Louisiana Department of Health & Hospitals Oral Health Program Tool Kit



Implementing School-based Sealant Programs In Federally Qualified Health Centers In Louisiana

Prepared by
Letisha Edwards, DDS, MPH
Centers for Disease Control and Prevention
Division of Oral Health Resident
2012

Table of Contents

I.	Letter from the State Oral Health Program Manager
II.	Purpose
III.	Louisiana Burden of Oral Disease Excerpts
IV.	Department of Health and Hospitals Administrative Regional Map
V.	Federally Qualified Health Centers Providing Dental Care Map
VI.	Louisiana Dental Practice Act (Mobile and Portable Dentistry)
VII.	Required Permits for Mobile and Portable Dentistry a. Important Items to Remember
VIII.	Consent Form and Information Page a. Important Items to Remember b. Sample Forms
IX.	Medicaid Reimbursement
X.	Infection Control a. Checklist and Sample Forms
XI.	Conclusion
XII.	Contacts and Related Internet Links

XIII. References

Bobby JindalGOVERNOR

Department of Health and Hospitals Center for Community and Preventive Health

August 8, 2012

On behalf of the Louisiana Department of Health and Hospitals, I am pleased to present you with this tool kit, developed by the Centers for Disease Control and Prevention, to guide Federally Qualified Health Centers' (FQHC) school –based dental sealant programs.

As evidenced by the burden of oral disease in Louisiana, the oral health of our children is at risk. As "safety net" providers, FQHCs pay a vital role in providing medical and dental services to some of our state's most vulnerable populations — children in rural and underserved areas, children with developmental disabilities and children from socio-economic challenged families.

Beginning or expanding a school-based dental sealant program is a great way to increase access to both preventive and restorative dental services. I hope that you will review the enclosed "tool kit," which will provide you with a number of resources, and consider taking a greater role in school-based dentistry.

The Louisiana Oral Health Program focuses on the primary prevention of oral diseases with dental sealant placement through our school-based sealant program, **Louisiana Seals Smiles.** Bringing dental services to children at school is a great way to increase access, identify emerging oral health problems, and educate children on the importance of good oral hygiene.

We invite you to partner and collaborate with us in this effort. By partnering with the Oral Health Program, you will join fellow FQHCs, community-based organizations and the state's dental and hygiene schools in making a difference by providing services to improve oral health and create a dental home for underserved populations. The Oral Health Program stands ready to support you in your efforts and looks forward to a future with better oral health for all citizens.

Sincerely,

Susan R. Jeansonne, Oral Health Program Manager Louisiana Department of Health and Hospitals-Office of Public Health

II. Purpose

This tool kit was prepared by Letisha Edwards, DDS, MPH, who is a Dental Public Health Resident at the Centers of Disease Control and Prevention (CDC) in Atlanta, GA. Dr. Edwards gathered information for this guide under the direction of the Oral Health Department in Baton Rouge.

The purpose of this tool kit is to help facilitate implementation of school- based dental sealant programs through Louisiana's Federally Qualified Health Centers (FQHCs). The tool kit addresses application for a license to operate portable and mobile dental equipment, infection control recommendations and standards, and information required in the consent form for student participation in the program, among other topics. Although specifically geared toward the FQHC; other stakeholders may find information in this tool kit useful.

Applicable state and federal laws, regulations, and standards, including Medicaid reimbursements for dental procedures can change annually and it is imperative that the FQHCs remain knowledgeable about these changes.

The findings and conclusions in this presentation are those of the author and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

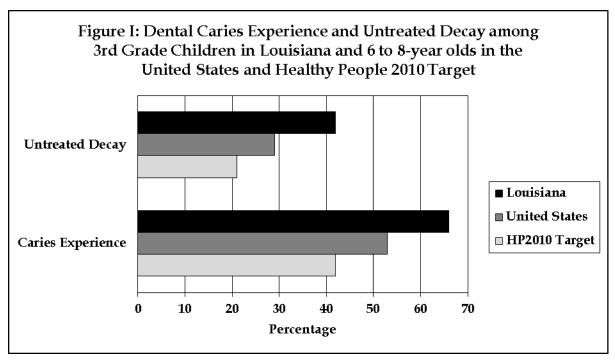
III. Excerpts from Louisiana Burden of Oral Disease

Prevalence of Disease and Unmet Needs in Children

(Reference: Oral Health in Louisiana, 2010, Rishu Garg)

Nationally, dental caries (tooth decay) is four times more common than childhood asthma and seven times more common than hay fever. Dental caries is a disease in which acids produced by decay-causing bacteria on the teeth lead to loss of minerals from the enamel and dentin, the hard substances of teeth. Unchecked, dental caries can result in loss of tooth structure, inadequate tooth function, pain, infection, tooth loss and unsightly appearance. The prevalence of decay in children is measured by assessing caries experience (if they have ever had decay and now have fillings); untreated decay (active unfilled cavities) and urgent care (reported pain or a significant dental infection that requires immediate care).

Caries experience and untreated decay are monitored by Louisiana and findings are included in the National Oral Health Surveillance System (NOHSS), which allows comparisons with other states and with the nation. The percent of children with caries experience and untreated cavities are higher in Louisiana than the United States and Healthy People 2010 target. For comparisons among Louisiana, the nation and the Healthy People 2010 targets, see Figure I.



Source Figure I: Louisiana Basic Screening Survey, 2007-2009

The prevalence of dental caries among children is not uniformly distributed in Louisiana or in the United States. Some groups are more likely to experience the disease and are less likely to receive treatment. In Louisiana, as well as the United States, the disease burden of caries experience and untreated decay is higher in minority populations and in male children.

In 2009, Louisiana completed the Basic Screening Survey (BSS) to determine the oral health status of its third

Among 3rd grade children in Louisiana:

- 41.9 % had untreated dental caries.
- 65.7 % had dental caries experience.
- 42.7 % had to be referred to dentists for treatment.

grade children (Table II). The 2009 BSS was the first representative sample of third grade children in Louisiana. In the summer of 2007, the Oral Health Program began planning for the 2008 survey. Training for the school nurses was conducted in the spring of 2008. The actual screening of school children began in spring of 2008 (2007-2008 school year) and was completed in the spring of the 2008-2009 school year, only 3rd grade children were screened. A complete report, *Bright Smiles for Bright Futures, Basic Screening Survey: A Report on the Oral Health Status of Louisiana's 3rd Grade Children* is available.

Table II: Dental Caries Experience, Untreated Dental Decay, and Urgent Need for Dental Care Among 6 to 8-year-old Children in the United States and Third Graders in Louisiana, by Selected Demographic Characteristics

	Caries Experience		Untreated Decay		Urgent Need for Care
	Louisiana ^a (%)	United States ^b (%)	Louisiana ^a (%)	United States ^b (%)	Louisiana ^a (%)
TOTAL	66	53	42	29	7
Race or Ethnicity	'	1	'	1	
Black, non- Hispanic	69	56	47	37	10
White, non- Hispanic	63	49	37	25	5
Others	64	N/A	48	N/A	6
Gender					
Female	66	51	45	28	7
Male	65	56	43	30	8
School Status					
Public	67	N/A	43	N/A	5
Private	51	N/A	27	N/A	7

Table II Sources:

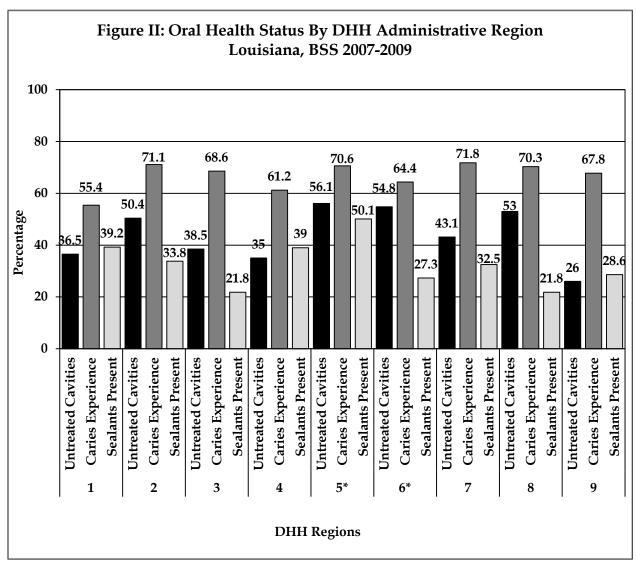
^a Data are from Basic Screening Survey, Bright Smiles for Bright Futures 2007-2009.

^b National Data Source: National Health and Nutrition Examination Survey (NHANES, 1999-2004).

^{*}High Standard Error

Figures II and III summarizes the Basic Screening Survey data by the nine Administrative Regions of Louisiana Department of Health and Hospitals. According to the survey:

- The percent of children with untreated cavities is higher in Regions 2, 5, 6 and 8; lowest in Region 9
- More than 70% of the children screened from Regions 2, 5 and 7 have experienced dental decay in their life which is higher than the state average of 65.7%.
- The lowest percentage of dental decay was experienced by the children from Region 1.



Source Figure II: Louisiana Basic Screening Survey, 2007-2009

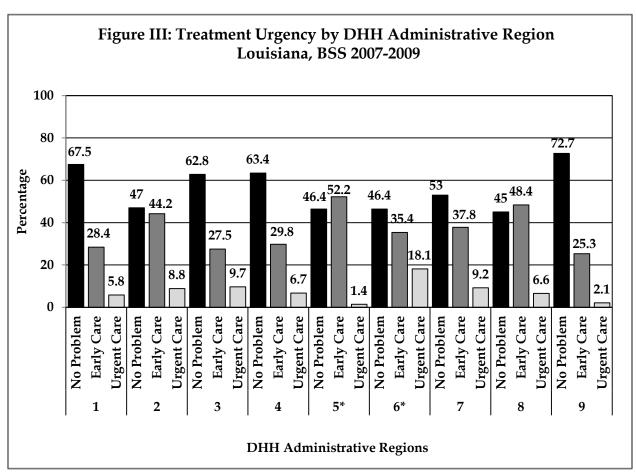
^{*} High Standard Error

In addition to measuring for prevalence of caries and dental sealants, the BSS also measured for treatment urgency. The three indicators utilized for Treatment Urgency used were as follows:

- No problem: The child has an absence of untreated decay or requirement to see a dentist so
 just regular care would be sufficient.
- Early Care: The child has visible decay or problems and needs to see a dentist in the next 2 weeks.
- Urgent Care: The child has a very serious decay or problem and needs to see a dentist within 24 hours.

Based on the survey results:

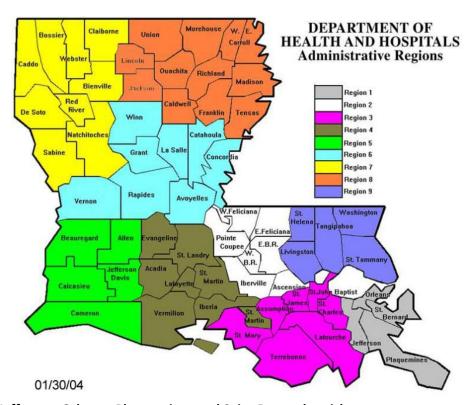
- The children from Region 1 & 9 have demonstrated the best oral health in Louisiana.
- The demand for the early care is abundant in the Region 5 and 8, and urgent care is critical in Region 6 followed by 3 and 7.



Source Figure III: Louisiana Basic Screening Survey, 2007-2009

^{*} High Standard Error

IV. Map of Department of Health and Hospitals Administrative Regions



Region 1 -- Jefferson, Orleans, Plaquemines and Saint Bernard parishes

Region 2 -- Ascension, East Baton Rouge, East Feliciana, Iberville, Point Coupee, West Baton Rouge and West Feliciana parishes

Region 3 -- Assumption, Lafourche, Saint Charles, St. James, St. John the Baptist, St. Mary and Terrebonne parishes

Region 4 -- Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin and Vermillion parishes

Region 5 -- Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis parishes

Region 6 -- Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon and Winn parishes

Region 7 -- Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River, Sabine and Webster parishes

Region 8 -- Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union and West Carroll parishes

Region 9 -- Livingston, St. Helena, St. Tammany, Tangipahoa and Washington parishes

(Reference: Oral Health in Louisiana, 2010, Garg)

V. Map of Federally Qualified Health Centers Providing Dental Care



(Reference: Oral Health in Louisiana, 2010, Garg)

In Louisiana in 2008, according to the Louisiana Department of Health and Hospitals-Bureau of Primary Care and Rural Health, there were 22 Federally Supported Health Centers with 99 delivery sites; 28 of these sites provided on-site dental services to 42,956 patients. FQHCs are considered safely-net providers because they serve the general population and those without any type of insurance. Fees for services to patients without insurance are provided on a sliding scale based on the patient's income (Garg, R.). The distribution of FQHCs with dental components is provided in the map above.

VI. Louisiana Dental Practice Act (Mobile and Portable Dentistry)

The Louisiana State Board of Dentistry has not printed a Dental Practice Act since 2003. There have been several changes in legislation as well as rules. In order to keep you abreast of current regulations, we [Louisiana State Board of Dentistry] have compiled the following information which is current through the 2011 regular session of the Louisiana Legislature. As rulemaking is an ongoing process, updates can be found on the Louisiana State Board of Dentistry's website. http://www.lsbd.org/dentalact.htm

Please be sure to check for any updates to the printed rules

Selected Statutory Sections: Portable and Mobile Dentistry

§313. Portable and Mobile Dentistry

A. Definitions

Mobile Dental Clinic or Mobile Dental Unit - any self contained facility in which dentistry will be practiced which may be moved, towed, or transported from one location to another using fixed dental equipment and plumbing.

Mobile Operator - a dentist licensed in Louisiana who has registered a Mobile Dental Clinic or Mobile Dental Unit with the dental board pursuant to these rules and who provides dental services in a Mobile Dental Clinic or Mobile Dental Unit either directly and/or through Louisiana licensed dentist associates.

Mobile Operator Permit - an authorization given to a Louisiana licensed dentist for the physical use of a mobile dental clinic or mobile dental unit in which to provide dental services. The Mobile permit is required of the owner of the operation and does not apply to any dentist employed or contracted with the owner of the Operation.

Operation - the activity conducted by Mobile or Portable Operators.

Operator - a licensed Louisiana dentist that has a current Mobile or Portable Operator Permit.

Portable Dental Clinic - the use of portable dental delivery equipment which is set-up on site to provide dental services at locations other than a Mobile Dental Clinic or Mobile Dental Unit and other than a dental office and uses non-fixed dental equipment and plumbing.

Portable Operator - a dentist licensed in Louisiana providing dental services at a location other than a Mobile Dental Clinic or Mobile Dental Unit and other than a fixed dental office either directly and/or through Louisiana licensed dentist associates.

Portable Operator Permit - an authorization given to a Louisiana licensed dentist to provide dental services at locations other than a Mobile Dental Clinic or Mobile Dental Unit and other

than a dental office. The Portable Operator Permit is required of the owner of the Operation and does not apply to any dentist employed or contracted with the owner of the Operation.

B. Exemptions

- 1. Exempt from the requirements of these regulations for portable or mobile dentistry and for the use of a *mobile dental clinic, mobile dental unit,* or *portable dental clinic* are all federal, state, or local governmental agencies.
- 2. Dentists licensed to practice in Louisiana who have not registered with the board to operate a mobile dental facility or a portable dental operation may provide dental services through the use of dental instruments, materials, and equipment taken out of a dental office without registering if the service is provided as emergency treatment for their patients of record.
- 3. The services are limited to dental sealants, screenings, cleanings, radiographs, and fluoride treatments provided that such services are performed at no charge to the patient, the patient's parent or guardian, or any third-party payor.

C. Application and Criteria for Permit

- 1. To own mobile or portable operations a dentist must be licensed in Louisiana, in good standing with the dental board, and must have a *mobile operator permit*, a *portable operator permit*, or both.
- 2. A dentist licensed in Louisiana desiring to obtain a *mobile operator permit* from the dental board in order to provide dental services in a *mobile dental clinic* or *mobile dental unit*, shall apply to the dental board for a *mobile operator permit* on an application form to be provided by the dental board and by providing evidence of compliance with the requirements of this section and paying all appropriate fees.
- 3. A dentist licensed in Louisiana desiring to obtain a *portable operator permit* to provide dental services at locations other than his office, shall apply to the dental board for a *portable operator permit* on an application form to be provided by the dental board and by providing evidence of compliance with the requirements of this section and paying all appropriate fees.
- 4. Any Louisiana licensed dentist with an existing portable or mobile dental practice shall be entitled to continue operating their portable or mobile dental practice under the prior existing dental board regulations until the necessary permits are granted so long as all application and supporting documentation are submitted for the new permits within 60 days of this rule taking effect.
- 5. All mobile or portable operations must conform to all existing and applicable Dental Practice Act rules and regulations, federal, state, and local laws, regulations, and ordinances including those relative to radiographic equipment, flammability, construction, sanitation, zoning, OSHA regulations, and applicable Federal Centers for Disease Control Guidelines and Prevention, Louisiana Department of Health and Hospital regulations including those for

medical waste transportation, and the applicant possesses any applicable parish and city licenses or permits to operate the unit.

- 6. Each mobile dental clinic or mobile dental unit shall have:
- a. ready access to a ramp or lift if necessary;
- b. a properly functioning sterilization system;
- c. ready access to an adequate supply of potable water;
- d. ready access to toilet facilities if necessary;
- e. a covered galvanized, stainless steel, or other non-corrosive container for deposit of refuse and waste materials;
- f. an emergency kit available at all times;
- g. portable oxygen available at all times;
- h. sharps containers and red biohazard bags available on site;
- i. properly functioning radiograph equipment producing fully developed x-rays of diagnostic quality;
- j. suction equipment to achieve a minimum level of 3 cubic feet per minute.
- 7. Each *portable dental clinic* shall have:
- a. ready access to an adequate supply of potable water;
- b. ready access to toilet facilities if necessary;
- c. a covered galvanized, stainless steel, or other non-corrosive container for deposit of refuse and waste materials;
- d. an emergency kit available at all times;
- e. portable oxygen available at all times;
- f. sharps containers and red biohazard bags available on site;
- g. a properly functioning sterilization system;
- h. properly functioning radiograph equipment producing fully developed x-rays of diagnostic quality;
- i. suction equipment to achieve a minimum level of three cubic feet per minute.
- 8. The mobile dental clinic, mobile dental unit, or portable dental clinic shall be inspected in a timely fashion by a dental board member or a staff evaluator prior to receiving approval to operate.
- 9. During operations the *mobile dental clinic, mobile dental unit,* or *portable dental clinic* shall prominently display all applicable licenses and permits in compliance with §104 of these rules. These documents may be kept in a notebook labeled Licenses and Permits. Copies of licenses and permits are acceptable.
- 10. Transferability. Neither the mobile or portable permits are transferable.
- 11. Renewal. Mobile or portable permits expire at the same time as the operator's dental license but shall be renewed at the time the operator renews his or her dental license by completing the renewal form and paying all applicable fees.

D. Record Keeping

The *operator* or *operation* shall maintain an official business or mailing and actual, physical address of record which shall not be a post office box except where mail is deliverable to a post office box only and a 24 hour emergency telephone number which shall be filed with the board. The dental board shall be notified within 30 days of any change in the address of record. All written or printed, or electronic documents available from or issued by the *operator* or *operation* shall contain the official address of record of the *operator* or *operation*. When not in transit, all dental and official records, printed or electronic shall be maintained or available at the official office address of record, in conformity with all record-keeping requirements and provide at no cost within 24 hours via electronic means or 72 hours by other means upon receipt of a HIPAA compliant request with a satisfactory release.

E. Practice Standards

- 1. All *operators* and dentists providing care in *mobile dental clinics, mobile dental units,* or *portable dental clinics* shall maintain and uphold the prevailing standard of dental care.
- 2. Anesthesia in all operations shall be limited to local anesthetics only.
- 3. An *operator* or *operation* must have communication facilities immediately available which will enable the *operator* thereof to contact necessary parties in the event of a medical or dental emergency including 911 capabilities.
- 4. An *operator* or *operation* which accepts a patient and provides preventative treatment, including prophylaxis, radiographs, and fluoride shall make appropriate referrals for follow-up treatment when indicated in the dentist's professional judgment and is subject to the prevailing standard of dental care.
- 5. An *operator* or *operation* must ensure that all dental services are provided in a clean, sanitary place, and in compliance with applicable Federal Centers for Disease Control and Prevention Guidelines, the Dental Practice Act and regulations, federal, state, and local laws, regulations, and ordinances including those relative to radiographic equipment, flammability, construction, sanitation, zoning, Louisiana Department of Health and Hospital regulations including those for medical waste transportation, and the applicant possesses any applicable parish and city licenses or permits to operate the unit.
- 6. An *operator* shall identify and advise the dental board within 30 days of any personnel change relative to all licensed dentists and dental hygienists, associated with the provision of dental services by providing their full names, addresses, telephone numbers, and license numbers.
- 7. At all times the mobile or portable dental activities shall be under the supervision of the dentist with the *operator* permit or any dentist working in that practice subject to direct and general supervision stipulations found in §701. Any dentist or dental hygienist rendering services shall be licensed and in good standing with the dental board.

- 8. Although the *operator* and *operation* is responsible for providing emergency follow-up care, the *operator* or *operation* must certify and provide the dental board a copy of a written agreement for emergency follow-up care for patients treated at said locations and the agreement is to include identification of and arrangements for treatment in a dental facility which is permanently established within 25 miles of the treatment site. When the *operator* has demonstrated no emergency facility is available within the area, the board may grant a distance waiver of this rule to promote and foster access to dental care.
- 9. When radiographs are to be made by the *operator* or *operation*, a lead apron which includes a thyroid collar shall be utilized and adequate protection for the x-ray technician shall be utilized.
- 10. There shall be a designated room with a minimum of 100 square feet where portable dentistry will occur and other children will not be present either during or immediately after dental procedures. Also prior to providing treatment a surgical preprocedural rinse shall be administered to the patient.

F. Cessation of Operations

- 1. Upon cessation of the operation, the *operator* shall notify the dental board within 30 days of the last day of *operation* in writing of the final disposition of patient records and charts.
- 2. If the *operation* is sold, a new registration application must be filed with the board.
- 3. Upon choosing to discontinue practice or services, the *operator* or *operation* shall notify within 30 days all patients where and how they may obtain their dental records.
- 4. The *operator* or *operation* shall make reasonable arrangements with the active patients of the operation for the transfer of the patients' records, including radiographs or diagnostic quality copies thereof, to the succeeding practitioner or, at the written request of the patient, to the patient.
- 5. As used in this section "active patient" applies and refers to a person whom the *operation* has examined, treated, cared for, or otherwise consulted with during the two-year period prior to discontinuation of practice, or moving.

G. Consent Forms for Minors. No services may be performed on minors without a signed consent form from the parent or guardian, which includes the following:

- 1. a statement that if the minor already has a dentist, the parent or guardian should continue to arrange dental care through that provider;
- 2. a statement that a parent or guardian may attend all dental visits and the form provides a telephone number and address where the parent or guardian can contact the operator's office if they wish to be at the school, facility or site when the minor is being treated. If the parent or guardian contacts the operator's office requesting to be present at the dental visit when their child is being treated, then the operator shall notify the parent or guardian when dental care is to be rendered so the parent or guardian can be present. This notice shall

be provided to the parent or guardian at least five calendar days before dental care is to be rendered to the patient. If the operator is unable to reach the parent or guardian on the first attempt, he shall make at least two more attempts before treatment is to be provided. If the parent or guardian requests to be present, but does not appear at the site where the treatment is being provided no dental care shall be rendered to that patient;

- 3. a telephone number for emergency services;
- 4. the telephone number of the parent or guardian. If the parent or guardian fails to include a contact phone number, then no dental services can be provided to that minor;
- 5. the consent form shall be provided in duplicate in order for the parent or guardian to be provided a copy;
- 6. confirmation that the patient, parent or legal guardian further understands treatment through such mobile dental or portable dental providers may affect future Medicaid and insurance benefits for the patient for one year;
- 7. a conspicuous statement that the parent or guardian should contact the operator at the operator's toll free number if the parent or guardian has any questions whatsoever regarding the information provided or the consent form to be signed. The operator shall make a notation in the patient's chart regarding all questions and answers between the two parties.

H. Information for Patients

- 1. All consent forms shall include but not be limited to the following:
- a. a complete listing of all procedures which may be performed by the operator which shall include a description of the risks and potential complications;
- b. a description of all behavior management procedures which may be involved in the provision of dental treatment, and those risks associated with such dental treatment or course of dental treatment, which would ordinarily have been disclosed under the same or similar circumstances by dentists with the same or similar training and experience. The parent or guardian should be encouraged to call the operator if he or she has any questions concerning any of the above. All questions must be answered in a satisfactory manner. A check box or similar feature should appear by each type of procedure listed and appropriate instructions provided so that a parent or guardian may give permission for treatment of a minor to include only those procedures specifically chosen from the list and the behavior management procedures;
- c. a statement encouraging the parent or guardian to be present during the treatment of the patient in order to assist the dentist, if necessary, with behavior management;
- d. a notation that treatment cannot be rendered on a minor patient unless his or her medical history has been updated within the past six months. A space on the consent form shall include a place for the parent to list any medical or dental problems which the patient may have; e. an explanation of the notice of the operator's privacy practices which shall be in conformity with all federal and state laws.

- 2. When appropriate, during or at the conclusion of each patient's visit to the operation, the patient shall be provided with an information sheet and a copy shall be mailed to the patient's home. If the patient has provided consent to an institutional facility to access the patient's dental health records, the institution shall also be provided with a copy of the information sheet. An institutional facility includes, but is not limited to, a long-term care facility or school.
- 3. The information sheet as required herein shall include the following:
- a. 24-hour toll free as well as an in-state telephone number and address where the parent, guardian, or patient can contact the operator's office for questions or emergency dental care;
- b. the name of the dentist who provided services;
- c. a description of the treatment rendered;
- d. referral information if necessary;
- e. post-operative instructions as necessary.

I. Standards for Equipment

- 1. The equipment and supplies shall be of a type and condition that allows the dentist providing dental services to meet the prevailing standard of dental care.
- 2. The equipment and supplies shall be subject to inspection by any dental board member, staff member or agent of the dental board.

J. Inspection of Mobile and Portable Operations

- 1. Inspections of *mobile dental clinics, mobile dental units,* or a *portable operator* location of service may be conducted by any dental board member, staff member, or agent of the dental board.
- 2. The *operator* shall provide notice to the board no later than 24 hours before providing dental services at a school. Said notice shall disclose the date, time, identity of all dental health care providers and the location. If the location is a school, the *operator* shall notify the principal of the school in writing before services are commenced that the dental team is required by law to allow board inspectors on campus in order to conduct unannounced inspections. That notification letter will include the principal's name and phone number and a copy of it will be sent to the board prior to commencing services at any given school.
- 3. The dental board shall be provided with a list of all sites, including addresses where the *operator* shall conduct mobile or portable activities, at the time the permit is applied for and it shall be updated as necessary every 30 days.

K. Disposal of Infectious Waste

An *operator* or *operation* must handle and dispose of all waste in accordance with §1001 of the board's rules. The transporting of any biohazardous wastes shall be done in compliance with the Louisiana Department of Health and Hospital regulations for the handling and transportation of medical waste.

L. Non-resident Management and Administration Rules

- 1. Any *operator* or *operation* that contracts with or engages any company or entity ("administrative company") to provide management or administrative services shall not enter into a relationship which causes the dentist or his business entity to be in violation of R.S. 37:776(A)(9) which provides as follows:
- (a) Division of fees or other remuneration or consideration with any person not licensed to practice dentistry in Louisiana, or an agreement to divide and share fees received for dental services with any non-dentists in return for referral of patients to the licensed dentists, whether or not the patient or legal representative is aware of the arrangement. However, this Paragraph shall not forbid dentists licensed in Louisiana from practicing in a partnership or professional corporation and sharing professional fees or forbid a dentist licensed in Louisiana from employing another dentist licensed in Louisiana. In addition, no dentist licensed in Louisiana shall share professional fees with a dentist whose license is either suspended or revoked during said period of suspension or revocation.

and R.S. 37:776(A)(10) which provides as follows:

- (a) Employing, procuring, inducing, aiding, or abetting a person not licensed or registered as a dentist to engage in the practice of dentistry or to possess an ownership interest of any kind in a dental practice, but the person practiced upon shall not be an accomplice, employer, procurer, inducer, aider, or abettor within the meaning of this provision.
- 2. The *operator* must provide to the board proof that the administrative company is authorized to conduct business in the State and has a valid Certificate of Good Standing issued by the Louisiana Secretary of State.
- 3. An administrative company shall not be permitted to perform any duties or services that are exclusively a Louisiana licensed dentist's responsibility under the Louisiana Dental Practice Act, including the following:
- a. own a mobile or portable dental practice;
- b. provide dental care;
- c. determine what dental services should or should not be offered to a patient;
- d. establish infection control procedures and standards;
- e. determine patient charges and collection policies;
- f. determine when a patient should or should not be referred and where the patient shall be referred;
- g. establish HIPAA standards;
- h. select and employ associated dentists and dental staff.

M. Miscellaneous Provisions

1. All dental health care providers of mobile or portable dentistry shall wear in a conspicuous place on their person a name tag identifying them and their position (D.D.S., R.D.H., EDDA, or D.A.).

- 2. All mobile or portable dentistry providers shall have written protocols for each of the following areas which shall be kept at the operator's office and with all applicable licenses and permits:
- a. sterilization procedures, including where dedicated and observable sterilization areas are located;
- b. transportation of all waste materials, instruments and equipment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760 (8), and Act 429 of the Regular Legislative Session of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 36:2035 (September 2010), amended LR 37:1406 (May 2011).

§796. Louisiana State Board of Dentistry; adoption of rules relating to the providing of dental services at mobile dental clinics and locations other than the dental office

- A. The Louisiana State Board of Dentistry shall adopt rules relating to the providing of dental services at mobile dental clinics and locations other than the dental office.
- B. The rules shall include but not be limited to:
- (1) Guidelines and criteria for the permitting of dentists who wish to provide dental services at mobile dental clinics and locations other than their office.
- (2) Guidelines and criteria for record keeping regarding the services provided.
- (3) Guidelines and criteria for the practice standards and the types of dental services which may be provided at mobile dental clinics and locations other than the dental office.
- (4) Guidelines and criteria requiring a signed consent form from the parent or guardian prior to providing dental services to a minor.
- (5) Guidelines and criteria providing for parental consultation and involvement regarding the providing of dental services to a minor.
- (6) Guidelines and criteria regarding the equipment and standards which shall be maintained in order to provide dental services at mobile dental clinics and locations offering dental services other than the dental office.
- (7) Provisions for the inspection by the Louisiana State Board of Dentistry of mobile dental clinics and locations offering dental services other than the dental office and health care facilities licensed by the Department of Health and Hospitals.
- (8) Guidelines and criteria for the disposal of infectious waste associated with providing dental services at mobile dental clinics and locations other than the dental office.
- C. All rules shall be adopted in accordance with the provisions of the Administrative Procedure Act.

- D. Nothing in this Section shall be construed to prohibit the Louisiana State Board of Dentistry from adopting emergency rules as otherwise provided for in the Administrative Procedure Act.
- E. The rules provided for by this Section shall be adopted by January 1, 2011.
- F. Notwithstanding any other provision of law to the contrary, the failure to adopt rules as provided by the provisions of Subsection B of this Section by January1, 2011, shall be grounds for the immediate removal of the members of the Louisiana State Board of Dentistry.

§796.1. Requirements to provide dental services at mobile dental clinics and locations other than the dental office; permit; hold harmless

A. Upon promulgation of rules pursuant to this Section and R.S. 37:796, a person offering dental services at a mobile dental clinic or a location other than the dental office shall:

- (1) Be a dentist licensed in Louisiana who is in good standing with the Louisiana Board of Dentistry.
- (2) Have received a permit from Louisiana State Board of Dentistry to provide dental services at a mobile dental clinic or a location other than the dental office. The permit shall be issued pursuant to the provisions of this Section and in accordance with rules adopted pursuant to the Administrative Procedure Act.
- B. The board shall promulgate rules and regulations pertaining to licensure requirements for all nonresident officers, managers, and partners of any business entity engaged or contracted to provide administrative or management services in support of a mobile dental clinic or a dentist providing services in locations other than a dental office.
- C. Upon promulgation of rules pursuant to this Section and R.S. 37:796, no dental services shall be offered at a mobile clinic or a location other than the dental office unless the dentist has been issued a permit to provide those services as provided for by this Section.

VII. Required Permits for Mobile and Portable Dentistry

Permits can be found online at:

- http://www.lsbd.org/forms/portablepermit.pdf for the Portable Dentistry permit
- http://www.lsbd.org/forms/mobilepermit.pdf) for the Mobile Dentistry permit

Important Points to Remember:

Mobile Dental Clinic or Mobile Dental Unit is defined as any self-contained facility in which dentistry will be practiced which may be moved, towed, or transported from one location to another using **fixed** dental equipment and plumbing.

Portable Dental Clinic is defined as the use of portable dental delivery equipment which is setup on site to provide dental services at locations other than a Mobile Dental Clinic or Mobile Dental Unit and other than a dental office and uses **non-fixed** dental equipment and plumbing.

- All mobile and portable operations must conform to all applicable federal, state, parish, and local laws and regulations.
- Mobile and portable permits are required only by the owner of the operation and do not apply to other dentist or auxiliary employees.
- A mobile and portable dental office permit will only be issued to a Louisiana licensed dentist and expires at the same time as the operator's dental license (despite permit application date).
- In accordance with LAC 46:XXXIII.313 of the Louisiana Dental Practice Act, a Mobile Operator Permit shall be renewed with the operator's Louisiana dental license.
- Mobile and portable dental clinics must be **inspected** by a dental board member or staff evaluator **prior** to approval to operate.
- The board must be notified within **24 hours prior** to providing dental services at a school with specific information (Rule 313(J) (2)).
- Operator must notify principal of schools in writing that an unannounced inspection could occur and a copy must be sent to the board prior to rendering service.
- Must advise the dental boards of any changes within 30 days (personnel, locations, cease of operation, etc.).

- The operator or operation must have an official business address and 24 hour emergency telephone number printed on all written or electronic documents.
- A list of the exact addresses or locations should be updated every 30 days if necessary.
- Written agreement for emergency follow-up care (provided in application).
- Operator or operation must have a referral system in place for follow-up treatment (your clinic, LSU, private practitioner, etc.).
- Operator or operation must have an emergency protocol available for medical or dental emergencies.
- Mobile and portable clinics must have a notebook labeled *Licenses and Permits* with all applicable licenses and permits.
- All licensed and auxiliary personnel must be listed.
- At all times direct and general supervision stipulations shall be applied.
- Permits are nontransferable.
- The same information required for mobile dental office permit is required for a portable dental office permit with one exception. That exception is the question that refers to a patient handicapped access ramp.

VIII. Consent Form and Information Page

The sample consent form is an example of the information required to have a child participate in your school-based sealant program. The logo is generic and it is recommended that you place your FQHC's logo on the consent form followed with the names of your practitioners as well as your telephone number, 24 hour emergency telephone number, and address.

This sample consent form should work for your FQHC; however, if it does not, please use the approach that will work best for your delivery model. It is recommended in the Dental Practice Act that the consent form is given to the parent/guardian in a duplicate format in order for parent/guardian to be provided a copy.

It is also recommended to add a medical/dental history questionnaire on the opposite side of your consent form for the parent/guardian to complete.

An informational page was added as a supplement to the tool kit for the parent/guardian education. It includes information adopted from the CDC's and New York State's website on proper care for your mouth, sealants, and fluoride varnish.

We encourage you to use all or select pieces of the materials provided.

Important Points to Remember:

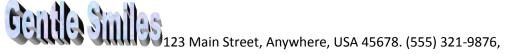
The Dental Practice Act is designed to include all dental procedures that could be performed using a mobile or portable dental unit. This particular tool kit is designed specifically for school-based sealant programs. Therefore, if your dental treatment procedures are more extensive than sealants/hygiene, your consent form will require more information and can be found in the Dental Practice Act (see related internet links).

Consent form must include (school-based sealant program):

- The operator's official address and emergency telephone number.
- A complete listing of all procedures which may be performed and a description of the risks and potential complications.
- A notation that treatment will not be rendered unless an updated medical history (within 6 months) is provided along with a space for parent or guardian to list any medical or dental problems.

- An explanation of operator's privacy practice or where parent/guardian can obtain a copy.
- If follow up, post-operative, or referral instructions are needed a copy should be sent with patient and one mailed to patient's home.
- A statement that if the minor has a dentist already, the parent should continue to arrange dental care through existing provider.
- Have a place for the parent or guardian telephone number. If there is not a number, **no dental services can be provided**.
- Have a clear statement that the parent or guardian should contact the operator with any questions and note in chart if such event occurs.
- Obtain confirmation that the parent or guardian understands that treatment through mobile or portable dental clinics may affect future Medicaid or insurance benefits for the patient.

Please Place your Dental Clinic's Logo and contact information here or at the bottom (must be on form):



(555) 321-9877 24 Hour Emergency. Include dentist name(s)

Permission form for participation in *Gentle Smiles* School-based Sealant Program

With your permission a dental professional will provide the following:

- o An Exam for your child's mouth and teeth by a dentist
- o Information on how to brush and take care of their teeth
- o A Dental cleaning and placement of Sealants (see information sheet)
- o A Fluoride varnish or Fluoride rinse (see information sheet)
- o A Referral for any further dental treatment

The results of the Dental Exam will be sent home with your child after the visit.

Participant	Information:						
Child's Name			Grade				
Male	Female	Birthdate					
YES		hild to particip	pate in the <i>Gentle Smiles</i> Program. n below.)				
NO	NO I do NOT want my child to participate in the Gentle Smiles Program (Stop here.)						
continue the	ir treatment a	t his/her denti	Yes No (If yes, your child can ist or your child may be seen by Gentle Smiles)				
	Med	icaid/Bayou H	Iealth Number Information:				
Child Iden	tification Nun	nber:					
Bayou Hea	lth Plan Nam	e:					
Contact Phone #			Alternate Phone #				
 Parent/Guardian Signature			Date				

Your child's treatment through *Gentle Smiles* may affect your future dental services covered by Medicaid/LA Chip/Bayou Health. If you have any questions or concerns please contact us at 123 Main Street, Anywhere, USA 45678. (555) 321-9876. A copy of *Gentle Smiles* privacy policies can be obtained by calling the office.

Please turn page over to complete, sign, and date Medical history form. Without this completed form, your child **cannot** be treated.

Please Place your Dental Clinic's Logo and contact information here or at the bottom (must be on form):

123 Main Street, Anywhere, USA 45678 (555) 321-9876,

(555) 321-9877 24 Hour Emergency. Include dentist name(s)

Information Page

Proper Care for Your Mouth:

Brush your child's teeth twice a day until your child has the skill to handle the toothbrush alone. Then continue to closely watch brushing to make sure the child is doing a good job and using only a small amount of toothpaste.

Fluoride is important for fighting cavities. But if children younger than 6 years old swallow too much fluoride, their permanent teeth may have white spots. To keep this from happening, use only a small amount of toothpaste (about the size of a pea). Teach your child to spit out the toothpaste and to rinse well after brushing.

Adopted from CDC's website: http://www.cdc.gov/OralHealth/pdfs/BrushUpTips.pdf

What are Sealants and how do they help my child?

Dental sealants are thin plastic coatings that are applied to the grooves on the top chewing surfaces of the back teeth to protect them from cavities (tooth decay). Most tooth decay in children and teens occurs on these surfaces. Sealants protect the chewing surfaces from tooth decay by keeping germs and food particles out of these grooves.

Applying sealants is simple and quick and easy. A dental hygienist will clean the teeth before applying the sealant and children should avoid eating crunchy or sticky foods such as chips or sticky candy for hours after the application. The sealant is a thin plastic coating that is "painted" on the tooth surface and does not require any drilling or removing of the tooth surface. Sealants can be clear, white, or slightly tinted, and usually are not seen when a child talks or smiles.

Adopted from CDC's website: http://www.cdc.gov/oralhealth/publications/factsheets/sealants faq.htm

What is Fluoride Varnish/Rinse and what is it good for?

Fluoride varnish is safe and effective in preventing cavities. It is used on babies from the time they have their first tooth. Because the varnish is painted onto teeth and only a very small amount is used, almost no fluoride is swallowed. Fluoride in varnish enters the tooth enamel (outside part of tooth) and makes the tooth hard. It prevents new cavities and slows down or stops decay from getting worse. If tooth decay is just starting, it repairs the tooth.

Adopted from New York State Depart. of Health's website: http://www.health.ny.gov/prevention/dental/fluoride_varnish_faq.htm

Rinses are used daily or weekly for a prescribed amount of time. The fluoride from mouth rinse is retained in dental plaque and saliva to help prevent tooth decay. Children younger than 6 years of age should not use fluoride mouth rinse without consultation with a dentist or other health care provider because dental fluorosis could occur if such mouth rinses are repeatedly swallowed.

Adopted from CDC's website: http://www.cdc.gov/fluoridation/other.htm#1

IX. Medicaid Reimbursement

Medicaid can be complicated and its reimbursement policies can change often and vary from state to state; therefore this section in brief. We recommend you to **continually check for changes** as it pertains to your program.

Here are a few tips that could increase your Medicaid reimbursements:

- School-based dental sealant program administrators should learn how Medicaid operates in their state to maximize reimbursements.
- Some programs have had success in collecting Medicaid identification numbers by putting a blank sample Medicaid card on the consent form. Parents/Guardians then copy their child's identification number from their Medicaid card onto the consent form.

Example:

NAMENAMENAMENAMENAMENAMENAMENAMENAME

HEALTH NETWORK for LOUISIANA

Located in the last chapter of this tool kit is your current state Medicaid representative's email address and telephone number as well as a link to Louisiana Medicaid's website (LAMedicaid) to refer to for any questions. Additionally, there is a link to a 2003 Medicaid guide (most current) that informs schools, state Medicaid agencies and other interested parties on the appropriate methods for claiming federal reimbursement for the costs of Medicaid administrative activities performed in the school setting.

X. Infection Control

The Purpose of Infection Control guidelines are to prevent and protect both patients and health care personnel from transmission of infection.

Dental infection control recommendations from the Centers for Disease Control and Prevention (CDC) apply to all settings where dental services are provided, including those that use portable dental equipment or mobile van systems. Such settings often present challenges in implementing these guidelines. The Organization for Safety, Asepsis and Prevention (OSAP) formed a national advisory group to develop tools for a practical community site assessment and infection control and safety checklists. These checklists offer practical infection control procedures for use during oral health surveys, screenings, preventive care and treatment regardless of setting. These procedures are based on general principles of infection control and are determined by the provider's level of anticipated contact with the patient's oral mucous membranes, blood or saliva contaminated with blood (Mobile Portable Dental Manual (MPDM)).

Using these tools will allow programs to determine what factors present challenges to providing safe, quality care and to make decisions about possible adaptations or the need to select another site to provide services. Forms are formatted to answer specific questions about the site, personnel and procedures. Answers to the questions on the forms should be analyzed in terms of the level of services to be provided and any special circumstances related to the site or the patient population. Space is provided on the forms to suggest Action Steps and to Summarize Findings and Decisions to create an Action Plan to overcome any identified challenges (MPDM). The forms and check list s are included in this tool kit.

The Infection Control Checklist is organized around the level of anticipated contact with mucous membranes, blood or saliva contaminated with blood, and the four basic principles of minimizing transmission of blood borne and infectious diseases (MPDM):

- Take action to stay healthy
- Avoid contact with blood and other potentially infectious body substances
- Make patient care items (instruments, devices, equipment) safe for use
- Limit the spread of blood and other infectious body substances

The full Morbidity and Mortality Weekly Report (MMWR) on Infection Control in Dental Health-Care Settings, 2003 can be accessed by the link in the resources chapter.

XI. Conclusion

The purpose of this tool kit is to help facilitate implementation of school- based dental sealant programs through Louisiana's Federally Qualified Health Centers (FQHCs). The tool kit addresses application for a license to operate portable and mobile dental equipment, information required in the consent form for student participation in the program, and infection control recommendations and standards, among other topics. Although specifically geared toward the FQHC; other stakeholders may find information in this tool kit useful.

XII. Contacts and Related Internet Links

Louisiana Oral Health Program

http://new.dhh.louisiana.gov/index.cfm/page/815

Dental Practice Act

http://www.lsbd.org/applications/dentalact2012april.pdf

Application for Mobile Dental Clinic Operator Permit

http://www.lsbd.org/forms/mobilepermit.pdf

Application for Portable Dental Clinic Operator Permit

http://www.lsbd.org/forms/portablepermit.pdf

Dental Medicaid for Louisiana

State Medicaid Representative: David McKeon, Dental Director <u>Dmcke1@lsuhsc.edu</u> 504-941-8206

- http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidBudgetExpendSystem/Downloads/Schoolhealthsvcs.pdf
- http://www.lamedicaid.com/provweb1/billing information/RHC FQHC.htm
- http://www.lamedicaid.com/provweb1/DentalLink/DentalHomePage.htm
- https://www.lamedicaid.com/provweb1/Billing Information/CHIPRA Dental.pdf

Infection Control

CDC Guidelines for Infection Control in Dental Health-Care Settings, 2003

http://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

Infection Control Checklist for Dental Settings Using Mobile Vans or Portable Dental Equipment (OSAP)

http://www.osap.org/?OSAP

Infection Control Checklist for Dental Settings Using Mobile Vans or Portable Equipment **FACT SHEET**

http://www.osap.org/resource/resmgr/Checklists/FACTSHEET.IC Chklst.pdf

Other Related Links and Helpful Sites

Seal America: The Prevention Invention

http://www.mchoralhealth.org/Seal/index.html

Association of State & Territorial Dental Directors (ASTDD)

- http://www.astdd.org/
- http://www.mobile-portabledentalmanual.com/

Centers for Disease Control and Prevention

http://www.cdc.gov/OralHealth/index.htm

Children's Dental Health Project

http://www.cdhp.org/

National Oral Health Information Clearinghouse

• https://www.nidcr.nih.gov/OrderPublications/

National Maternal and Child Health Oral Health Resource Center

http://www.mchoralhealth.org/

Safety Net Dental Clinic Manual

http://www.dentalclinicmanual.com/

XIII. References

- Garg, R. Oral Health in Louisiana 2010. LA Dept of Health and Hospitals
- Louisiana State Board of Dentistry. Laws of the State of Louisiana Governing the Practice
 of Dentistry as Authorized Under Chapter 9, Title 37, Louisiana Revised Statutes.
 http://www.lsbd.org/applications/dentalact2012april.pdf
- Carter N et al., AACDP, MCH, Seal America The Prevention Intention. 2011 http://www.mchoralhealth.org/Seal/index.html
- Eklund K, Cleveland JL. *Infection Control Considerations for Dental Settings Using Portable Dental Equipment 2008.* National Oral Health Conference
- Kohn WG, Collins AS, Cleveland JL, et al. *CDC. Guideline for infection control in dental health-care settings—2003. MMWR*, December 19, 2003:52(RR-17).
- Mobile-Portable Dental Manual. ASTDD, MCH.

http://www.mobile-portabledentalmanual.com/