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LOCAL ORAL HEALTH PROGRAM GUIDANCE FOR GOAL #6

PROFESSIONALLY DELIVERED

DIRECT PREVENTIVE DENTAL SERVICES

Local Oral Health Programs can:

- Target school-based sealant programs to areas where children are at higher risk for cavities and facilitate the establishment of programs.
- Track the number of schools and children participating in sealant programs.
- Identify funding sources that support school-based sealant programs and communicate them to providers in the community.
- Help schools connect to dental providers in the community including private practitioners, local health department clinics and community health centers, and to foster more use of sealants and reimbursement of services.

Prop. 56 funds cannot be used for the “labor component” for the delivery of direct dental services.

Direct Dental Services are:

1. Dental examination (screening OK)
2. Cleanings
3. Fluoride treatments (varnish, topical FL)
4. Dental sealants
5. Any other restorative treatments

Prop. 56 funds can be used for the following labor cost:

1. Coordinating and setting up direct services. (Identifying schools willing to participate, convening meetings of providers, launching educational campaign to promote the program, etc.)
2. Case management (working with Medi-Cal Dental, CHDP, Managed Care, Home Visiting, and other programs)
3. Data collection
4. Facilitating billing for services
5. Oral health education, brushing programs
6. Training personnel to apply FLv, sealants
7. Organizing K screening

8. Basic screening survey
9. Training school nurses
10. Coordinating with schools, consent forms, and scheduling
11. Setting up a 501C foundation
12. Other duties as approved by the OHP

Prop. 56. Funds can be used to purchase dental equipment and supplies:

1. Portable dental chair, light, stools.
2. Portable dental unit, air, water, suction.
3. Dental hand pieces.
4. Dental instruments.
5. Autoclave
6. Intra oral camera
7. All supplies, FL vanish, sealant material, all other.
8. Portable computer
9. Electronic dental record, x-ray, intraoral software.
10. Billing software
11. Tooth brushes, floss, paste.
12. Health education material
13. Tele-dentistry unit.
14. Other supplies as approved by the OHP.

After discussion with the OHP the best model for delivering direct preventive dental services can be the incorporation of a RDHAP (Registered Dental Hygienists in Alternative Practice) or working with Community Health Centers and dental offices. The RDHAP, dental offices and the clinics can directly bill Denti-Cal for these services. The LHDs may provide equipment and supplies to facilitate the startup of the program until such a program becomes self-sustainable. Thus, reimbursements from Denti-Cal and other insurance plans would go directly to the provider for labor and supply costs.

One model from the ASTDD website is the Nevada model. The program allows hygienists to bill their Medicaid program for school-based dental services.

<https://www.astdd.org/school-based-dental-sealant-programs/>

CALIFORNIA DENTI-CAL FEES:

D1110	Prophylaxis – adult	\$40.00
D1120	Prophylaxis – child	\$30.00
D1206	Topical application of fluoride varnish - child 0 to 5	\$18.00
D1206	Topical application of fluoride varnish - child 6 to 20	\$8.00
D1206	Topical application of fluoride varnish - adult 21 and over	\$6.00
D1208	Topical application of fluoride - child 0-5	\$18.00
D1208	Topical application of fluoride - child 6-20	\$8.00
D1351	Sealant – per tooth	\$22.00

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