

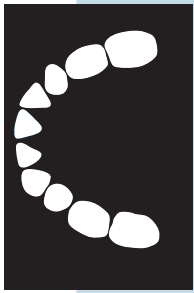
Children's Oral Health Coalition

led by Cook Children's

Considerations for school districts for dental services in the school setting



May 2011



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Considerations for school districts for dental services in the school setting

These considerations are based on requests by local school districts seeking guidance from the Children's Oral Health Coalition (COHC) to respond to mobile dental companies, offering to provide dental services to the children in their districts. These considerations are offered by COHC in the spirit of fulfilling its mission to improve the oral health of children in our community.

Each district can use these considerations in developing **their own** process for responding. This **is not** an all inclusive list. The Children's Oral Health Coalition is not a regulatory or licensing organization and those professional organizations in dentistry are important resources for the school districts. **The considerations listed below are intended as suggestions and do not constitute professional advice nor should it replace your professional judgment. As always, the COHC strongly encourages you to follow your district's policies and seek legal guidance from your district's attorney regarding any agreement. The links presented in this document are up to date as of May 2011.** Please make sure you are viewing the most current version of the law.

Documentation considerations

- Is the mobile dental facility, or portable dental unit, registered with the Texas State Board of Dental Examiners (SBDE) as required by SBDE Rule §108.40?¹
To check registration - http://www.tsbde.state.tx.us/index.php?option=com_content&task=view&id=123&Itemid=26
SBDE Rule §108.40
[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac_view=5&ti=22&pt=5&ch=108&sch=D&rl=Y](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=5&ti=22&pt=5&ch=108&sch=D&rl=Y)
- Have all treating dentists and allied team members (dental hygienists and dental assistants) presented copies of their professional licenses or required certification/registration?¹
To verify licensing -
http://www.tsbde.state.tx.us/index.php?option=com_content&task=section&id=6&Itemid=38
- Are the licenses and certifications/registrations visibly posted in the mobile unit or where the dental professionals are treating the children?¹
SBDE Rule §108.43
[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac_view=5&ti=22&pt=5&ch=108&sch=D&rl=Y](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=5&ti=22&pt=5&ch=108&sch=D&rl=Y)
- Is the mobile dental facility, or portable dental unit, displaying the consumer information sign as required by the SBDE?¹
SBDE Rule §108.3
[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=5&ch=108&rl=3](http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=5&ch=108&rl=3)
- Have all contracted dentists presented copies of any requisite anesthesia/sedation permits?¹
SBDE Rule Chapter 110 Sedation and Anesthesia
http://www.tsbde.state.tx.us/index.php?option=com_content&task=view&id=107&Itemid=113
- Have all allied team members presented copies of any requisite expanded duty certificates? Certificates may include those required for taking x-rays, placing pit and fissure sealants, nitrous oxide monitoring, and coronal polishing.¹
SBDE Rules §114.2, §114.3, §114.4, §114.5, §115.2
http://www.tsbde.state.tx.us/index.php?option=com_content&task=view&id=107&Itemid=113

- Do the contracted dentists and allied team members have any disciplinary actions against them?¹
For Disciplinary Action Information -

http://www.tsbde.state.tx.us/index.php?option=com_content&task=section&id=6&Itemid=38

- Is the mobile dental facility, or portable dental unit, complying with all aspects of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L.104-191) [HIPAA]?²

P.L. 104-191 <http://aspe.hhs.gov/admsimp/pl104191.htm>

- Has the mobile/portable unit informed the school or district in writing about the limitations of services they intend to provide?
- Has the mobile/portable unit given the school or district written proof of a protocol for referral including an agreement with local dentists to provide follow-up and emergency care?
- Does the mobile/portable unit have a formal process for data gathering and record keeping?
- Are all of the appropriate informed consent forms presented to and signed by parents prior to treating the children? Examples of necessary consent forms include – HIPAA, Consent for treatment, Consent for specific restorative treatment, Consent for Nitrous Oxide to be used, etc
- Is there a 24 hour emergency contact phone number provided by the mobile/portable unit for dental emergencies?¹

SBDE Rule §108.5

http://www.tsbde.state.tx.us/index.php?option=com_content&task=view&id=107&Itemid=113

- Will the mobile/portable unit provide the school or district with the direct contact number for the dentist who owns the company?¹

Only a Texas licensed dentist may legally own a dental practice in Texas. This includes mobile/portable units.

Texas Occupations Code §251.003

http://www.tsbde.state.tx.us/index.php?option=com_content&task=view&id=108&Itemid=109

- Where is the office of record for the company operating the mobile/dental unit?¹

SBDE Rule §108.43

http://www.tsbde.state.tx.us/index.php?option=com_content&task=view&id=107&Itemid=113

- Is the school or district, and the company operating the mobile/portable unit, aware of the Parental Accompaniment requirement for billing Medicaid?³ *HRC §§32.024(s)-(s-1) DSHS Rule §33.6*
- Have all employees of the company owning the mobile/portable unit, who will have direct contact with the children covered under the contract/memoranda of understanding, undergone criminal history checks as required by Texas Education Code §8.057?⁴

Texas Education Code §8.057

http://www.tea.state.tx.us/index2.aspx?id=5535&menu_id=840&menu_id2=79

- Will there be language translation services provided by the dental company operating the mobile/portable unit?
- What is required from the school when a mobile dental company is present?
- What is the school or district's professional liability insurance requirement?
- Does the dental company operating the mobile/portable unit intend to comply with the requirements governing dental x-rays?¹

SBDE Rule §113.2

http://www.tsbde.state.tx.us/index.php?option=com_content&task=view&id=107&Itemid=113

Texas Administrative Code §289.232

[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=289&rl=232](http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=289&rl=232)

- Are the children identified with an appropriate name tag once they are in the mobile unit to keep the patient and their records identified and together?
- How much time (approximately) will a child be out of class when being seen by the mobile dental company?

Scope of care considerations

- What type of services will the mobile dental company be providing?
 - Preventive Services Only – (i.e. screenings, exams, cleanings, sealants, fluoride, etc.)
 - Preventive Services and Restorative Services (dental treatment including, but not limited to, fillings, root canals, crowns, tooth removal, etc.)
- There is a difference between a screening and an exam. There are also rules set by the State Board of Dentistry regarding which dental providers are allowed to do screenings and exams.(see attached glossary)
 - Will the company be providing screenings or exams on the children?
 - Who will be doing the screenings?
 - Who will be doing the exams?
 - When will radiographs (x-rays) be taken?
- If restorative work is being done by the mobile dental company, will the parent/guardian be allowed or required to be present for the treatment?
- Before any restorative work is done on the child, will the parent be given an informed consent with their signature for consent prior to any treatment being done on the child?
- If the mobile dental company provides restorative services, where will they be done? (in the mobile unit at the school or at an off-site location?)
- How soon will the restorative services be done?
- What process or policy does the mobile company have for patient stabilization, such as “papoosing”? Does it meet the American Academy of Pediatric Dentistry guidelines?⁵
http://www.aapd.org/media/Policies_Guidelines/G_BehavGuide.pdf

Considerations for who will be seen

- Who is the target population of the mobile dental company?
 - All children, even those who already have an established dental home (see the attached glossary for the definition of a dental home)
 - Children who do not have an established dental home or dentist of record?
 - Children who only have Medicaid/CHIP coverage?
 - Children who do not have Medicaid/CHIP, other dental insurance coverage, or present with other barriers to access of dental care?
- With the children who will be seen by the mobile dental company, will all of them be offered and presented the same level of care and services depending on their individual need and not their Medicaid or insurance status?
- If the mobile dental company advertises scholarships or grants for services rendered on children without Medicaid or CHIP coverage,
 - How many students will be able to receive these scholarships?
 - What level of care will the children with scholarships receive?
 - What is the amount of the scholarship compared to the needed services?
- Will non-students or adults, such as siblings or family members of the school children be able to be seen by the mobile dental company?

Referral information considerations

For those mobile dental companies who provide preventive services only, the following considerations may apply.

- Who is the mobile dental company going to refer the children to, who were identified as needing to have restorative treatment done?⁵
http://www.aapd.org/media/Policies_Guidelines/P_Ethic.pdf
- Does the mobile dental company have a written and signed agreement with the dentist to whom they are going to refer the children?
- Does the mobile dental company have a written and signed agreement with at least two separate pediatric dentists and oral surgeons to refer those children who may need more extensive treatment due to their identified dental disease?
- Do the referral sources accept Medicaid and CHIP?
- Are the offices of the referral sources within a reasonable distance for the family to access services?
- How are the parents notified when their child needs dental treatment other than what the mobile dental company provided?
- Will the parents of the children identified as needing emergency dental treatment, be made aware that their children need to be seen as soon as possible by a dentist?
- Will there be assistance provided by the mobile dental company to help parents make an appointment with the referral dentist when the children need immediate dental treatment?

Reporting/record keeping considerations

- Is the school given a report card from the mobile dental company stating how many procedures were performed at their school? (i.e. how many screenings were done, how many sealants were done, how many children were referred to have restorative treatment done, etc?)
- Will there be a list of names provided to the school regarding those children who are identified with present dental disease and need to be seen by the referred dentist?



Glossary and other resources

The terms and resources provided are not an end all list of those terms used in the practice of dentistry, however they may be of assistance to you.

For further resources on dentistry and/or children's dental health, please visit:

- The American Academy of Pediatric Dentistry – www.aapd.org
- The American Dental Association – www.ada.org
- The American Dental Hygienists' Association – www.adha.org
- National Maternal and Child Oral Health Resource Center - <http://www.mchoralhealth.org/>
- The American Academy of Pediatrics - <http://www.aap.org/healthtopics/oralhealth.cfm>
- The Texas Dental Association - www.tda.org

Amalgam – A dental filling material made of alloy.⁶

Bitewing - A type of dental x-ray.

Calculus – Hard deposit of mineralized substance (hardened plaque) that sticks to the teeth and has to be removed with a professional cleaning. Commonly known as tartar.⁷

Caries – Commonly used term for tooth decay.⁶

Cavity – Missing tooth structure most commonly caused by tooth decay.⁶

Composite – A dental filling material made up of resin particles.⁶

Deciduous teeth – Commonly known as primary or baby teeth.

Dental Assistant - Dental assistants must work closely with, and under the supervision of, dentists. Dental assistants may perform a variety of patient care, office, and laboratory duties. They sterilize and disinfect instruments and equipment, prepare and lay out the instruments and materials required to treat each patient, and obtain and update patients' dental records. Assistants make patients comfortable in the dental chair and prepare them for treatment. During dental procedures, assistants work alongside the dentist to provide assistance. They hand instruments and materials to dentists and keep patients' mouths dry and clear by using suction hoses or other devices. They also instruct patients on postoperative and general oral healthcare. Dental assistants may be trained on the job or attend training courses in programs that may last anywhere from 4 months to 2 years.⁷

Dental Home - The dental home is the ongoing relationship between the dentist and the patient, all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home begins no later than 12 months of age and includes referral to dental specialists when appropriate.⁵

Dental Hygienist – Dental hygienists remove soft and hard deposits from teeth, teach patients how to perform good oral hygiene, and provide other preventive dental care. They examine patients' teeth and gums, recording the presence of diseases or abnormalities. Dental Hygienists are graduates of accredited dental hygiene programs in colleges and universities and must pass a written national board and clinical board to obtain licensure in each state.⁷

Exam – A thorough evaluation of the teeth and soft structures in the mouth (such as gums, cheeks, and tongue). Used to examine the teeth for signs of tooth decay. Typically includes x-rays to help diagnose tooth decay or other dental related issue. May be performed by a dentist. May be performed by a dental hygienist, if a dentist is present and makes the final diagnosis and confirmation of the treatment that is needed. May not be performed by a dental assistant.^{1,6}

Fluoride – Substance that may be applied to the teeth in a professional strength in the form of gel, varnish, foam, or liquid.

Gingiva – Gums

Gingivitis – Inflammation of the gums

Informed Consent - Informed consent is the process of providing the patient or, in the case of a minor or incompetent adult, the custodial parent or legal guardian with relevant information regarding diagnosis and treatment needs so that an educated decision regarding treatment can be made by the patient or custodial parent/legal guardian.⁵

Mobile Dental Facility - Any self-contained facility in which dentistry will be practiced which may be moved, towed, or transported from one location to another.¹

Pediatric Dentist – A dental specialist, whose practice is limited to treatment of children from birth through adolescence, providing comprehensive oral health care.⁶

Plaque – Soft, sticky substance that accumulates on teeth composed mostly of bacteria.⁶

Prophylaxis – A professional cleaning of the teeth, removing plaque and hardened bacteria known as calculus (tartar).⁶

Pulpotomy – A root canal procure on a primary (baby) tooth.

Radiographs – X-rays

Portable Dental Unit – Any non-facility in which dental equipment, utilized in the practice of dentistry, is transported to and utilized on a temporary basis at an out-of-office location including, but not limited to, patients' homes, schools, nursing homes, or other institutions.⁶

School Health Clinic – A school based health clinic that provides different types of health services to the children within the school.

Screening - A quick look inside the mouth to detect obvious signs of tooth decay. It is customarily a free service and not a procedure that is charged to the patient.



References

¹ Texas State Board of Dental Examiners

² Health Insurance Portability and Accountability Act of 1996

³ Texas Medicaid and Health Care Partnership

⁴ Texas Education Agency

⁵ American Academy of Pediatric Dentistry

⁶ American Dental Association, *Current Dental Terminology*, 2009-2010

⁷ United States Department of Labor, Bureau of Labor Statistics

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Children's Oral Health Coalition

Mission

To improve the oral health of children in Tarrant County through community collaboration.

Vision

All children in Tarrant County, with a focus on children ages birth through third grade, will receive preventive dental education and preventive treatment, emphasizing good oral hygiene. Children in Title 1 schools with severe dental problems will receive dental care and comprehensive preventive dental education.

Who we are

The Children's Oral Health Coalition (COHC), led by Cook Children's Community Health Outreach Department, seeks to improve the oral health of children in Tarrant County with a key focus on underserved children. The coalition is a diverse, county-wide collaboration made up of more than 30 organizations and meets bi-monthly. The COHC follows a strategic plan to guide their work in the community. This plan has been updated five times since 1999. The COHC has two subcommittees to carry out the work of the strategic plan:

- The Community Awareness Subcommittee
- The Legislative Advocacy Subcommittee

Children's Oral Health Coalition members:

Abram Dental

Aetna Better Health

All Smiles Dental Center

The Alliance of the Fort Worth District Dental Society

Arlington ISD

Child Care Associates

City of Fort Worth

Communities in Schools

Cook Children's Health Care System

Cook Children's Health Plan

Cook Children's Medical Center

Cook Children's Physician Network

Crowley ISD

Dental Health Arlington

Early Head Start

ECI of North Central Texas

Fort Worth District Dental Society

Fort Worth ISD

Gill Children's Services, Inc.

Greater Fort Worth Dental Hygienists' Society

JPS Health Network

Masonic Children and Family Services of Texas

Maximus, Inc. (Texas Health Steps)

Mission Arlington/Mission Metroplex/Allan Saxe Dental Clinic

Rodeo Dental & Orthodontics

South Texas Dental

Tarrant County College Dental Hygiene Program

Tarrant County Public Health Department

Texas Woman's University Dental Hygiene Program

United Community Centers, Inc.

United Way of Tarrant County YMCA Southeast

Consulting Organizations/Individuals: Local Dentists

Resource Agency: Department of State Health Services

*Membership does not constitute endorsement by the Children's Oral Health Coalition or Cook Children's.