

Dental Sealants: Proven to Prevent Tooth Decay

A Look at Issues Impacting the Delivery of State and Local
School-Based Sealant Programs

Appendix A

“34 pre-tested questions asked of 7 State Oral Health
Programs with longstanding school-based
sealant programs”



May 2014

State: _____

Respondent Name(s)/Title(s): _____

State School Sealant Program Involvement and Activity

State Oral Health Programs (SOHP), in most cases, have a role in some combination of funding, setting standards for and/or reporting data to the ASTDD State Synopsis on school sealant program activity in the state.

Generally, sealants will be placed in either locally-operated school-based or school-linked programs. In this survey, SBSP will be used to indicate these programs. In the less common situation where the SOHP places sealants, rather than local programs, SBSP will be used to refer to the sealant application aspect of the SOHP.

1. How many different agencies, organizations or individuals (generally local) directly operate programs that actually place sealants in schools (SBSPs) in your state? [ENTER A NUMBER IN EACH APPROPRIATE CELL]

	# of Entities, all funding sources [e.g., how many FQHCs?]	# of Entities that receive some funding from SOHP or other state-funding source
Local Health Departments		
Federally Qualified Health Centers (FQHC)		
Private, Not-for-Profits Agencies (501C3)		
School Districts		
Colleges/Universities (including dental and dental hygiene schools)		
For-Profit (entrepreneurial)		
Other (specify)		

2. What is the general nature of the relationship between the SOHP and the SBSPs that deliver sealants? [CHECK EACH BOX THAT APPLIES. YOU MAY ADD TEXT UNDER "OTHER," AS NEEDED.]
- a. SOHP provides funds for other entities (e.g., agencies, organizations, businesses) to operate SBSPs
 - b. SOHP directly operates SBSPs
 - c. SOHP does not fund but has a significant role in standard setting and/or data collection and reporting
 - d. SOHP relationship varies with specific SBSPs
 - e. SOHP has no involvement with SBSPs
 - f. Other (explain)

3. How does the SOHP assess how well the local SBSPs operate? [ENTER RESPONSE ON TOP OF PAGE 2.]

4. Provide a brief description of each of the most significant local SBSPs (up to three) in the state & provide contact info.

a.

Contact _____ E-mail _____ Phone _____

b.

Contact _____ E-mail _____ Phone _____

c.

Contact _____ E-mail _____ Phone _____

5. For the state or local SBSPs that provide additional services as part of what your SOHP reports as "sealant programs" to the ASTDD State Synopsis, how many provide: [ENTER A NUMBER IN EACH APPROPRIATE BOX.]

	#
a. Comprehensive dental care (including the provision of restorations, as needed)	
b. Diagnostic services (e.g., oral exam, radiographs) in addition to sealants, but no other services? [Note: Do not count an oral assessment to determine teeth to seal, which would not be billable to Medicaid as an examination]	
c. Preventive services (e.g., prophylaxis, fluoride varnish) in addition to sealants, but no other services? 1. If FV, how many times do they apply it a year? 2. Is FV applied to all participating children or just those with white spot lesions?	
d. Both diagnostic and preventive services in addition to sealants, but no other services?	

6. How does the SOHP define children "served" by SBSP when it reports sealant program data for the ASTDD State Synopsis (e.g., received sealant, screened for sealant, positive consent for sealant)? [ENTER TEXT TO EXPLAIN.]

7. Of the SBSPs in your state, how many programs provide sealants at school rather than off-site (i.e., school-linked)?

Number of school-linked programs

Percent of all SBSPs that are school-linked [NOTE: 1.0=100%, .05=5%, etc.]

8. To what extent is each of the following components of SBSP operation uniform or individualized among SBSPs in the state? [CHECK ALL APPROPRIATE BOXES IN EACH ROW. ADD TEXT EXPLANATION IN "OTHER," IF NECESSARY.]

	Uniform for all SBSPs in the state per Definitions/Standards/Resources provided by the SOHP	Uniform for SBSPs that receive funding from the SOHP per Definitions/Standards/Resources provided by the SOHP	Up to the discretion and standards set by each local SBSP	Other (explain)	Don't Know (DK) or Not Applicable (NA)
a. Productivity targets (e.g., number of children sealed/team/day, cost/child sealed)					
b. Definition of High-Risk Schools					
c. Definition of High-Risk Children					
d. Eligibility criteria (i.e., schools, grades, classrooms, children, and teeth)					
e. SBSP quality assurance program					
f. Procedures for assessment of sealant retention (by whom?, how? how often?, etc.)					
g. Local SBSP data reporting to the SOHP					
h. Clinical aspects of sealant program (e.g., materials and techniques)					
i. Who applies sealants (e.g., RDH, EFDA, CDA, DDS)					
j. 2-handed vs. 4-handed technique					
k. [For states that permit sealant application without screening by a dentist] Whether a dentist screens child first.					
l. Role that SBSPs play in children enrolling in public insurance programs?					
m. Billing Medicaid/CHIP					
n. Billing private dental insurance					

9. What is the lowest professional degree level for a dental team member? (e.g., RDH, CDA, other) _____

10. Are people other than dentists permitted to prescribe sealant (i.e., unilaterally decide to apply sealant to a tooth)?

Yes No Don't Know Other (Explain: _____)

a. If yes, can they bill Medicaid? Yes No Don't Know Other

Explain:

11. For the SBSPs in your state, how common are the following practices: [CHECK ONE PER ROW]

	All SBSPs	Most SBSPs	Some SBSPs	No SBSPs	Don't Know
4-handed technique for sealant placement					
The dental team member with the lowest professional degree level who can legally place sealants without a dentist present provides sealants					
Sealants placed <u>without</u> a DDS first screening children to determine which teeth to be sealed					
Dental services in addition to sealants are provided as part of SBSP [e.g., exams, radiographs, comprehensive care, prophylaxis, fluoride varnish]					

12. What was the first year in which any SBSP operated in your state? _____

13. What was the first year of SOHP involvement with SBSPs in your state? _____

14. Provide a timeline of significant expansions and reductions (>10% in budget and/or output) in SBSP activity in your state: [ONLY ENTER YEARS FOR WHICH THERE WAS SIGNIFICANT CHANGE. NOTE: 1.0=100%, .05=5%, etc.]

Program Year	Budget Increase or Decrease (-) as a % of Previous Year's Budget	Output (# of children receiving sealant) Increase or Decrease (-) as a % of Previous Year's Output	Provide a brief narrative explanation of the reason(s) for the increase or decrease.

15. What is your plan for future sustainability of SBSP? [PLEASE BRIEFLY DESCRIBE, BELOW.]

- a. What percent of State-operated and/or State-funded program expenses are covered by Medicaid reimbursement, CHIP and other public insurance programs (specify)? _____ NOTE: 1.0=100%, .05=5%
- b. What percent of State-operated and/or State-funded program expenses are covered by reimbursement from private dental insurance? _____

16. Please indicate your ability to report numbers for each of the following sources of funding and report the actual data, if they are readily available, in answer to the question “How much funding did sealant programs in your state receive from each of the following sources:” [PLEASE MAKE ONE ENTRY PER ROW.]

	Data/Information Availability				
	Readily available [Include the dollar amounts] [_____ Fiscal Year]	Would take 1-2 days	Would take significant time and effort (>2 days)	Not possible	Other (Specify)
State budget					
Federal grants [specify source(s)-- e.g., CDC State Grants, HRSA Workforce, Title V]					
Foundation/other grants					
Medicaid/CHIP (separate if appropriate)					
Reimbursement					
Other agreement					
Volunteer labor and donated goods					
Local Funding					
Other (describe)					

17. What is the Medicaid fee-for-service rate for sealants? \$ _____ /sealant

- a. What age and tooth type criteria apply?

18. What special arrangements have been negotiated for Medicaid reimbursement in SBSP? [Does state have special codes/fees for services delivered in school setting]? [PLEASE DESCRIBE BRIEFLY. ENTER "NA" IF THERE ARE NONE.]

19. What mechanisms do SBSPs use to bill Medicaid: [CHECK ALL THAT APPLY]

- a. SBSPs do not bill Medicaid
 - i. Please explain why not?
- b. Fee-for-service
- c. Managed care (specify mechanism: _____)
- d. FQHC Rate
- e. Other(s) [please describe each]

20. What mechanisms do SBSPs use to bill CHIP: [CHECK ALL THAT APPLY]

- a. SBSPs do not bill CHIP
 - i. Please explain why not?
- b. Fee-for-service
- c. Managed care (specify mechanism: _____)
- d. Other(s) [please describe each]

21. How well (e.g., sufficient frequency, level of detail, accuracy, timeliness) do you get the Medicaid and CHIP data and information you need from state agencies (e.g., Medicaid) and how well do you provide them with SBSP data that they request?

22. Describe how local SBSPs report data to the SOHP and what data they report.

23. What have been the greatest successes in use of SBSP data [e.g., for education, advocacy, grant applications, budget maintenance/increase, program planning/design]

24. What public policy issues have hindered the ability of SBSPs in the state to operate?

25. To what extent have each of these barriers been resolved? [ENTER YOUR RESPONSE ON TOP OF PAGE 5]

26. Describe the roles that various agencies & organizations had in changing policies to remove the barriers.

27. What collaborative relationships have been essential to the SOHP's role in SBSPs?

28. What collaborative relationships that have been essential to local SBSPs are you aware of? (Please provide contact information for the specific local SBSPs described)

29. To what extent has the SOHP leveraged other funding sources to benefit its SBSP efforts?

30. What has been the specific result of each of these cases of additional funding for the SOHP ?

31. What examples of leveraging of funds (e.g., local SBSP procurement of significant grants from foundations, donations from businesses) that have been essential to local SBSPs are you aware of? (Please provide contact information for the specific local SBSPs described)

32. Please identify all other SBSPs (State or local) or written resources (e.g., Seal America) that strongly influenced the design of your SBSP approach?

33. Please indicate your ability to report program data for each of the following items and report the actual data if they are readily available: [PLEASE ENTER ONE RESPONSE PER ROW. NOTE: 1.0=100%, .05=5%, etc]

	Data Availability			
	Available with minimal effort [Include the data in this column]	Would take significant time and effort (> 2 days)	Not possible to report	Other (Specify)
What percent of known SBSPs in the state receive funding from the State?				
What percent of the aggregate number of children who receive sealants through SBSPs received their sealants through programs that get State funding?				
How many children <u>received sealants</u> in SBSPs in the most recent school year for which there is complete data (specify the year)?				
Participation rate? [state aggregate mean and median; and range for local SBSP rates]				
a) % of eligible children with consent				
b) % of those with consent who get screened?				
c) % of those screened who receive sealants?				
What percent of the children served by the aggregate of SBSPs were High Risk?				
What % of all H-R schools do the aggregate of SBSPs reach?				
What is the program-wide one-year sealant retention rate? [state aggregate mean and median; and range for local SBSP rates]				
What were total program costs for the most recent program year for which you have available data? [specify the year: SFY 20__ or FFY 20__ or CY 20__ or school year]				
Productivity: For each of the following [state aggregate mean and median; and range for local SBSP rates]				
a) Children screened per hour				
b) Children sealed per team/day				

34. On a scale of 1-10, how confident are you that the program data you reported is accurate and would be reproducible were you asked to provide it again? [CHECK ONE]

1	2	3	4	5	6	7	8	9	10
Not				Pretty					Dead
Very				Confident					Certain

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Appendix B

“15 pre-tested questions asked of most
State Oral Health Programs”



May 2014

State: _____

Respondent Name/Title: _____

State School-Based Prevention/Sealant Program (SBSP/SBPP) Involvement and Activity

How many different agencies, organizations or individuals (generally local) directly operate programs that actually place sealants in schools (SBSP/SBPPs) in your state? [ENTER A NUMBER IN EACH APPROPRIATE CELL]

Please check this box if your state does not have any programs that apply sealants in schools.

	# of Entities, all funding sources [e.g., how many FQHCs?]	# of Entities that receive some funding from SOHP or other state-funding source
Local Health Departments		
Federally Qualified Health Centers (FQHC)		
Private, Not-for-Profits Agencies (501C3)		
School Districts		
Colleges/Universities (including dental and dental hygiene schools)		
For-Profit (entrepreneurial)		
Other (specify)		
TOTAL		

Describe any major changes that have occurred in the last five years in the availability of SBSP/SBPPs or numbers of children served:

What is the general nature of the relationship between the SOHP and the SBSP/SBPPs that deliver sealants?

[CHECK EACH BOX THAT APPLIES. YOU MAY ADD TEXT AFTER "OTHER," AS NEEDED.]

- a. SOHP has no involvement with SBSP/SBPPs
- b. SOHP provides funds for other entities (e.g., agencies, organizations, businesses) to operate SBSP/SBPPs
Summarize respective responsibilities of SOHP and these entities: _____
- c. SOHP directly operates SBSP/SBPPs
- d. SOHP does not fund but has a significant role in standard setting and/or data collection and reporting
Explain the SOHP role: _____
- e. SOHP relationship varies with specific SBSP/SBPPs
Explain: _____
- f. Other Explain: _____

How many children received sealants in SBSP/SBPPs in your state during the most recent school year for which there is complete data?

Number of children receiving sealants _____ School year _____

For the SBSP/SBPPs in your state, how common are the following practices: [CHECK ONE PER ROW]

	All SBSPs	Most SBSPs	Some SBSPs	No SBSPs	Don't Know
4-handed technique for sealant Placement					
Dental services in addition to sealants are provided as part of SBSP [e.g., exams, radiographs, comprehensive care, prophylaxis, fluoride varnish]					

Do SBSP/SBPPs in your state typically bill Medicaid for services delivered, including sealants? [Please check one box and complete the additional question(s) that follow(s) that response.]

a. Yes [complete 11(Yes) - 13(Yes), below], then skip to Question 15.

1) Please complete the following table:

	Medicaid Fees	Allowed frequency, age or tooth restrictions
Sealant	\$ /tooth	
Prophylaxis	\$	
Topical fluoride treatment (e.g., Fluoride Varnish)	\$	
Dental Exam	\$	

2) Please briefly describe any special arrangements that have been negotiated for Medicaid reimbursement in SBSP/SBPPs [e.g., special codes/fees for services delivered in school setting]? [ENTER "NA" IF THERE ARE NONE.]

No [complete 14 (No), below]

1) Please briefly explain the reason(s) for not billing Medicaid, citing specific barriers:

If there is one SBSP in your state that you think might be the "best in the whole country," please tell us why and provide contact information for the program. Check here if no programs meet this high standard.

_____ (Program Name) _____ may be the best SBSP in the country because:

Contact _____ E-mail _____ Phone _____

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Appendix C

“8 pre-tested questions asked of local school-based
sealant programs”



May 2014

Program: _____

Respondent Name/Title: _____

1. Please indicate the type of entity that administers and operates the school-based program that applies dental sealants. Please check one:

- a. Local Health Department
- b. Federally Qualified Health Center (FQHC)
- c. Private, Non-Profit Agency (e.g., 501c3)
- d. School District
- e. College/University (including dental and dental hygiene schools)
- f. Hospital
- g. For-profit (business)
- h. Other: (Explain: _____)

2. What was the first year in which your school program that applies sealant operated? _____

3. Please provide a brief summary of any significant changes in the program since that time, including growth/reduction, change in scope of services, eligibility criteria, service delivery model, etc.

4. What are the oral health goals of your program? [Please check all that apply and provide any information needed to clarify your response under Comments]

	Primary Goal	Secondary Goal	Not a Program Goal	Comments
a. Prevent pit and fissure caries				
b. Prevent smooth surface caries				
c. Maximize the amount of caries prevented per dollar expended				
d. Identify and prioritize children with untreated caries and link them to a source of dental care				
e. Link all children to a source of dental care				
f. Other (specify in <i>Comments</i>)				
g. Do not know	<input type="checkbox"/> Check if applicable			

5. What are the fiscal goals of your program? [Please check all that apply and provide any information needed to clarify your response under Comments]

	Primary Goal	Secondary Goal	Not a Program Goal	Comments
a. Limit losses to an amount that our parent agency, organization, company is willing to cover with other funding				
b. Break even				
c. Produce income (program revenue exceeds expenses) for the parent agency, organization, company to use to cover losses in other program areas				
d. Generate profit				
e. Other (specify in <i>Comments</i>)				
f. Do not know	<input type="checkbox"/> Check if applicable			

6. What procedures or systems that your program and/or the state Medicaid program have employed are key to assuring that you maximize collecting the amount of Medicaid/CHIP reimbursement you are entitled to for providing services?

7. Please describe any major problems your program has experienced with receiving Medicaid/CHIP reimbursement:

a. Please describe the resolution of the problems:

8. Please respond for the most recent year for which you have complete data (Column A) OR indicate that your program does not have the requested data (Column B). Provide clarification, as necessary, in Column C:

<u>Specify</u> the program year: 201_ - 201_	A. Program Data	B. Data Not Available (X)	C. Comments
a. # of children with parental consent	children		
b. # of children who received any preventive service	children		
c. # of children receiving a dental evaluation at the level billable for children covered by Medicaid (does not include dental hygiene/sealant assessment, unless billable. Please describe in Comments, also.)	children		
d. # of children receiving one or more sealants	children		
e. Average # of sealants placed per child <u>who received at least one sealant</u>	sealants/ child		
f. # of children receiving an oral prophylaxis	children		
g. # of children receiving <u>2 or more</u> fluoride varnish applications	children		
h. Average # of children per day for whom a team (or individual provider) in your program typically provides sealants?	Children/day		
i. Are sealants applied using 4-handed technique? (Select one)	Never/Sometimes/Always		
j. Does a dentist screen before sealants are provided? (Select one)	Never/Sometimes/Always		
k. % of children served who were covered by CHIP, Medicaid or a Medicaid Managed Care Plan.	%		

Please check this box if you would be willing to participate in a process (longer questionnaire + telephone interview) to provide in-depth information about your program. Note: Only a small number of willing programs will be selected.

Thank you for taking time to complete this survey. Please provide your contact information in the event I need to contact you for clarification:

E-mail: _____ Telephone: _____

If you have them readily available, please attach to your reply electronic copies of 1) your policy and procedure manual, and 2) your most recent program data report.