

Application to Provide Dental Health Services in a School in New York State

Bureau of Dental Health
New York State Department of Health

PART II: PLANNING A SCHOOL BASED DENTAL PROGRAM

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Guidelines for Dental Health Services in Schools

The following guidelines are provided to assist school-based dental programs in developing appropriate interventions to meet the needs of the community as well as to assure safety of the procedures. For more detailed information, see an outstanding website on starting a safety net dental clinic by the State of Ohio Dental Bureau (2003), who has given the NYS Department of Health Dental Bureau and Bureau of Child and Adolescent Health permission to use parts in these Guidelines. The full website with more detailed information can be found at <http://www.dentalclinicmanual.com/menu.html>

1. **Assess the needs of the community** and identify schools and pre-school programs for targeting interventions. See chart below for suggested approach.

Types of In-Depth Data Which should Be Collected for Needs Assessment		
	Category of data	Where found
1.	Demographic Data Determine the needs of the community. How many children are eligible for school lunch program? How many families at the federal poverty level?	-- Through local school district -- Through local or state dental director
2.	Community Oral Health Status Prevalence of the following: dental caries (tooth decay), periodontal health (oral cancer included), oral defects (e.g. clefts, malocclusion) and other oral conditions.	-- Through state or local surveys on different age groups -- Through local or state dental director -- Through state dental society
3.	Perceived Need for Dental Care Perceptions of the following: Consumers (accessibility, acceptability, afford ability); 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).	-- Surveys in the schools and community -- Interviews with community leaders -- Research on issue in newspapers
4.	Medicaid and SCHIP Coverage Utilization of services by Medicaid and SCHIP eligibles; Local Dentists participation in Medicaid/SCHIP.	-- Contact State Medicaid Department
5.	Insurance % of population who are uninsured for dental care vs. % who are uninsured for health care.	-- Contact City Planner, or the State Insurance Department
6.	Prevention Programs # and type of public dental disease prevention programs (e.g. fluoride mouth rinse, educational, sealants); # and age of individuals served.	-- Contact County Health Department

Once an evaluation and needs assessment have been completed and the decision made that a Dental Clinic is needed in the community, it is important for the Planning Team to develop a mission statement, goals and objectives. Otherwise, the plan may become too diffused and

unfocused. Many of the critical decisions made will stem from the manner in which the mission and goals that have been established early on to achieve balance between access to care and financial sustainability of the clinic.

CREATING THE VISION

Through a collaborative process of consensus, the group should decide on a vision. A vision will spell out where the Team sees the service in the future. The vision statement should be inspirational and describe the group's destination. The vision should be easy to understand and energizing, so that it will stimulate skills, talents and resources to make it happen. An example of a vision statement would be:

To enhance oral health care access for underserved children in our community and to create conditions for a school community where all children are free of dental pain and dental disease.

THE MISSION STATEMENT

Next, the group may want to create a mission statement. The mission statement should be clear and easy to understand by everyone. It should be brief enough to be remembered and contain no jargon. The mission statement will define the clinic's reason for existing as well as the primary constituencies. An example of a well-constructed mission statement would be:

To create the highest quality, cost effective, sustainable oral health care delivery system for the underserved population, and to promote and integrate oral health in the community.

SETTING GOALS AND OBJECTIVES

Once the vision and mission of the collaborative work group have been determined, establish sustainable goals. A goal is a target for strategies, usually stated in general rather than specific terms. Goals provide a direction in which to move, an idea of what the group would like to accomplish. In addition, goals reflect the collaboration's priorities and should be ranked accordingly. Include long term as well as short-term goals in the strategic plan. This encourages a future for the collaboration and prevents the tasks from initially appearing overwhelming. An example of a short-term goal would be:

To provide examinations and referrals for 500 underserved children in the school based health center during the 2003-2004 school year.

In contrast, a long-term goal would be:

To provide comprehensive dental care to children and their families in the town of Pleasantville.

Unlike goals, objectives will be very specific, measurable and include time-based achievements. Objectives will serve as benchmarks to be attained on the way to accomplishing the goals. When determining objectives, be sure that expectations are based in reality with regard to time and available resources. Setting unrealistic objectives will discourage. Objective, as well as goals, should reflect the priorities of the collaboration.

Examples of objectives would be:

To expand the dental staff by hiring 1 FTE hygienist by Spring 2004.

To institute a sliding fee scale for dental clients to be implemented by Fall 2003.

To purchase two portable dental units for providing dental hygiene services by Spring 2004.

The action plan guides how objectives will be accomplished. It is best to include concrete steps or activities with timelines for specific members of the work group. The action plan will serve as a road map for meeting the goals and objectives of the collaboration. A clear, detailed action plan encourages members to complete their tasks in an efficient manner by providing a clear understanding of what is expected, how it should be accomplished and a deadline for presenting results from the assigned task. It is important to note that while developing the action plan, it may be helpful to create subcommittees of the collaborative work group. It is here where members have an opportunity to utilize their individual talents and participate in activities, which they find relevant to their specific areas of expertise.

STEPS IN PLANNING A NEW PROGRAM

- 1) Select schools and pre-school programs based on demonstrated need, operational feasibility, cooperation and support of the community.**
- 2) Develop interventions to meet the needs of the population.** The intensity of the program may vary depending upon the needs of the community. In general, these programs may be categorized as follows:

- Level I - Creating a healthy environment
- Level II- Health education and promotion programs
- Level III - School-based or school-linked preventive programs
- Level IV - School-based clinical preventive programs
- Level V - School-based treatment programs

See Attachment A for more details.

- 3) Convene an advisory committee consisting of representatives from different constituencies.** This advisory committee should provide oversight of the dental services and assist the program in obtaining community input.
- 4) Develop a work plan that outlines goals, objectives, activities, timeline, budget, staffing pattern and an evaluation component.**
- 5) Establish a memorandum of understanding with each school.**
- 6) Develop an operating manual.** Outline the procedures for program implementation, monitoring quality, compliance with the rules and regulations, and billing for services. The following documents provide helpful guidance for development of the program:
 - Guidelines for Infection Control in Dental Health-Care Settings –2003. MMWR 2003, 52(RR-17); 1-66.

- Infection Control Recommendations for the Dental Office and the Dental Laboratory. JADA 1996; 127 (May): 672-680.
- Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States. MMWR, August 17, 2001; 50 (RR-14): 1-42.
- Implementation guidelines for Sealant Programs in New York State. New York State Department of Health Dental Bureau.

There are minimum policies and procedures that should be in place when operations begin.

Minimum Policies and Procedures That Should Be In Place When Operations Begin
(see *appendix C for a sample Dental Operations Manual*)

- Organizational structure
- Mission, vision, and values
- Scope of services
- Position descriptions
- Hiring procedures, including credentialing and privileging of professional staff
- Employee/staff handbook
- Financial management procedures
- Clinic insurance
- Appointment and walk-in procedures
- Informed consent procedures
- Emergency procedures
- Infection control procedures, including exposure control plan (required by federal regulation)
- Hazard communications program (required by federal regulation)
- Clinic safety protocols
- Evaluation plan.

7) Develop a plan for evaluation. An evaluation plan is critical to the long-term success of a Dental Program.

Documentation of Need and Program Capacity

Dental services, like other primary care services, can be safely, effectively, and efficiently provided in the school setting. Documentation of need may include:

- 1) Local community assessment;
- 2) Results of surveys or assessments showing high unmet needs;
- 3) Lack of availability and/or underutilization of dental services;
- 4) Prevalence of serious, but preventable, dental conditions;
5. Documentation that schools to be served are located in high need areas; and/or,
- 6) Presence of factors and determinants that are known to be associated with high rates of dental diseases.

Services must be provided on-site or in the premises of a school district with no out-of-pocket expense to children or their families. The health care provider must have experience in delivering high quality primary and preventive health or dental services to the designated population. Dental Health Services operated within the context of a SBHC must be compatible with this model. Applicants must be able to document how they will deliver services according to the Guidelines for Dental Health Services in Schools.

DEFINITIONS

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.

School Based Health Center (SBHC) - A school-based health center (SBHC), as defined by the 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.

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

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.

Fee for Service (FFS) - The amount paid for a service rendered.

Sliding Fee Scale (SFS) - The amount charged to the family will be determined by family income.

Zero-Based Sliding Fee Scale - A sliding fee scale that starts with families of lower income not being charged.

Provider Responsibilities

Health care providers sponsoring dental health services in school-based health centers must:

- Provide primary and preventive dental health services described in the Guidelines for Dental Health Services in Schools.
- Plan for and operate the dental health services in collaboration with the school, community leaders and organizations, other health care resources and a community advisory committee.
- Assure that all health professionals are licensed pursuant to Title VIII of the Education Law (see the full text of Title VIII in the section under “Enabling Legislation” in this document) and that the program is under the general supervision of a licensed physician, provided, however, that if dental services are the only services provided under the program, assure that a licensed physician at least provides general administrative oversight and supervision of the program.
- Assure that appropriate 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.
- When screenings indicate need for additional services, parent or caregiver must be notified of options available for follow-up services, as well as any charges that might be incurred by the family. The options will include one of the following:
 - Assistance with referral and follow-up to another provider; or,
 - On-site treatment utilizing a zero-based sliding fee scale.
- Provide for a system of ongoing data management, program monitoring and service evaluation.
- Submit quarterly and annual reports to the Department within sixty days (60) of the close of the report period, as well as report any program or staffing changes immediately.
- Demonstrate financial viability.

Part II – Attachment A

School Based Dental Programs

School Health Program	Intensity	Possible Activities	Chapter 198 SBHC Approval Required	Article 28 Involvement Required	Medicaid billing
Creating a healthy environment	Level I	-- Policy interventions to promote regular dental checkups, proper dietary habits, use of fluoride and safety measures to protect from injuries. e.g. Requiring dental checkups; community water fluoridation.	No	No	No
Health education and promotion programs	Level II	-- Incorporating dental health into the school curriculum -- Specific activities to promote dental health such as a dental health month, tobacco cessation programs and visits to dental offices. -- Tooth brushing programs -- Fluoride distribution.	No	No	No
School-based or school-linked preventive programs	Level III	-- Triage dental emergency -- Dental assessments and counseling -- Screening and referral -- Fluoride mouth rinse or tablets.	No	No	No
School-based clinical preventive programs**	Level IV	-- Oral prophylaxis and sealants -- Fluoride applications	Yes*	Billable Services	Yes
School-based treatment programs	Level V	-- Treatment program using mobile vans or portable equipment -- Treatment program using fixed facilities	Yes*	Billable Services	Yes

*- School based dental provider approval is only for clinical services provided in schools, during school hours, to students of the school or school district. Services that fall outside these parameters are not approved under this designation.

** Given the level of services rendered, a school-based sealant program does not have to provide 24/7 coverage or see children outside school hours. However, the program should make parents aware how they can contact the local health department or school nurse during non-working hours. Parents should be encouraged to visit a dentist for follow-up care as needed.