

SCHOOL-BASED DENTAL SERVICES GUIDELINES FOR SCHOOL DISTRICTS

I. INTRODUCTION

The following information was compiled to assist school districts considering contracting with a mobile/portable dental care provider to meet the oral health needs of their students. These guidelines¹ and addenda are intended to provide objectives that should be considered before the school district enters into a contract and/or memoranda of understanding (MOU) with a mobile/portable dental care provider. Some of these items may be included in the terms of the contract or MOU.

- It is recommended that the Director of Pupil Services, along with members from a health or dental advisory committee, meet with the contracting provider to address the objectives outlined below and to establish a means of evaluating outcomes.
- To promote the health and safety of all students, the contract or MOU should establish a means of care for under- or uninsured children.
- Contracts and/or MOUs should be reviewed by the school district’s legal counsel before finalization. All contracts and MOUs must be approved or ratified by the district governing board.

II. GUIDELINES

OBJECTIVE	DEFINITION	SCHOOL DISTRICT RESPONSIBILITIES	MOBILE/PORTABLE DENTAL PROVIDER RESPONSIBILITIES
A. ACCESS Equal access to school-based services	1. Every child, regardless of their ability to pay, has access to services.* a. All children are offered the opportunity to receive care. b. A reasonable proportion of uninsured and/or underinsured children receive care by the mobile/portable	1. Address issues of special needs students and un-/underinsured, including how many students will be seen, what services will be provided, and the cost to families. 2. For quality assurance: a. Establish numerical goals for services provided including the	1. All children, regardless of ability to pay, are offered the opportunity to receive diagnostic and preventive care, to include exam, x-rays, cleaning, fluoride, sealants. 2. Mobile/portable provider agrees to provide necessary restorative treatment to a specific number of un- or

¹ These guidelines and addenda complement the requirements of the Dental Board of California for mobile dental facilities - Business and Professions Code, Sections 1625, 1650, 1657, and 1658.8; Health and Safety Code, Sections 1765.105, 1765.130; California Code of Regulations, Title 16, Div. 10, Ch. 2, Art. 6, Section 1049
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	<p>provider.</p> <p>c. Uninsured children not served by the mobile/portable provider are referred to a dental provider.</p> <p>d. Parents of uninsured children are provided information on how to access health insurance coverage for their child.</p> <p>*Note: Ideally all children should receive care regardless of their insurance status; the issue of access should be addressed with the mobile provider during contract negotiations.</p> <p>2. All children, regardless of any physical or mental limitations, race, or religion, have access to services.</p>	<p>number of students served with and without insurance.</p> <p>b. Ensure that the contract specifies that the provider agrees to provide students with preventive and restorative care.</p>	<p>underinsured children based on one of the following:</p> <p>a. A percentage of the total # of children served (at least 10% suggested).</p> <p>b. A specific number each day or week</p> <p>c. A specific total number.</p>
<p>B. COMPREHENSIVE CARE</p> <p>Services provided to meet preventive, restorative, follow-up, and emergency needs</p>	<p>1. Comprehensive care is the ability to take care of all the oral health needs of the child, including referral to a specialist or another provider for follow-up care should that be necessary.</p> <p>Comprehensive care includes the full range of diagnostic, preventive and restorative treatment services consistent with the scope of practice of the provider.</p> <p>2. Mobile/portable provider is</p>	<p>1. Inquire about the scope of services the mobile/portable provider is able and willing to provide. Ask about any limitations such as endodontic care (root canals), large restorations, or extractions and how those services are provided for children with identified need.</p> <p>2. Ask the mobile/portable provider for a protocol that clearly establishes:</p> <p>a. How parental permission will be obtained, including what language(s) the permission form will</p>	<p>1. Mobile/portable provider informs the school of service limitations in writing.</p> <p>a. Mobile/portable provider provides a protocol for how identified treatment needs will be met.</p> <p>2. Mobile/portable provider will provide the school or district with written proof of an agreement with local dental facility to provide follow-up and emergency care and a protocol for referral.</p> <p>3. After each student's appointment, on</p>

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	<p>required by law² to have an agreement with a community dental clinic/office to provide follow-up and emergency care for patients seen by the mobile/portable provider.</p> <p>3. Abandonment – California law³ states it is unprofessional conduct to abandon a patient without “written notice that treatment is to be discontinued, and before the patient has ample opportunity to secure the services of another dentist...”</p> <p>a. A mobile/portable dental facility that accepts a patient and provides diagnostic services, including examinations and radiographs , but does not provide care for identified treatment needs or follow-up on referral for treatment when such treatment is clearly indicated, may be considered to be abandoning the patient. Arrangements must be made for appropriate and accessible (within the patient’s geographic area) follow-up care.</p>	<p>be presented in.</p> <p>b. The name(s) and contact information of the community dental clinic/office with which the mobile/portable provider has an agreement.</p> <p>c. How post-treatment problems and emergencies are addressed when the mobile/portable provider is out of the area.</p> <p>d. How the school will be notified of treatment provided and referrals made to a community- based clinic/office. What information about the referral (name of child, age, reason for referral, etc.) the mobile provider will share with the school.</p> <p>e. How the program will communicate with parents.</p> <p>f. How often the provider will return to provide ongoing restorative and preventive care.</p> <p>g. District will receive aggregate report. School will receive individual data</p> <p>h. Make it clear that system for communicating info is set up to get info to the district – less stringent that what is written now. Make vague to allow flexibility</p>	<p>the same day parents and school administration are provided with information that includes:</p> <ul style="list-style-type: none"> • Treatment plan • Whether all planned treatment has been completed • A description of any unmet treatment needs • Contact information for the mobile/portable provider, including after-hours contact information • What to do in case of an emergency (including contact information of the local dental provider/clinic with which the mobile/portable provider has an agreement) • Referral information if the child was referred to another dentist for any care – to include the reason for the referral and contact information for the dentist to whom the child was referred <ul style="list-style-type: none"> ○ If the mobile/portable facility does not have an established relationship with a local dentist or clinic, the mobile facility should offer at least 3 local dental referral options. <p>4. Parent will be informed of the restorative treatment plan and give written consent prior to treatment.</p>

² California Code of Regulations, Title 16, Div. 10, Ch. 2, Art. 6, Section 1049

³ Business and Professions Code Section 1680

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			5. Mobile provider will review the insurance status and refer uninsured children to a source of care.
<p>C. DATA Collection/information sharing</p>	<ol style="list-style-type: none"> 1. Information documenting services rendered. 2. Data to be used to ensure the mobile/portable provider is fulfilling their contract obligations and that children are receiving comprehensive care. 3. Diagnostic records collected by a mobile/portable provider that must be shared with a community dental provider for completion of a child's treatment needs. 	<ol style="list-style-type: none"> 1. Request in writing the electronic reports the school wishes to receive including, but not limited to: <ol style="list-style-type: none"> a. Individual student reports including: <ul style="list-style-type: none"> • Treatment completed • Any unmet treatment needs • Contact information for the mobile/portable provider, including after-hours contact information • Referral information if the child was referred to another dentist for any care – to include the reason for the referral and contact information for the dentist to whom the child was referred. <p>This information should be placed in the student's cumulative file.</p> b. Aggregate report of all services provided (to be shared with the District), to include: <ul style="list-style-type: none"> • Number of children returning permission slips • Number of children served. • Insurance status of each child • Description of each service provided and the number of 	<ol style="list-style-type: none"> 1. Provide electronic reports as requested. <p>Aggregate reports provided to the school district once every 30 days.</p>

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		<p>students that received that service</p> <ul style="list-style-type: none"> • Percentage of uninsured children receiving preventive treatment • Percentage of uninsured children receiving restorative treatment <p>c. A date when the mobile/portable provider will return to provide recall (routine cleaning and exams), follow-up, and new patient care.</p> <p>2. Keep HIPAA and FERPA rules in mind.</p>	
<p>D. COMMUNICATION Includes Oversight</p>	<ol style="list-style-type: none"> 1. Open discussion with identified organizations/agencies that will be impacted by the school-based program. 2. Utilize the School Wellness Committee or Advisory Committee to link with local dental society and/or local dentists to guide school-based programs. 	<ol style="list-style-type: none"> 1. Prior to entering into a contract for service, inform and have a dialogue with individuals and organizations that provide similar services for the students and/or may be impacted. Organizations to consider: *Pupil Services, School Wellness Committee, local dental society, local community dental clinics, local health department (CHDP, MCAH or other dental staff), and school nurse. <p>The final contract or MOU must be brought to the governing board for ratification or approval, during an open session of the governing board.</p> <ol style="list-style-type: none"> 2. Link the mobile/portable facility to work with an identified local dental advisory committee or the School Wellness Committee while providing services. *Organizations to consider for advisory committee below (page 10). 	<ol style="list-style-type: none"> 1. Communicate directly with an identified advisory committee to answer questions and address concerns. 2. Work with the district as well as the advisory committee on quality assurance and contract compliance.

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E. CONTRACT COMPLIANCE	1. Method by which contract compliance is assured.	1. Request the mobile/portable provider submit an evaluation tool for the services provided, including details of how success will be measured. 2. The superintendent or designee reviews the contract, including the evaluation component, to ensure it addresses the district/school's concerns and requirements. 3. The superintendent or designee should review the required/requested reports (see data collection) to ensure contractual compliance. 4. The superintendent or designee should decide how the contract will be enforced and consequences for noncompliance.	1. Provide a written protocol to assure all agreed upon outcomes are met. <ul style="list-style-type: none"> a. How the mobile/portable provider intends to meet the contractual obligations (number of children served, number un/underinsured children, preventive as well as restorative care). b. How the mobile/portable provider will measure obligations/objectives. c. Consequences and/or corrective action plan for unmet objectives.
F. INSURANCE	1. Coverage for claims made by patients alleging injury as a result of the performance of professional services rendered or which should have been rendered to a patient. 2. Coverage for personal injury to other people or damage to their property arising from the daily operations.	1. Contact Joint Power of Authority (JPA) or insurance provider to discuss coverage requirements <ul style="list-style-type: none"> a. Know the amount needed per incident b. Know what type of insurance is required (premise liability, professional liability, etc.). 	1. Mobile/portable provider will provide evidence of coverage indicating the name of the company providing liability insurance coverage and the amount of coverage the mobile/portable provider carries.

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G. QUALITY ASSURANCE	1. Method by which the quality of care is assured.	1. District works with School Wellness Committee or Advisory Committee to review the mobile/portable provider's quality assurance plan. 2. School Wellness Committee or Advisory Committee evaluates program for quality assurance on a routine basis.	1. Mobile/portable provider provides school/district with a copy of their quality assurance plan. 2. Mobile/portable provider provides the names, California license numbers, and National Provider Identification numbers of all providers.
F. OTHER THINGS TO CONSIDER	1. Any need or requirement not covered above.	1. Establish a mutually acceptable place to set up portable equipment or park a mobile facility. 2. Discuss access to toilet facilities, potable water, including hot water, electricity, etc.	1. Communicate needs with the school prior to arriving on the first day to deliver dental care to students.

III. What can the school district do to protect their liability and to ensure the above guidelines are followed?

Involve the School Board. Present information to the school board about the mobile/portable provider: What the provider is proposing to do, how children will benefit, how long the provider plans to be on campus, how many people will be working with the mobile/portable provider, how often the provider will return each year, and other details about the provider's proposition. All contracts and MOUs must be ratified or approved by the governing board.

Establish and Work with the School Advisory Committee: All schools have a Wellness Committee which can be consulted about health issues including entities proposing to provide students services on school grounds. If the Wellness Committee does not include a dental professional, contact your local dental society to help identify a volunteer. You can find your local dental society by visiting: www.cda.org/about_cda/component_dental_societies. A local dental hygiene society/association is another resource. Your local health department may have a dental professional on staff in the Maternal, Child and Adolescent Health Program and/or the Child Health and Disability Prevention Program. Using the above guidelines, dental professionals can assist in evaluating the mobile/portable dental provider, initially and on a regular basis.

Q/A - It is the responsibility of the school district to ensure that individuals/companies providing services on school sites are providing safe, effective and equitable dental services to their students. Meeting with a mobile/portable dental provider along with a dental professional from the advisory committee for a Q/A before entering into a contract can help ensure that the above goals are met. Some questions to include during the Q/A are:

1. Will all children have access to services regardless of insurance status, disability, race or religion? How will the mobile/portable provider ensure and document this?
2. How will the mobile/portable provider ensure that every child is linked to follow-up dental care?
3. How much liability insurance does the mobile/portable provider carry and who is the carrier? (Consult with the district's JPA or insurance carrier to determine what types of amounts a carrier should provide and ensure that the district's insurance covers such services.)
4. How will the mobile/portable provider provide on-going communication with school personnel?
5. How often will the mobile/portable provider return to provide services?
6. Are family members of students (parents, siblings) welcomed as patients after school hours?
7. Will services be offered after regular school hours to children participating in after school or daycare programs?
8. Are records (x-rays, chart notes, etc.) automatically sent to the dentist to whom a child is referred?

IV. Background Checks and Fingerprinting

To protect the health and safety of students, the law requires that any person coming into contact with children have a background check and be fingerprinted.

The California Education Code, Section 45125.1, states: “. . .d) A school district may determine, on a case-by-case basis, to require an entity providing school site services other than those listed in subdivision (a) or those described in Section 45125.2 and the entity's employees to comply with the requirements of this section, unless the school district determines that the employees of the entity will have limited contact with pupils. . . If a school district makes this determination, the school district shall take appropriate steps to protect the safety of any pupils that may come in contact with these employees.”

The California Penal Code, Section 11105.3, states (emphasis added): “(a) Notwithstanding any other law, a human resource agency or an employer may request from the Department of Justice records of all convictions or any arrest pending adjudication involving the offenses specified in subdivision (a) of Section 15660 of the Welfare and Institutions Code of **a person who applies for a license, employment, or volunteer position, in which he or she would have supervisory or disciplinary power over a minor or any person under his or her care.** The department shall furnish the information to the requesting employer and shall also send a copy of the information to the applicant.

(b) Any request for records under subdivision (a) shall include the applicant's fingerprints. . .”

V. Routine Reviews

The mobile/portable provider should provide a set of quality and performance measures (see G, Quality Assurance above) with which their services can be evaluated. If they have agreed to generate the reports outlined above, the school or district can easily assess if the contractual obligations are being met.

School personnel (teachers, administrative staff, nurse, etc.) should be made aware that a mobile/portable provider will be treating children so that if a child receives care by the provider and subsequently develops a problem, the problem can be noted by the Director of Pupil Services or school nurse to see if any pattern of poor quality emerges, such as consistently lost sealants or fillings. The Director or nurse can also follow up with the provider to ensure the child receives appropriate care for the problem.

***Potential Advisory Committee Members:**

School Wellness Committee

Representative from the local dental society

Dental health professionals (dentist, hygienist, assistant)

Local dental health officer

School representative

Parent representative

Dental associations such as local/state dental, dental hygiene and dental assisting organizations

County Health Department— from CHDP, MCAH or other program with a dental component

School nurse

Community clinic dental program representative

Representative from community-based dental programs