

**PLANNING AND IMPLEMENTING A SCHOOL-BASED
HEALTH CENTER DENTAL PROGRAM**

**Abbreviated Guidance/Application to Provide Dental Health Services in a
School in New York State**

**Bureau of Dental Health
New York State Department of Health
Empire State Plaza – Tower Building – Room 542
Albany, New York 12237-0619
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□ INTRODUCTION

Existing School Based Health Clinics (SBHC) interested in adding a dental program (**SBHC-D**) in New York State must complete an abbreviated application for the provision of dental health services and receive approval from both the New York State Departments of Health and Education. 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 and application document is designed to be used in submitting your abbreviated application packet and provides assistance to applicants.

Applicants should also review ***Requirements for a School-Based Health Center Dental Program in New York State*** prior to initiating services. This document 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.

For information on starting a safety net dental clinic, see the State of Ohio Dental Bureau website at <http://www.dentalclinicmanual.com/menu.html>.

The Center for Health and Health Care in Schools' website (<http://www.healthinschools.org>) also has an entire section on the development and management of dental health services in schools (<http://www.healthinschools.org/dentalhealth.asp>).

Additionally, 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/resources.html>). Applicants are strongly encouraged to contact the Technical Assistance Center for guidance and support in planning and developing a school-based dental services program.

□ 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 pursuant to Title VIII of the NYS Education Law and that the program is under the general supervision of a licensed physician.
- For SBHC-Ds located at sites lacking a SBHC, assure that a licensed physician 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.

NEW YORK STATE DEPARTMENT OF HEALTH
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APPLICATION FOR A SCHOOL-BASED HEALTH CENTER DENTAL PROGRAM
COVER PAGE

APPLICANT INFORMATION

Article 28 Sponsor: _____

Address: _____

Contact Person: _____

Title: _____

Telephone: _____ Ext. _____ Fax: _____ E-mail: _____

Name of Proposed Program: _____

Operating Certificate #: _____

PFI #: _____

Yes, we are currently NYSDOH certified School-Based Health Care Center provider.

Person Responsible for Completing Application:

Name: _____

Telephone: _____ E-mail: _____

SCHOOL-BASED HEALTH CENTER DENTAL PROGRAM INFORMATION

School Sites and/or Pre-School/Head Start/Early Head Start Programs Applied for
(use additional sheets if necessary)

<p>Site Name: _____</p> <p>Site District/Division: _____</p> <p>Site Address: _____ _____ _____</p> <p>Phone: () _____</p>	<p>Site Name: _____</p> <p>Site District/Division: _____</p> <p>Site Address: _____ _____ _____</p> <p>Phone: () _____</p>	<p>Site Name: _____</p> <p>Site District/Division: _____</p> <p>Site Address: _____ _____ _____</p> <p>Phone: () _____</p>
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Statement of Assurances

The Chief Executive Officer of the Article 28 applicant organization, Commissioner of the County Health Department, or Director of Public Health must sign a statement of assurances attesting to compliance with all stated requirements governing the operation of a school-based health center dental program at each of the proposed sites (see guidance and application for new SBHC-D for additional information/templates).

Example STATEMENT OF ASSURANCES

To be eligible for approval to provide dental services in a school-based program, the Chief Executive Officer or designee of the applicant organization/local Health Commissioner/ Director of Public Health must attest to compliance with all the statements below. An original signature in ink must appear at the bottom of the page.

- Dental health services at the school-based program will be operated according to the **Requirements for a School-Based Health Center Dental Program in New York State.**
- Services as outlined in Tables C and D will be performed by licensed professionals at all approved school-based programs.
- Dental screening and educational services in school-based programs will be provided to students with no out-of-pocket expenses to students or their families.
- Third party reimbursement will be sought for all billable preventive and treatment services.
- A zero-based sliding fee scale will be used if charges are to be assessed for treatment services. Parents will be notified of the zero-based sliding fee scale in advance of the provision of treatment services and must agree to the payment schedule prior to being billed.
- No child will be denied treatment services due to the parents' inability or unwillingness to pay for services or to the anticipated cost of the services.
- All revenues generated by the SBHC-D will be used to support the operations of the SBHC-D.
- Data will be routinely collected on all dental services and analyzed and reported quarterly.
- Changes in services, staffing levels, space or sites, or the designated contact person will be reported immediately in writing to the Department of Health, Bureau of Dental Health and a copy sent to Regional staff.
- Four quarterly and an annual project report will be submitted to the NYSDOH Bureau of Dental Health. Quarterly reports will be submitted within 30 days of the completion of the quarter and the annual report within 60 days of completion of the program year.
- Professional and legal standards of client confidentiality will be strictly maintained per Public Health Law, HIPAA, and FERPA.
- All health professionals are licensed pursuant to Title 8 of the NYS Education Law and the program is under the general supervision of a licensed physician to provide general administrative oversight and supervision of the program.
- The New York State Department of Health Bureau of Dental Health and its designees will be given access to conduct site visits as necessary.

I hereby certify that the information contained in this application is correct and in compliance with appropriate federal and state laws and regulation, and that I am the authorized representative to file this application.

Print Name: _____ Agency: _____
CEO/Commissioner/Director of Public Health

Signature: _____ Date: _____

Title: _____

Memorandum of Understanding (2 original copies are needed)

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, and the second copy by the New York State Education Department. The MOU documents the responsibilities of each entity and should be reviewed annually and amended as needed to reflect changes to or additions in dental health services and modifications in program requirements.

*See sample MOU on next page.

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

Site-Specific Information – Complete Table E

For each site at which dental services are to be provided, site-specific information must be provided, summarizing the characteristics of the student body, the types of dental services to be provided, what services will be provided on site, what services will be provided by referral, and staffing for each site at which a school-based health center dental program is established.

*See site-specific information table on next page.

Blue Print/Floor Plan (2 original copies are needed)

A floor plan (blue print) with the dimensions of all rooms to be used for the provision of dental health preventive and treatment services must be submitted for each site. The blue print should identify the location of the dental operatory room, including the chair, hand-washing sink, sterilization set-up, and, if applicable, the X-ray machine.

**Table E
SITE-SPECIFIC INFORMATION**

SITE NAME: _____
[complete one table for each service site]

SCHOOL CHARACTERISTICS			
Total school student population		SBHC – yes or no	
Grade levels		Total students enrolled in SBHC	
Percent of students eligible for free/ reduced price lunch program		Summer Program – yes or no	

SCHOOL POPULATION					
Insurance Status Estimates		%	Racial/Ethnic Distribution		%
Medicaid Fee-for-Service			White, non-Hispanic, non-Asian		
Medicaid Managed Care			Black, non-Hispanic		
Child Health Plus			Hispanic		
Other 3 rd party fee-for service			Southeast Asian/Pacific Islander		
Other 3 rd party managed care			Native American		
Uninsured			Bi-racial		
			Unknown		

TYPES OF DENTAL SERVICES AND WHERE PROVIDED					
Preventive Dental Care	on-site	referral	Dental Treatment	on-site	referral
Comprehensive Oral Exam			Restoration		
X-Rays			Extractions		
Oral Prophylaxis			Other (specify)		
Fluoride					
Sealant			Specialty Care (specify)		
Other (specify)					

Article 28 or Back-Up Facility: _____ Distance from SBHC-D site: ____ mile

STAFFING PATTERN BY NUMBER OF HOURS WORKED												
Dental Program	Monday		Tuesday		Wednesday		Thursday		Friday		Total Hours Worked	
	time worked		time worked		time worked		time worked		time worked			
	from	to	from	to	from	to	from	to	from	to		
Dentists												
Hygienists												
Dental Assistants												
Other (list)												
Total number of hours a week worked – all staff												

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.

❖ 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



**STATE OF NEW YORK
DEPARTMENT OF HEALTH**

*NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF DENTAL HEALTH
542 Corning Tower
Albany, NY 12237*

In addition to your abbreviated application, approval is needed to amend your operating certificate. Please also submit the following information:

FACILITY: _____

ADDRESS: _____

OPERATING CERTIFICATE #: _____

NAME OF PROGRAM: *(Specify Mobile Van of Mobile Equipment in Program Name)*

PERMANENT FACILITY IDENTIFIER (PFI) #: _____

SERVICES TO BE PROVIDED: _____

If mobile van, please answer the following:

Where is the van going to be parked at night (full address)?

What is the contact telephone number for this new extension clinic?

Who is the contact person and full address for the approval letter to be sent?

<i>Site Name:</i>	<i>Site Name:</i>	<i>Site Name:</i>
<i>Site District/Division:</i>	<i>Site District/Division:</i>	<i>Site District/Division:</i>
<i>Site Address:</i>	<i>Site Address:</i>	<i>Site Address:</i>
<i>Phone: () -</i>	<i>Phone: () -</i>	<i>Phone: () -</i>

NEED ASSISTANCE? YOUR REGIONAL OFFICE IS READY TO HELP!

New York State Department of Health
Bureau of Dental Health- Regional Office Contact List

REGION	CONTACT	ADDRESS	PHONE	E-MAIL
WRO	(Buffalo) Dr. Walter Holland Dr. Gregory Young	584 Delaware Avenue Buffalo, NY 14202	Buffalo: Walter: (716) 847-4640 Gregory: (716) 847-4661	Buffalo: Wbh01@health.state.ny.us Gey01@health.state.ny.us
CNY	Donna Cashman Mona Heck Christine Chalupnicki	217 Salina Street Syracuse, NY 13202	Donna: (315) 477-8555 Mona: (315) 477-8135 Christine: (315) 477-8142	Dmc05@health.state.ny.us Mmh04@health.state.ny.us Csc04@health.state.ny.us
CDRO	Lynn Lauzon-Russom Linda Freligh	Frear Building One Fulton Street Troy, NY 12180	Lynn: (518) 408-5278 Linda: (518) 408-5278	Llr03@health.state.ny.us Ljf06@health.state.ny.us
MARO	Dorothy Laferrera	90 Church Street NY, NY 10007	Dorothy: (212) 417-4200	Dml16@health.state.ny.us