

Provision of Dental Health Services in a School in New York State

**Bureau of Dental Health
New York State Department of Health**

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APPLICATION

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INTRODUCTION

Background

Since 1978, New York State has embraced school-based health care as an efficient and effective means to increase access to primary care for children and youth in underserved communities. School-based health centers bring health services to schools where children and youth spend their day and help to assure immediate access to health services that otherwise would be difficult to obtain.

Purpose

Article 28 facilities and county health departments interested in establishing dental health services in a New York State school or pre-school/Head Start/Early Head Start program must complete an application and receive approval from the Department of Health, Bureau of Dental Health and the New York State Education Department. The provision of dental services at schools or pre-schools is contingent upon the submission and subsequent approval of an application, project plan, and completion and approval of a pre-opening certification. The application process is applicable to mobile vans, the use of portable equipment, and fixed facilities designed to provide children preventive and treatment services on site in schools or pre-school/Head Start/Early Head Start programs during school hours.

School-based dental health education and screening programs do not require this approval process. Applications for dental health programs in other settings, such as a community health center or clinic, should follow the Certificate of Need procedures adopted by the Office of the Health Systems Management, New York State Department of Health.

COMPONENTS OF THE APPLICATION

- Cover Page
- Application Check List
- Statement of Assurances
- Documentation of Need: Table A
- Experience/Effectiveness of Applicant in Providing Services to Target Population: Table B
- Work Plan - General Description of the Program and Procedures: Table C
- Site Specific Work Plans for Providing Dental Services: Table D:
- Site-Specific Information: Table E
- Floor Plan
- Memorandum of Understanding
- Evaluation Plan: Table F
- Continuous Quality Improvement Plan: Table G
- Collaborations: Table H
- Community Advisory Committee: Table I
- Budget: Tables J-1, J-2, J-3, J-4, K and L
- Appendices
 - Operating Certificate
 - Dental Services Operating Manual
 - Promotional materials
 - Consent forms
 - Staff list
 - Zero-based sliding fee scale

INSTRUCTIONS

Please refer to *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* and *Requirements for a School-Based Health Center Dental Program in New York State* as you work on your application. These two documents provide more detailed information and resources to assist you in completing your application. The application process consists of the completion of tables rather than lengthy narratives. The tables are to be used as a template for presenting your information and should be modified or expanded as needed to best meet your specific program and school needs.

NOTE: An original application and six (6) copies of the application packet must be submitted to the New York State Department of Health Bureau of Dental Health at the address provided on the front page. Also, one (1) electronic copy must be submitted to the school-based coordinator at

kmk02@health.state.ny.us

Please write or stamp "ORIGINAL" in red ink in the upper right hand corner of the cover page on the original only.

Please also submit with the original application, two (2) copies of each MOU, with all ORIGINAL signatures.

Cover Page

A cover page identifying the applicant agency (Article 28 sponsor), contact information, and the name and address of each site at which dental health services are to be provided must be completed.

Application Check List

Each applicant is required to include this check list as part of the application process and indicate all completed components and attachments included in the application.

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.

Documentation of Need - Complete Table A

Applicants must identify and describe the prevalence of dental problems experienced by the target population, establish that the populations to be served have inadequate access to dental health services and resources, and document that school-based dental health services are needed to supplement currently available resources.

Experience/Effectiveness of Applicant in Providing Services to Target Population - Complete Table B

Applicants are required to describe the applicant agency with respect to the provider's qualifications, record of performance, and experience in delivering dental health care to pre-school and school age children.

Work Plan - General Description of the Program and Procedures – Complete Table C

Applicants are required to provide a description of all proposed program services, the plan of work for implementation and/or maintenance of each service and all applicable procedures related to the service or activity.

Site Specific Work Plans for Providing Dental Services - Complete Table D

A work plan is required for each site at which dental health services will be provided. The work plan includes 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 service or activity, and the individual(s) responsible for the activity.

Since all planned program activities are already described in Table C, Table D need only list the specific activities applicable to each site and the requested information for each activity.

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.

Floor Plan

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.

Memorandum of Understanding

For each SBHC-D site, a **Memorandum of Understanding (MOU)** is required to be **signed** by the school principal and superintendent of the school district and the Article 28 chief health care officer or the commissioner or local director of public health. Two copies of each MOU with all original signatures must be submitted with the application.

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.

Evaluation Plan – Complete Table F

An evaluation plan is critical to the long-term success of the dental program. Both process and outcome measures are to be included in the plan, with data routinely collected and analyzed quarterly to identify and address problems or deficiencies in a timely manner.

Continuous Quality Improvement Plan - Complete Table G

School-based programs providing dental health services must have a plan for quality assurance/continuous quality improvement. One person must be assigned responsibility for this function for dental health services and a quality improvement committee must be actively involved in the CQI process. The QI process should parallel the quality improvement processes at the sponsoring Article 28 facility and findings should be integrated into that process.

At a minimum, the plan needs to include a review of quality assurance elements and policies and procedures pertaining to dental health services in the school-based program, be evaluated at least quarterly, the results disseminated to staff at both the provider facility and school site(s), and an action plan developed and implemented to correct any deficiencies found.

The supervising physician overseeing the SBHC-D program should provide oversight of Continuous Quality Improvement Plan and all related activities.

Collaborations - Complete Table H

Applicants must describe the level of support from and collaboration with the school district, school staff (teachers, administrators, support staff), parents, students, members of local oral health coalitions, community services programs and community leaders. The manner in which dental health services are integrated into the School-Based Health Center (SBHC) and other health-related services in the school must also be described.

Community Advisory Committee – Complete Table I

Each school-based health center dental program must have a community advisory committee or an existing advisory committee that can provide 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 represented should also be provided.

Budget – Complete Tables J-1, J-2, J-3, J-4, K and L

The budget information includes anticipated expenses for both personal services and other than personal services, projected levels of utilization of dental services during the year, projected revenues from Medicaid and other third-party sources, grant funding, and in-kind contributions.

Operating Manual

Each applicant is required to have an operating manual for dental services in place prior to the initiation of dental services. The operating manual is to include policies and procedures applicable to the operation of the dental program.

Appendices

- Operating Certificate
- Dental Services Operating Manual
- Copies of any promotional materials to be used
- Copies of consent forms to be used

- Staff List:
 - Name of supervising physician and license number.
 - Name of supervising dentist and license number.
 - Names of SBHC-D staff assigned to each site and their respective license or registration numbers
- Copy of the zero-based sliding fee scale to be used

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Dental Health
Empire State Plaza – Tower Building – Room 542
Albany, New York 12237-0619

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: _____

Currently NYSDOH certified School-Based Health Care Center provider?

- Yes No Not sure

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)

Site Name	Address	County	Community or School District

APPLICATION CHECK LIST

- Cover Page
 - Application Check List
 - Statement of Assurances
 - Table A: Documentation of Need
 - Table B: Experience/Effectiveness of Applicant in Providing Services to Target Population
 - Table C: Work Plan - General Description of the Program and Procedures
 - Site #1: _____
 - Table D: Site Specific Work Plans for Providing Dental Services
 - Table E: Site-Specific Information
 - Floor Plan – Blue Prints
 - Memorandum of Understanding (2 copies with all original signatures)
 - Site #2: _____
 - Table D: Site Specific Work Plans for Providing Dental Services
 - Table E: Site-Specific Information
 - Floor Plan– Blue Prints
 - Memorandum of Understanding (2 copies with all original signatures)
 - Site #3: _____
 - Table D: Site Specific Work Plans for Providing Dental Services
 - Table E: Site-Specific Information
 - Floor Plan– Blue Prints
 - Memorandum of Understanding (2 copies with all original signatures)
 - Table F: Evaluation Plan
 - Table G: Continuous Quality Improvement Plan
 - Table H: Collaborations
 - Table I: Community Advisory Committee
 - Table J-1: Total Personal Services
 - Table J-2: Other Than Personal Services
 - Table J-3: Budget Summary
 - Table J-4: Grant-Funded Programs
 - Table K: Projected Utilization
 - Table L: Summary of Projected Income
- Appendices
- | | |
|---|---|
| <input type="checkbox"/> Operating Certificate | <input type="checkbox"/> Consent Forms |
| <input type="checkbox"/> Dental Services Operating Manual | <input type="checkbox"/> Staff List |
| <input type="checkbox"/> Promotional Materials | <input type="checkbox"/> Zero-Based Sliding Fee Scale |

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: _____

**TABLE A
DOCUMENTATION OF NEED
COMMUNITY NEEDS ASSESSMENT**

Demographic Profile of the Community	
County population <ul style="list-style-type: none"> ▪ Total population – all ages ▪ Population under 19 years of age ▪ Percent of children 1-5 years of age ▪ Percent of children 6-8 years of age ▪ Percent of children 9-13 years of age ▪ Percent of children 14-19 years of age 	
Percent of families residing at or below Federal Poverty Level	
Percent of families residing up to 200% above Federal Poverty Level	
Percent of school-aged children eligible for reduced-price school lunch program	
Percent of school-aged children eligible for free school lunch program	
Unemployment rate	
Race/Ethnicity of population <ul style="list-style-type: none"> ▪ Percent White, non-Hispanic ▪ Percent Black, non-Hispanic ▪ Percent Hispanic ▪ Percent Asian/Pacific Islander 	
Percent of households in which other than English is spoken	

Community Oral Health Status	
Number and percent of births with oral defects	
Oral cancers <ul style="list-style-type: none"> ▪ Incidence ▪ Mortality ▪ Percent of cancers diagnosed at earliest stage 	
Dental caries <ul style="list-style-type: none"> ▪ Percent of preschoolers in Head Start with caries experience ▪ Percent of third graders with caries experience ▪ Percent of children in other age groups with caries experience 	
Untreated tooth decay <ul style="list-style-type: none"> ▪ Percent of preschoolers in Head Start with untreated decay ▪ Percent of third graders with untreated decay ▪ Percent of children in other age groups with untreated decay 	
Tooth Loss <ul style="list-style-type: none"> ▪ Percent of adults losing one or more teeth lost due to gum disease or tooth decay ▪ Percent of adults with complete tooth loss 	

Preventive Care	
Percent of children visiting dentist/dental clinic in the last year	
Percent of adults visiting a dentist/dental clinic in the last year	
Percent of children having their teeth cleaned in the last year	
Percent of adults having their teeth cleaned in the last year	
Percent of third graders with dental sealants <ul style="list-style-type: none"> ▪ Dental sealants by eligibility for free and reduced price school lunch ▪ Dental sealants by race/ethnicity ▪ Dental sealants by parental education 	

Dental Care Resources	
Number of dentist practicing in the community <ul style="list-style-type: none"> ▪ Percent accepting Medicaid ▪ Percent accepting Child Health Plus ▪ Percent of dentists with at least one Medicaid/Child Health Plus claim during most recently available reporting period 	
Number of dental clinic within the community <ul style="list-style-type: none"> ▪ Number of clients served ▪ Average waiting time for an appointment 	
Number and types of public dental disease prevention programs: <ul style="list-style-type: none"> ▪ fluoride mouth rinse ▪ fluoride tablets ▪ sealants ▪ educational 	
Number and age of individuals served by each program	
Populations served by fluoridated public water supply systems	
Insurance coverage for dental health services <ul style="list-style-type: none"> ▪ Percent of population uninsured for dental care ▪ Percent of population covered by Medicaid ▪ Percent of population covered by Child Health Plus ▪ Percent of population with commercial coverage for dental care services 	

Utilization of Dental Services	
Percent of Medicaid eligibles receiving services	
Percent of Child Health Plus eligibles receiving services	
Percent of population covered by commercial dental insurance receiving services	
Percent of uninsured individuals receiving services	

Perceived Need for Dental Care	
Perceptions of consumers on accessibility, acceptability, affordability	
Perceptions of oral health care professionals	
Perceptions of school personnel (teachers, nurses, principals)	
Perception of health care providers (pediatricians, clinic providers, Emergency Room personnel, etc)	
Perceptions of local leaders (elected officials, community leaders, religious leaders, etc)	

**TABLE B
EXPERIENCE/EFFECTIVENESS OF APPLICANT IN PROVIDING SERVICES TO TARGET
POPULATION**

Item	Description
<p>Provider qualifications</p> <p><i>Describe your agency, its mission and services, and the populations served.</i></p> <p><i>Provide a listing of all qualifications, licenses, operating certificates and permits related to the provision of dental services.</i></p> <p><i>Describe your experience in forming any partnerships with local health units, coalitions, community-based organizations, consumers and families, and health care providers.</i></p>	
<p>Record of performance</p> <p><i>Number of years providing services to the target population.</i></p> <p><i>Describe your agency's past performance and accomplishments in providing services to the target population.</i></p> <p><i>Describe any noted deficiencies in performance and the steps taken to address and correct the deficiencies.</i></p>	
<p>Experience in delivering dental health care to school age children and youth</p> <p><i>Describe your experience in promoting, organizing, delivering and/or coordinating health or dental care to school-aged and/or pre-school children.</i></p> <p><i>If your agency is a past or current recipient of a NYSDOH-funded dental program, provide details of your accomplishments during the most current grant cycle.</i></p>	

TABLE C
WORK PLAN - GENERAL DESCRIPTION OF THE PROGRAM AND PROCEDURES

Service	Description of Services How Provided or Achieved
Program promotion to children, parents, teachers, and community	
Outreach activities and strategies to be used	
Oral health education, including topics to be covered	
Parental consent <ul style="list-style-type: none"> • <i>for program enrollment</i> • <i>for treatment services</i> • <i>follow-up if consent forms not returned</i> 	
Enrollment of children	
Parental involvement <ul style="list-style-type: none"> • <i>how obtained</i> • <i>how fostered</i> 	
24-hour a day/7-day a week access to dental treatment <ul style="list-style-type: none"> • <i>during school hours</i> • <i>during non-school hours</i> • <i>direct services or by referral</i> • <i>on-call system during non-school hours</i> 	
Preventive dental health care <ul style="list-style-type: none"> • <i>types of services to be provided</i> • <i>how appointments scheduled</i> • <i>follow-up on missed appointments</i> 	

Service	Description of Services How Provided or Achieved
Treatment of identified dental needs/problems <ul style="list-style-type: none"> • <i>types of services to be provided</i> • <i>which services provided on-site and which provided by referral</i> • <i>how appointments scheduled</i> • <i>follow-up on missed appointments</i> • <i>procedures to ensure treatment needs being met</i> 	
Referrals for additional dental services <ul style="list-style-type: none"> • <i>criteria for referring within SBHC-D</i> • <i>criteria for referring to Article 28, back-up facility, other dental provider</i> • <i>procedures for referring to network providers for children in Medicaid Managed Care</i> • <i>follow-up on referrals</i> 	
Linkages with dental practitioners when children have another provider	
Transfer or sharing of client-specific information <ul style="list-style-type: none"> • <i>within the SBHC-D</i> • <i>with the school</i> • <i>with Article 28 sponsor</i> • <i>with back-up facility</i> • <i>with child's primary dental care provider</i> 	
Communication with parents <ul style="list-style-type: none"> • <i>outcome of preventive visits</i> • <i>need for additional services</i> • <i>outcome of treatment visits</i> 	
Obtaining third party reimbursements for billable dental services <ul style="list-style-type: none"> • <i>Medicaid</i> • <i>Child Health Plus</i> • <i>Private insurance carriers</i> 	

Service	Description of Services How Provided or Achieved
Zero-based sliding fee scale for treatment services <ul style="list-style-type: none"> • <i>procedures for notifying parents</i> • <i>procedures for billing/obtaining reimbursements</i> 	
Data collection <ul style="list-style-type: none"> • <i>types of data to be collected</i> • <i>frequency of data collection</i> • <i>responsible person</i> • <i>access to and use of data</i> • <i>completion of quarterly and annual data reports</i> 	
Evaluation of the program and services <ul style="list-style-type: none"> • <i>procedures and strategies to be used to evaluate the program</i> • <i>responsible person</i> • <i>strategies for sharing evaluation results with school administrators, Community Advisory Committee, other interested parties</i> 	
Quality assurance <ul style="list-style-type: none"> • <i>quality assurance elements and procedures</i> • <i>responsible person and name of supervising physician</i> • <i>how integrated in CQI Plan of Article 28 sponsor</i> • <i>dissemination of results</i> • <i>development and implementation of action plans to address deficiencies and how monitored</i> 	
Community Advisory Committee	
<ul style="list-style-type: none"> • <i>solicitation of membership</i> • <i>organization structure of Committee</i> • <i>how input of members to be sought</i> • <i>frequency of meetings</i> • <i>record keeping of meeting and dissemination of materials</i> 	
Etc.	

TABLE D
SITE SPECIFIC WORK PLANS FOR PROVIDING DENTAL SERVICES
SITE NAME: _____

[complete one table for each service site]

Activities	Description of Site-Specific Activity	Timeframes for Implementation of the Activity	Frequency of the Activity	Targeted Individuals	Responsible Person
Program promotion					
Outreach					
Oral health education					
Preventive dental care					
Dental Treatment					
etc.					

**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										
Dentists												
Hygienists												
Dental Assistants												
Other (list)												
Total number of hours a week worked – all staff												

**TABLE F
PLANS TO EVALUATE THE QUALITY AND EFFECTIVENESS OF DENTAL SERVICES**

NOTE: See pages 8-9 of the Guidance Document for examples of the types of data and strategies that can be used to measure and evaluate success.

Process Evaluation	Measures of Success
Program promotion	
Outreach	
Oral health education	
Informed consent	
Enrollment	
Preventive Dental Services <ul style="list-style-type: none"> ▪ Comprehensive Oral Exam ▪ X-Rays ▪ Oral Prophylaxis ▪ Fluoride ▪ Sealant ▪ Other (specify) 	
Treatment Services <ul style="list-style-type: none"> ▪ Restoration ▪ Extractions ▪ Other (specify) 	
Reimbursements	
Referrals	
etc.	
Outcome / Impact Evaluation	Measures of Success
Dental caries	
Untreated decay	
Dental sealants	
Utilization of dental services	
etc.	

**TABLE G
CONTINUOUS QUALITY IMPROVEMENT**

Staffing	Identification
Person responsible for CQI	Name: _____
Supervising physician providing oversight of CQI	Name: _____
CQI Committee Members <i>Members may include SBHC-D staff, representative of the Article 28 sponsor, school administrator, teachers, representative of SBCH (where applicable), parents, students, community members, member of Community Advisory Committee, etc.</i>	1. 2. 3. 4. 5. etc.

List of Quality Items Included in the Plan
1. 2. 3. 4. 5. 6. 7. 8. etc

List of Written Policies and Procedures for School-Based Health Center Dental Program Incorporated into the CQI Plan
1. 2. 3. 4. 5. 6. 7. 8. etc

CQI Plan Components	Brief Description	Person Responsible	Timeframe
Provider credentialing, licensing, and maintenance of credentials			
Pre-employment, including completion of mandatory training and fingerprinting			
Professional continuing education			
Staff performance evaluation			
Adherence to acceptable clinical practices and standard of care			
Dental record review			
Review of complaint and follow-up procedures			
Patient satisfaction and surveys			
Plan for evaluating success and impact of the program			
Dissemination of results to Article 28 sponsor, school site(s), Community Advisory Committee members, and members of CQI Committee			
Use of results to develop and implement action plans			

**TABLE H
COLLABORATIONS**

Item	Description
Level of support from: <ul style="list-style-type: none"> ▪ School District ▪ School staff at SBHC-D site(s) ▪ Parents ▪ Students ▪ Community service programs/organizations ▪ Community leaders ▪ PTAs 	
Types of collaborations with: <ul style="list-style-type: none"> ▪ School District ▪ School staff at SBHC-D site(s) ▪ Parents ▪ Students ▪ Community service programs/organizations ▪ Community leaders ▪ Local oral health coalitions ▪ PTAs 	
Integration of dental health services into the SBHC	
Integration of dental health services with other health-related services in the school	

**TABLE I
COMMUNITY ADVISORY COMMITTEE**

Community Advisory Committee		
Already existing committee for SBHC	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Committee Membership		
Name	Committee Office/Position	Constituency Represented
Committee Functions	Description	
Input from Committee <ul style="list-style-type: none"> ▪ How established ▪ How maintained ▪ How incorporated in dental services 		
How Committee is to meet its oversight responsibilities for dental services and obtain community input.		
How Committee is to meet its planning and development responsibilities for dental services		

**BUDGET TABLE J-1
TOTAL PERSONAL SERVICES**

**Operating Budget
School Based Dental Services**

Time Period: _____ to _____

				Total Expenses	In-Kind Contributions
Program Administration					
Dentists					
Dental Hygienists					
Dental Assistants					
Other - specify					
Sub-Total Personnel Services					
Fringe Benefits _____%					
Total Personal Services					

**BUDGET TABLE J-2
OTHER THAN PERSONAL SERVICE SERVICES**

**Operating Budget
School Based Dental Services**

Time Period: _____ to _____

ITEMS	BUDGETED EXPENSES	IN-KIND CONTRIBUTIONS
Total: Other than Personal Services		

BUDGET TABLE J-3
BUDGET SUMMARY
Operating Budget
School Based Dental Services

Time Period: _____ to _____

CATEGORY OF EXPENSE	TOTAL EXPENSE
PERSONAL SERVICES	
Personal Services Subtotal [from Table J-1]:	
OTHER THAN PERSONAL SERVICES	
OTPS Subtotal [from Table J-2]:	
Grand Total:	

BUDGET TABLE J-4

GRANT-FUNDED PROGRAMS

**Operating Budget
School Based Dental Services**

Time Period: _____ to _____

Name of Grant	Services Provided	Grant Year (tofrom)	Annual Grant Amount

TABLE K

**PROJECTED UTILIZATION
Operating Budget
School Based Dental Services**

Time Period: _____ to _____

Type of Encounter	Number of Projected Visits by Type of Insurance Coverage/Reimbursement Status					
	TOTAL Visits*	Medicaid Fee-for-Service	Medicaid Managed Care	Other Insurance	Zero-based Sliding Fee Scale	Uninsured
Periodic Oral Evaluations						
Limited Oral Evaluations						
Radiographs/diagnostic imaging						
Total Evaluation Visits		**	**	**		
Prophylaxis						
Topical fluoride application						
Sealants						
Restoration						
Extractions						
Other treatment services						
Total Routine Visits		**	**	**	**	

* Enter the TOTAL number of estimated visits regardless of how the visit will be billed/funded.

** The number of visits reported in these cells is carried over to the Table L in order to calculate projected revenues.

**TABLE L
SUMMARY OF PROJECTED INCOME**

**Operating Budget
School Based Dental Services**

Time Period: _____ to _____

	[1] Number of Visits	[2] Reimbursement Rate per Visit	[3] Total Revenues [1 x 2]	[4] Estimated Uncollectible Amount	Generated Revenues [3 – 4]
MEDICAID FEE FOR SERVICE					
Evaluation					
Routine Visits					
Other (specify)					
MEDICAID MANAGED CARE					
Evaluation					
Routine Visits					
Other (specify)					
OTHER INSURANCE					
Evaluation					
Routine Visits					
Other (specify)					
ZERO-BASED SLIDING FEE SCALE					
Treatment services only (average cost/service charged)					
GRAND TOTAL					