should be reviewed and updated on an annual basis.
- Individuals responsible for implementation/oversight of each policy or procedure should be identified.
- The policies and procedures for the SBHC-D must include and address, but not necessarily be limited to the following:
 - **Organization/Administration**
 - There must be an organizational chart clearly reflecting the lines of authority for administration of the SBHC-D.
 - The chart should include the roles of the sponsoring facility, the SBHC-D, and the school.
 - The organizational chart should be periodically reviewed and revised as needed.
 - **Personnel**
 - Sponsoring facility requirements
 - SBHC-D job descriptions/responsibilities/annual performance evaluations
 - Staff records
 - ✓ licenses and registration numbers
 - ✓ child abuse training
 - ✓ infection control training
 - ✓ training in emergency care, general first aid, cardiopulmonary resuscitation, and the Heimlich maneuver
 - ✓ fingerprinting

- **Outreach/Education and Enrollment**
- **Informed Consent and Parental Involvement**
- **Clinical Services**
 - administration
 - delivery
 - coordination of care with other provider
 - continuity of care – 24 hour, 7day/week coverage
 - Maintenance of medical/clinical records as per Section 751.7 of Title 10 NYCRR (the health portion of NYS Code of Rules and Regulations)
 - exchange of student data with the school
 - transfer of client specific information among providers, Article 28 sponsor, and backup facility
 - follow-up and referrals
- **Fiscal Management and Third Party Reimbursements**
 - Medicaid
 - Child Health Plus
 - commercial Insurance carriers
 - parental contributions under zero-based sliding fee scale
- **Environmental**
 - Infection control
 - Disposal of hazardous waste
 - Management of elemental Mercury and dental amalgam waste
- **Data Management**
 - data collection
 - evaluation of services
- **Continuous Quality Improvement/Quality Assurance**
 - Other policies and procedures, as appropriate, should be included in the manual.