

ADMINISTRATION MANUAL



May 2017

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I. Introduction

The Wisconsin Seal-A-Smile (SAS) program is a collaborative effort between Children’s Health Alliance of Wisconsin (Alliance), Wisconsin Department of Health Services (DHS) and Delta Dental of Wisconsin. The mission of the SAS program is to improve the oral health of Wisconsin children through school-based dental sealant programs.

SAS is funded by Wisconsin General Purpose Revenue and Delta Dental of Wisconsin. Funding is provided to local school-based dental sealant programs through mini-grants to dentists, dental hygienists, schools, hospitals, local health departments, community health centers, non-profit agencies and free clinics.

This Administration Manual provides information to assist with the administration of Wisconsin SAS funded projects. Additional information along with many of the forms described in this manual are available on the Alliance SAS [webpage](#).

This manual is not intended to be a comprehensive guide to operating a school-based dental sealant program. For more comprehensive information on the development and implementation of a school-based dental sealant program, see [Seal America The Prevention Invention](#) and the [Mobile-Portable Dental Manual](#).

Thank you for your commitment to improving the oral health of Wisconsin’s children. We look forward to working with you.

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II. Project implementation

Request for proposals

Programs interested in a Wisconsin SAS grant for school-based dental sealant programming are required to submit a request for proposal (RFP) annually. The RFP project period is July 1 to June 30 of the following year. Programs should use information in this manual as a guide for program design and implementation. Specific RFP submission instructions are outlined in the announcement letter and Grant Guidance document, available on the Alliance SAS webpage.

This is a competitive process for both new and existing programs. Requests will be evaluated and scored by a review committee using a point system to determine the level of funding. The review committee reserves the right to award funding based on the target population, even if the score on the proposal was lower than the next unfunded program. The funding will be proportionally awarded based on the geographic distribution of schools with the highest needs. Funds are awarded based on available funds and the program/s merits as described in the RFP.

Notification of awards will be announced at the end of July. The fiscal agent for each funded program (grantee) will receive an award letter and a funding agreement packet.

Funding agreement packet instructions and checklist

Each program is required to complete and submit the following items (see items 1-5 below) as a complete funding agreement packet. Programs will receive a funding agreement packet when their plan has been approved by the SAS review committee. The funding agreement packet must be submitted in **hardcopy format** and delivered or mailed to Children's Health Alliance of Wisconsin. This may include the submission of a revised program budget.

1. Funding contract (3 pages) and funding award acceptance (1 page) – signature required (pg 3 and 4)

Two copies of the funding contract and award acceptance will be sent to the fiscal agent listed on the proposal. Review, sign and return BOTH copies of the contract (pg 3) and funding award acceptance (pg 4). Please ensure that all names, addresses and dollar amounts are accurate. Only original signatures will be accepted. Electronic or copied signatures will not be accepted on the funding contract. Only the fiscal agent listed on the funding contract can invoice the Alliance for reimbursement of grant funding.

2. Proposal comments and revisions (1 page)– signature required

Programs should review the proposal comments which were submitted by the SAS award review committee. Comments may include suggestions for future proposal submission. The review committee also may have included some revisions/conditions of funding that must be addressed in the implementation of your program. Please review these requirements and attest that you both understand and agree to make the necessary revisions to your program prior to implementation.

3. Revised Budget (if necessary)

If your program was not funded at the requested amount your program must submit a revised budget spreadsheet using the electronic excel workbook. You must address any comments or required changes noted in the document above. Only projects whose award amount was different than the originally requested amount need to resubmit a revised budget. Those programs not required to make any budget changes DO NOT need to resubmit an updated budget submitted in the RFP will be used. This document should be printed and submitted with the signed documents above and submitted electronically to mcrespin@chw.org

4. Supplanting re-attestation

Each program must provide an updated and signed Supplanting Re-Attestation statement. Funding received from other sources between the time the project was submitted and funded need to be disclosed and adjustments to the final award amount made. This is included in the "Funding Award Acceptance" document.

All documents requiring signature in the funding agreement packet and requested revisions must be resubmitted to Children's Health Alliance of Wisconsin by **September 1 of the current funding year.**

Upon receipt of the funding agreement packet, SAS administrators will review all documentation and return a signed copy of the contract and funding award acceptance back to the fiscal agent. SAS administrators also will send a funding award summary to each fiscal agent outlining final program funding by category to be used for invoicing purposes.

III. Expenses

Allowable expenses

Wisconsin SAS funds can only be used for direct project-specific expenses related to the placement of dental sealants on first and second permanent molars in children attending high-risk schools. The Wisconsin SAS program defines high-risk schools as those with participation in the federal Free and Reduced Meal Program (FRMP) equal to or greater than 35 percent.

Examples of eligible expenses include:

- Salary for personnel directly involved in the project.
- Equipment necessary to operate a school-based dental sealant program.
- Direct expenses including supplies and disposables related to providing sealants in Wisconsin schools with a FRMP >35%.
- All requests are subject to review and approval by the SAS review committee.

Unallowable expenses

Funds may **NOT** be used for (this list is not all inclusive) unless specifically approved by SAS administration:

- Indirect costs, such as ongoing operating expenses of an organization's routine functions and principal programs.
- Facility alterations or renovation costs (tangible real property).
- Salary of staff funded through other means (i.e. Health department staff).
- Salary of a dentist
- Debt reduction
- Entertainment or alcoholic beverages
- Lobbying
- Legal services
- Projects conducted outside of the state of Wisconsin
- Endowment funds
- Computer hardware/software or programming support (unless approved)
- Volunteer incentives (i.e. food, gifts, shirts)
- Incentives for student participation/consent (i.e. stickers, toothbrush timers)
- Explorers
- DIAGNOdent or other similar caries detection devices

- Eye magnification systems
- Grant writing or proposal preparation including mailing costs
- Supplanting or other funding resources
- Programming at schools with FRMP rates below 35.0 percent
- Supplies, equipment and labor to provide additional services not required of a school-based dental sealant program such as prophylaxis, radiographs, and restorations.

This is not an exhaustive list and all proposed funding requests should be approved by SAS administration.

Cost determination

The decision of whether a cost is direct (allowable) or indirect (unallowable) is based on the ability to specifically identify the cost with the project, rather than on the nature of the goods and services. Failure to mention a specific cost category does not imply it is either allowable or unallowable. All allowable expenses must be specifically approved by the SAS review committee.

The chart that follows is to be used as a guide when determining if a cost is normally direct or indirect.

COST	DESCRIPTION	Allowable/Unallowable
Advertising	Advertising for personnel recruitment.	Allowable – if specifically related to the project, such as recruitment of dedicated personnel. Otherwise, unallowable.
Equipment	Tangible personal property with a useful life of more than one year. Special purpose equipment is scientific equipment used only for technical activities. General purpose equipment includes computers, office	Allowable – special purpose equipment is allowable with approval by the Wisconsin SAS program. Unallowable – general purpose equipment is not an allowable cost. Equipment used to provide additional services beyond those needed for a school-

	equipment, and furnishings, which are not limited to technical use.	based dental sealant program.
Insurance	Insurance coverage for normal business purposes, whether provided by an external company or through a self-insurance program.	Allowable - if incurred as an incremental cost specifically for the program (i.e. pro-rated malpractice insurance).
Maintenance and repair	Costs to keep property in efficient operating condition. Not including costs that increase property value.	Unallowable
Memberships and dues	Memberships and dues to belong to a professional or technical organization.	Unallowable
Office supplies	Office supplies are those items usually maintained for general use by all staff. Such items would include pens, pencils, writing paper, file folders, letterhead, envelopes, staples, staplers and rulers. Office supplies generally support multiple activities of project personnel.	Allowable – office supplies purchased for specific project use. Direct cost treatment must be specifically requested and justified in the proposal. Otherwise, unallowable.
Photocopy	Photocopying of documents.	Allowable – photocopying of required SAS forms such as consent forms, parent letters, etc. Direct cost treatment must be specifically requested.

		Unallowable – routine photocopying of a general business nature (employee timesheets, professional materials, general research articles, grant application materials).
Postage	Routine postage costs.	<p>Allowable – postage costs for mailing SAS paperwork between schools and grantee. Direct cost must be specifically requested.</p> <p>Unallowable – routine postage costs, including general agency correspondence.</p>
Rent	Cost to lease building space or equipment.	Unallowable.
Salaries and fringe benefits – Technical and programmatic personnel	Personnel performing clinical services or other technical work related to a project.	<p>Allowable- work performed must specifically relate to the SAS project. The direct cost charge must be based on the percentage of effort devoted by the employee. Some limits apply.</p> <p>Unallowable- grant writing, salary of dentist, technical staff performing clerical duties such as data entry and MA billing.</p>
Salaries and fringe benefits – Administrative and clerical personnel	Administration including professional and clerical staff and central administration staff serving the entire organization.	Allowable – administrative and clerical cost incurred for a technical purpose only. Some limits apply.

		Unallowable – routine, administrative support (i.e. work of executive director, health officer, clerical or billing staff)
Supplies and materials – Technical	Purchased materials and supplies necessary to provide school-based dental sealant program. The cost to the project should be net of credits, discounts, rebates, and donations. Freight costs are part of supply and material costs.	Allowable- supplies for specific project use. Must be specifically requested and justified in the RFP. Unallowable – supplies for providing care above what is necessary for a school-based dental sealant program (i.e. prophylaxis supplies).
Telephone, fax lines, and cell phone	Equipment and service costs for telephone, fax service and cell phone.	Allowable – long distance telephone charges, if the specific charge can be specifically identified with the project. Unallowable - Local telephone, fax and cell phone service charges.
Travel	Transportation, lodging, and related costs for official business and approved by SAS administration.	Allowable if specifically approved in the budget. Special restrictions exist for travel.

Supplanting

Projects may not supplant funds. The concern with supplanting focuses on replacing existing funds with SAS funds. All funding sources should be disclosed in the project budget; the project budget should reflect the total project budget for only the SAS portion of the project. It is the responsibility of the individual program to report, in writing, to Children’s Health Alliance of Wisconsin any additional funding received after the award notification has been received. An example of supplanting would be applying for funds to offset the salary for someone that is already employed by our organization and the salary is covered by another source. (i.e. director/project manager/executive director, billing or clerical staff).

IV. Payment procedures

Overview

Funds for each project are provided on an expense reimbursement model. Only the fiscal agent listed on the funding agreement and contract may directly invoice Children's Health Alliance of Wisconsin for reimbursement.

Invoice Submission

Invoices should be submitted at least semi-annually, but not more than quarterly. The first invoice is due by December 20 and the final invoice is due no later than 14 days after the final day of the contract period. It is preferred all invoices be submitted prior to the end of the contract period.

The fiscal agent should use the SAS Invoice/Reimbursement Form to request reimbursement for incurred expenses. The form is located in the appendix of this manual, is provided in the funding agreement packet, or can be downloaded from the Children's Health Alliance of Wisconsin SAS webpage. The program fiscal agent should sign the Invoice/Reimbursement Form and submit to Children's Health Alliance of Wisconsin. All required invoices and appropriate receipts should be attached to the SAS Invoice/Reimbursement form. Request's can be submitted via fax, e-mail or US mail.

Reimbursement

Children's Health Alliance of Wisconsin reviews and approves all SAS Invoice/Reimbursement forms submitted. Upon approval, a check request is forwarded to Children's Hospital of Wisconsin accounts payable department. Children's Hospital of Wisconsin will request that a W9 form be filled out by the fiscal agent if they do not currently have one on file.

A payment will be mailed to the project fiscal agent within 30 days after the SAS Invoice/Reimbursement Form submission is approved by Children's Health Alliance of Wisconsin.

V. Project changes

Overview

The terms of the funding agreement may only be modified or amended by a written addendum signed by the authorized representative of the fiscal agent, as listed in the executed funding agreement, and Wisconsin SAS program. All project changes need to be approved, in writing, by the Wisconsin SAS program in advance of any changes being made. To submit a change to your project you will need to submit, in writing, an updated work plan, budget and justification.

Scope of work

All changes to your project proposal are subject to review and approval by the Wisconsin SAS program on a case-by-case basis. It is expected SAS funded programs will achieve their objectives as stated in the approved proposal. Due to the dynamic and evolving nature of projects, Wisconsin SAS understands that minor adaptations to project objectives and activities might occur. Grantees must report any changes to the proposed schools to be served. It is expected that once grantees distribute consent forms at schools, they will serve all children who have returned a form, regardless of the return rate at the school.

Personnel changes

Project personnel changes must be requested, in writing, with the necessary justification to Wisconsin SAS administration for approval. Examples of changes requiring approval include but are not limited to:

- Change in a project personnel percent effort devoted to the project decreased or increased from the level reported in either the application or the most recent change (i.e from 40 percent to 30 percent or vice versa);
- The nature or percent of a project personnel appointment at their respective organization changes;
- A project personnel withdraws from the project; resigns from the recipient organization; takes a leave of absence from the organization for any reason; or is not involved in the day to day operations of the project longer than 30 consecutive days in accordance with the project plan; or
- Project personnel are deleted or added to the project.

Budget changes

The total allowable expenses for each project are noted in the funding agreement. Expenditures are limited to the amount awarded and budgeted in each budget category. Changes to the budget must be requested, in writing, with the necessary justification and submitted to SAS administration. Budget changes may not be implemented until approval by Wisconsin SAS administration has been granted. Carry-forward of unexpended funds will not be allowed and no-cost extensions will not be granted.

Changes requiring advanced approval include, but are not limited to:

- Budget changes or re-budgeting between major budget categories (i.e. salaries and wages, supplies, travel, equipment, etc.) will be considered and must adhere to the original budget guidelines.
- When the need arises for additional line items and/or when spending is anticipated in excess of any approved budget category.

Equipment

Any equipment purchased using Wisconsin SAS funding is expected to be maintained by the individual grantee. If cessation of operation occurs, all equipment purchased with SAS funding will be relinquished back to Children's Health Alliance of Wisconsin. Under no circumstance can any equipment purchased with SAS funding be sold to a third party without prior approval from the Wisconsin SAS program.

VI. Program oversight

Overview

Wisconsin SAS uses several tools to assess project progress including regular communication with project partners, site visits, phone calls, mid-year reviews and DentaSeal data. These tools are subject to change. Updates will be released through e-mail communication with programs. Projects will be evaluated annually and results may have an impact on future and continued funding.

Site visits

Periodically, SAS administrators will request to visit your program. This is an opportunity for us to gather important information about your project and provide you with feedback to help improve various aspects of individual programs (i.e efficiency, safety, clinical treatment, billing and charting). In addition, it allows administrators to highlight positive practice efforts to share with other programs. At least once every three years, SAS administrators will conduct a comprehensive site visit. The site visit is a proactive assessment aimed at identifying program strengths, improving overall program performance and intercepting potential problems that a local program may have.

During the site visit, SAS administrators will conduct a clinical review of the program's procedures and an administrative review of program policies, procedures, use of patient records (based on review of a random sample) and other operational considerations. Administrators will hold a brief exit interview to provide immediate feedback on findings and follow up with a written report.

On a situational basis, Wisconsin SAS may conduct focused site reviews to gather additional information on specific problems suggested by information obtained through review of grant proposals and reports, communication regarding a program and/or comprehensive site reviews. SAS administrators may solicit feedback from school administrators, parents or the community. SAS administrators may review Medicaid billing practices. Unlike a comprehensive review, a focused site visit concentrates on one or more aspects of the program, not the entire program. The focused review may be a blend of information gathering and technical assistance. The focused site review utilizes portions of the comprehensive visit procedures relating to the issue(s) being reviewed.

Periodically, SAS administrators may request to visit programs for an informal review or to show the program to a potential funder, legislator, community leader or future SAS grantee.

Annual meeting

All SAS grantees are expected to have in attendance at least one, but not more than two, representatives at the annual Wisconsin SAS grantee meeting. It is recommended that programs consider sending one clinical and one administrative staff. The meeting date, time and location will be available by November 1. All programs are expected to not only attend but actively participate and stay for the entire duration of the meeting.

Technical assistance

Technical assistance (TA) is provided to help programs improve performance, achieve program goals and meet Wisconsin SAS standards. SAS administrators will provide TA for any program upon request. In addition, SAS administrators may identify programs that can be required to participate in additional TA. The need for TA is based on information gathered through review of grant proposals, program reports or site visits. TA may be conducted via telephone, email, meetings and/or site visits by SAS administrators as appropriate. If performance benchmarks are not met, a formal improvement plan may be necessary. The improvement plan may be required by SAS administration and must delineate steps to be taken, along with a timeframe for accomplishing them and who is responsible.

Communication

Communication between programs and SAS administration may occur via telephone, email and site visits. Prompt response to SAS requests via any form of communication is expected.

SAS administration will share important information, requests, and policy updates with the program fiscal agent. It is the fiscal agent's responsibility to ensure that the information is shared with the appropriate program personnel. This communication chain is critical for keeping all staff informed and knowledgeable about the SAS program.

VII. Performance benchmarks

Performance benchmarks are specific numerical points of reference for measuring individual program performance. Wisconsin SAS has established benchmarks based on years of data from all Wisconsin SAS funded programs. While these numbers are not quotas they are recommended benchmarks programs should strive to attain. Any program that does not meet approved project objectives may risk the loss of current funding.

Wisconsin SAS wants to assure a statewide program that provides high quality care that meet or exceed program expectations. Performance that deviates from a benchmark will trigger further assessment and, as appropriate, initiation of steps for improvement, such as additional technical assistance and/or a focused site review/visit. In some situations, an improvement plan, approved by SAS administrators, must be developed to address substandard performance. Programs must comply with the plan and demonstrate improvement in all areas that fall short. Failure to achieve performance benchmarks and/or implement the improvement plan will impact future funding.

Performance Benchmarks:

- At least 50 percent of targeted children per school will return consent forms.
- 100 percent of children returning consent forms will receive all necessary services. Wisconsin SAS has a zero tolerance policy regarding the refusal of treatment of any student. Program funding will be discontinued if SAS administrators verify programs are refusing to provide the full scope of treatment to any student who has returned a consent form.
- The proposed number of children to be sealed in the approved RFP receive sealants.
- Provide dental sealants to approx. 18 students per service/school day.
- At least 10 percent of children at **EACH** school receive retention checks 8-14 months after sealant placement.
- 100 percent of sealants will be retained short term, and at least 90 percent of sealants will be retained long term.

Performance Standards

Performance standards are basic requirements that the Wisconsin SAS program expects of all funded programs. Programs that do not meet these minimal requirements are not eligible for funding from Wisconsin SAS. Failure to comply with performance standards will result in the loss of funding and can impact future funding.

- Compliance with all applicable federal, state and local regulations.
- Compliance with OSHA infection control guidelines.
- Compliance with guidelines in Wisconsin SAS Administration Manual.
- Effectively targets high risk schools.
- Consent form includes required elements.
- Signed consent on file for all students who receive treatment.
- Offers all services to all children, regardless of insurance status.
- Once consent forms are distributed, services are provided to all children who returned a consent form, regardless of the return rate at the school.
- Evidence-based tooth selection criteria are followed.
- Evidence-based sealant placement/materials guidelines are followed.
- Appropriate Medicaid billing and collections submitted.
- Complete cooperation and participation in SAS site reviews.
- Submission of required mid-year report.
- Participation in required trainings (i.e. end of year meeting, SEALS training).
- All reports are timely, complete, accurate and reasonable.
- Provide at least two fluoride varnish treatments to all eligible children using the current ADA evidence based guidelines. Appropriate time intervals between applications should be followed.
- Develop referral sources for patients found to have needs beyond what the program provides. This goes beyond distributing a list of local providers and should involve building relationships with local providers who agree to be part of a referral network for your program.
- Use of DHS and CHAW logo only with prior approval.

VIII. Reports and data collection

Submission of reports

All reports to SAS must be timely, complete, accurate and reasonable. Agencies that do not comply with SAS reporting requirements may risk the loss of current and future funding. Reporting is an important part of grantee performance and past performance is a consideration in the review of proposals for future funding opportunities.

Grantee generated reports include completed DentaSeal data (both child and event level). Grantees must make every effort to record accurate program costs (including Medicaid billing) and child demographic information (including race/ethnicity, insurance status and special health care needs). DentaSeal data must be completed no later than July 30.

Wisconsin SAS administrators understand that all Medicaid billing may not be completed at the time that all grant reports are submitted. If final billing has not been completed, a final billing report showing revenue generated through Medicaid billing must be submitted no later than 60 days after the end of the contract period. It is requested that this accompanies both the upcoming years RFP submission and DentaSeal data report submission.

Mid year report

Local health department report

If the grantee fiscal agent is not a local health department, it is expected that the grantee will provide the health officer in each of the counties/communities where services are provided with an annual report. At a minimum, this report should include the names and locations of the schools to be served, an overview of the services to be provided, and data from the previous year on the total number of children served.

DentaSeal Data Entry

The Wisconsin Seal-A-Smile program in collaboration with Delta Dental of Wisconsin and Marshfield Clinic Research Foundation have developed DentaSeal, an online dental sealant registry. All SAS funded programs are required to enter data into the DentaSeal registry on all children that the programs provides care to. This data collection system is meant to increase the ability for programs to enter real time data, preferably chair side while seeing patients.

Data should be entered not later than 10 days after the child has been seen by the program and program visits should be closed out by the program no more than 10 days after the completion of the visit. Programs should not wait to enter data until the end of the year as has been done in years past. Additional information on the DentaSeal registry can be found on the SAS website along with training materials and technical information about the program itself. All data must be complete for the current grant cycle no later than July 30.

IX. Publicity

The Wisconsin SAS program, Children’s Health Alliance of Wisconsin and Wisconsin Department of Health Services regards publicity as an opportunity to collaborate with project partners. Please inform the Wisconsin SAS program of any media inquiries received. Assistance will be provided to ensure a response that meets the expectations of all partners.

It is anticipated that various media venues will host information about local school-based sealant program activities, either through general press announcements, proactive stories or media queries to community partners. Wisconsin SAS would like to have copies of these to add to your project file and share with potential funders, legislators and community partners. Programs should not represent themselves as Wisconsin Seal-A-Smile (SAS). Programs are funded by Wisconsin SAS but do not represent the program as a whole. Please append the following statement to any project publicity: This project is funded [SELECT ONE – in part or wholly] by the Wisconsin Seal-A-Smile program, a collaborative program of Children’s Health Alliance of Wisconsin, the Wisconsin Department of Health Services and Delta Dental of Wisconsin.

Grantees SHOULD ONLY use the Wisconsin SAS, Children’s Health Alliance of Wisconsin’s and Wisconsin Department of Health Services name and logos on additional paper work (i.e. information letter to parents, teachers, schools; consent forms and follow-up letters) upon approval of the Wisconsin SAS program. If you are using one of the two above mentioned logos on your paperwork, you must have this approved annually. Programs are encouraged to use the SAS name in program materials to ensure all program partners understand the link between your program and Wisconsin SAS.

X. Wisconsin SAS protocols

Overview

The Wisconsin SAS program is continually striving for overall quality improvement and ensure evidence-based practices are being utilized by all grantees. This section of the manual is to be used by projects during the planning and implementation phases of their program. Wisconsin SAS protocols are a direct result of both the American Dental Association¹ and Centers for Disease Control and Preventions² recommendations for school-based dental sealant programs. This manual highlights information on select policies and procedures and is not all inclusive. If you have a specific question about a protocol not mentioned here, please contact a SAS administrator. All programs regardless of the type of funding a program receives are required to follow all policies and procedures of the SAS program.

Consent forms/health history

All children must have a signed consent form on file before any treatment (including fluoride varnish) can be completed.

Dental Home

The following wording must be included on all SAS funded program consent forms. This information should be on the form that is signed by the parent/caregiver and not on other accompanying documentation.

The treatment which your child will receive in this program is not meant to be an alternative to regular dental care. It is still strongly recommended that you seek out a dental home (family dentist) for routine dental care including any follow-up care which may be recommended after your child has completed this school-based oral health program.

(Spanish) El tratamiento que su niño recibirá en este programa no es una alternativa al cuidado dental regular. Todavía es fuertemente recomendado que usted busque una oficina dental (dentista de familia) para el cuidado dental rutinario incluso alguno persiguen el cuidado que puede ser recomendado después de que su niño ha completado el programa de salud oral basado escolar.

A concise and simple consent form aids in increased program participation. Requesting information that is not pertinent to providing care in a school-

based dental sealant program can discourage a parent/caregiver from filling out the form and returning it to school.

If your program does provide comprehensive care and acts as the child's dental home this wording can be removed from the consent form but should only be done so with prior approval from SAS administration.

Special needs screening questions

To accurately collect data on children and youth with special health care needs (CYSHCN), funded programs are required to incorporate CYSHCN screening questions into the health history form. The screening questions, developed by the Child and Adolescent Health Measurement Initiative, will assist in accurately and consistently identifying CYSHCN. The questions were specifically designed to reflect the broad Maternal and Child Health Bureau definition of children with special health care needs. Many of these questions can replace questions already included on the health history form. When incorporating these questions into an existing form, it is not necessary, or recommended, to point out that these questions are used to determine if a child has special needs.

Instructions: If the parent checks "YES" to any of the first 5 boxes and checks "YES" to the follow-up question related to the duration or expected duration, then indicate in SEALS data that this child has a special need. Please note that there must be a "YES" regarding duration in order to identify the child as having a special need.

The required questions to include in the health history for are as follows:

Does your child (check one):

- 1) Use medicine prescribed by a doctor? yes no

If YES, list medications: _____

- 2) Need or use more medical care than other children the same age?

yes no

- 3) Have trouble doing things most children the same age can do?

yes no

- 4) Need or get special therapy, such as physical therapy, occupational therapy or speech therapy? yes no

- 5) Need counseling or treatment for behavior problems, emotional problems, or delays in walking, talking or activities other children the same age can do? yes no

If you checked any of the boxes above:

6) Has this problem lasted or is expected to last at least 12 months?

yes no

Additional Health History/Consent form guidance

Maximizing participation at each school is important. One effective way to increase the number of consent forms returned is to ensure the consent form is simple to complete. A form that asks numerous questions that are unnecessary for school-based sealant programs may deter parents from completing the form. The following are examples of questions that are NOT necessary to ask on a health history for a school-based dental sealant program:

- Does or has your child had any of the following: rheumatic fever, asthma, heart murmur, heart defect, etc. REASONING: In the past, this information was used to determine the need for administering premedication. Premedication should only be administered using the current ADA and American Heart Association recommendations which no longer include most preventive procedures.
- Insurance provider address, member ID number, policy number, etc. REASONING: When billing Medicaid, the only information about the child that is required is the child's name and date of birth. By asking for a policy number, this is an extra step that may discourage a parent from completing and/or returning the form. In addition, many programs find benefit in verifying the Medicaid status of all children who return a consent form, regardless of indicated insurance status.
- Does your child have access to: fluoridated community water, fluoride supplements, regular dental care, medical care, etc. REASONING: Gaining this additional information may be informative; however, it can again deter a parent from completing the form. In addition, knowing this information will not change the way in which you would provide services.

The following are examples of questions that SHOULD be included on a health history:

- Is your child allergic to anything? (i.e. medications, food, latex, etc.) If so, what? _____ REASONING: You want to know about any potential allergies, however it is not necessary to provide a long list of possibly allergies.. Asking the general question provides opportunity to capture all allergies.
- Insurance type - Choices should include the following: Medicaid/BadgerCare/Forward Health; Private Insurance (i.e. Delta, Cigna, Humana); no insurance. REASONING: This is data captured in

SEALS and it is imperative that the data collected is complete and accurate. To accomplish this, all three options must be included on the consent form. This format will also assist with efforts to bill MA for eligible children.

- Consent: Programs must gain consent to provide treatment and to bill insurance for services provided. It is not necessary, or recommended, to have parents check off specific procedures they consent to and have them sign in multiple places. A recommended statement to be used at the bottom of a consent form is as follows:

I give my child (or am the rightful legal guardian of this child) permission to participate in the school-based oral health program and receive any preventive treatments determined to be necessary limited to a dental exam/screening, fluoride treatments and application of sealants. In addition, I give permission to bill my insurance for any appropriate procedures (when applicable). This consent is good for XXX month(s)/year(s) from the date in which is signed. I have the ability to un-enroll from this program at anytime by providing written withdrawal of consent.

Medicaid billing and collection

Wisconsin SAS grantees are required to bill all third party payers, as allowable. Grantees must make all reasonable efforts to identify all children they serve who are Medicaid eligible and must collect reimbursement due to the program. Funds collected from billing third party payers must be used to support the school-based dental sealant program and not put towards other programs administered by the fiscal agent. A valid estimate of the Medicaid income is expected in the grant application and full reporting of Medicaid billing and collection is required in the year end program reporting. Grantees are expected to provide services to all children regardless of the insurance status. First party billing is not allowed. If a child is uninsured, the sealants must be placed free of charge.

Participation

Programs can not single out children on Medicaid or that participate in the school's FRMP program. Once a school is selected to receive school-based sealant program services, all children MUST have the ability to participate in the program and receive the same services regardless of insurance type. SAS grant funding must be used to cover costs associated with treating children without insurance. Co-payments and other billing mechanisms should not be used.

Infection control plan

Programs must have a written infection control plan that follows state and federal regulations, including a post-exposure control plan that describes protocols and procedures. The plan should be reviewed and evaluated annually by the infection control coordinator, with updates made as necessary. The infection control plan should be onsite and accessible anytime clinical care is provided. Programs not following appropriate infection control guidelines may be at risk of losing funding.

Target population

Wisconsin SAS seeks to improve the oral health of Wisconsin children by placing dental sealants on first and second permanent molars through school-based dental sealant programs. Grantees can target any Wisconsin school however SAS funding will only be awarded for those Wisconsin schools with FRMP rates greater than or equal to 35 percent. To determine a schools accurate FRMP rates, programs should use the database provided by SAS administrators. SAS programs must distribute consent forms to all children in the targeted grades at participating schools. It is expected that services will be provided to all children who return a signed consent form.

Travel

Funding for travel should be submitted using the electronic workbook. Starting location, destination, roundtrip mileage and reason for travel should be submitted in the RFP and approved by SAS administration. SAS administration will evaluate travel requests and approve based on the scope of the project. Funding for travel expenses for the annual SAS meeting is allowable for up to two representatives per program. Programs should make every effort to be as efficient as possible when submitting costs for travel (i.e. programs should not request funding for multiple people to drive to one location, travel to sites to only drop off or pick up consent forms, etc.)

Case Management

Grantees are expected to assist children and families in identifying a provider and securing any follow up needs identified during the screening. This task should not be left with the school nurse/staff to complete. Grantees that do not directly provide comprehensive care at the school should work with area dental clinics to secure a referral source for any child with early or urgent dental needs. This must go beyond a handout with clinics that accept Medical Assistance. Developing relationships with local dental providers is critical to the success of our program and helps to ensure

children find necessary follow up care. Connecting with the community dental professionals can include making them aware of the services that will be provided in the local schools, developing an informal referral agreement, developing a formal written agreement for referral. Grantees that require assistance developing a relationship with a local dental provider are highly encouraged to work with SAS administration and the Wisconsin Dental Association.

Wisconsin Mobile Dentistry Registration

All programs required to register per Wisconsin DE-10 must carry have a current mobile dentistry registration with the Wisconsin Department of Safety and Professional Services. Registration number should be entered into DentaSeal. Programs are individually responsible for complying with the requirements of DE-10

Clinical Protocols

Since the release of the ADA¹ and CDC² recommendations for school-based dental sealant programs, all Wisconsin SAS programs have been required to use these evidence-based recommendations when implementing programs. Programs should use the ADA and CDC recommendations when designing program policies and procedures regarding tooth selection, material selection and other clinical methods. Recommendations that Wisconsin SAS most often sees not being addressed or has implemented policies around are included in this section. All grantees should have a written protocol for both clinical and non-clinical procedures (i.e. tooth selection criteria, case management, etc). This written protocol should be onsite with programs at all times and reviewed annually with all clinical providers for quality assurance.

1) Use of self-etch materials.

Wisconsin SAS programs are not allowed to use self-etching bonding agents such as the 3M Adaptor "L-Pop". Retention rates were found to be lower through the use of these types of products. The Wisconsin SAS program will not reimburse programs for these materials.

2) Use of explorers

The use of explorers is not necessary for the detection of early lesions, and forceful use of a sharp explorer can damage tooth surfaces.^{3,4,5,6} Visual inspection of the tooth surface is the recommended method of determining the need for a sealant. SAS will not reimburse for the cost of explorers and requires programs to follow evidenced-based guidelines and not use explorers for caries detection.

3) Use of radiographs

The clinician should use recent radiographs, if available, in the decision-making process but should not obtain radiographs for the sole purpose of placing sealants. Visual inspection of the tooth surface is the recommended method of determining the need for a sealant.

4) Use of other caries detection devices

Devices such as the Diagnodent and other laser caries detection systems should only be used as an adjunct in determining sealant placement need. Relying only on these devices can result in premature restorative intervention.^{7,8}

5) Sealing non-cavitated lesions

Programs should review the ADA¹ and CDC² documents on placing sealants on non-cavitated lesions to prevent the progression of disease. This includes placing sealants on areas often identified as “watch” areas where the decay has not progressed past the dentin-enamel junction.

6) Using resin-based sealant versus glass-ionomer

A number of sealant materials are commercially available. There are considerations that narrow the choices of sealant materials allowable for school-based sealant programs. Wisconsin SAS funded programs must use resin-based sealant material with no more than 10 percent filler by weight. Filled materials require occlusal adjustment which is not in the dental hygiene scope of practice. Programs that have a dentist on site to adjust occlusion may use a resin-based sealant with a higher percent of filler.

7) Preparation of the tooth prior to sealant placement

Mechanical preparation prior to using a phosphoric acid etch material is NOT required.^{9,10,11,12,13,14} Four-handed technique should be used when placing resin based sealants when available.¹⁵ There is not a difference in retention of sealants when using either toothbrush or mechanical prophylaxis brush/cup so a toothbrush can be used to clean the grooves of molars prior to etching. Simply brushing the tooth surfaces to be sealed does not constitute a prophylaxis and therefore should not be billed as such.

8) Retention Checks

Retention checks can detect clinical problems related to application technique, equipment and/or dental materials. The Wisconsin SAS program requires retention checks be performed on at least 10 percent of the children sealants receiving sealants at EACH school. Retention checks should be performed 8 to 14 months after sealant placement and, when possible, by a dental professional that did not place the sealant initially.

9) Fluoride varnish

All programs are required to provide 2-3 fluoride varnish treatments over the course of 12 months to each participating child. Programs must ensure their work plan allows for this requirement to be met. Fluoride varnish application protocols should be defined in the RFP and approved by the Wisconsin SAS administrators.

10) Basic Screening Survey (BSS) criteria

All programs should calibrate clinical staff in order to ensure data collected is done using BSS criteria. All data in SEALS should be recording using the BSS criteria as a guide. See Appendix B.

XI. References

1. Beauchamp J, (et. al) Evidence-based clinical recommendations for the use of pit-and-fissure sealants: A report of the American Dental Association Council on Scientific Affairs. JADA 2008;139(3):257-267
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3. American Dental Association, Council on Access, Prevention and Interprofessional Relations. Caries diagnosis and risk assessment: a review of preventive strategies and management. JADA 1995;126(suppl):1S-24S.
4. Bader JD, Brown JP. Dilemmas in caries diagnosis. JADA 1993;124(6):48-50.
5. Dodds MW. Dilemmas in caries diagnosis: applications to current practice and need for research. J Dent Educ 1993;57(6):433-438.
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9. Yazici AR, Kiremitçi A, Celik C, Ozgünaltay G, Dayangaç B. A two-year clinical evaluation of pit and fissure sealants placed with and without air abrasion pretreatment in teenagers. *JADA* 2006;137(10):1401-1405.
10. Shapira J, Eidelman E. The influence of mechanical preparation of enamel prior to etching on the retention of sealants. *J Pedod* 1982;6(4):283-287.
11. Shapira J, Eidelman E. The influence of mechanical preparation of enamel prior to etching on the retention of sealants: three-year follow-up. *J Pedod* 1984;8(3):272-277.
12. Kanellis MJ, Warren JJ, Levy SM. Comparison of air abrasion versus acid etch sealant techniques: six-month retention. *Pediatr Dent* 1997;19(4):258-261.
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14. Shapira J, Eidelman E. Six-year clinical evaluation of fissure sealants placed after mechanical preparation: a matched pair study. *Pediatr Dent* 1986;8(3):204-205.
15. Griffin SO, Jones K, Gray SK, Malvitz DM, Gooch BF. Exploring four-handed delivery and retention of resin-based sealants. *JADA* 2008;139(3):281-289.

Appendix A – Invoice/Request for Reimbursement

WI Seal-A-Smile
Invoice/Reimbursement Request 2017-18
Please send this request via e-mail/fax/USPS to:
Matt Crespin, Associate Director
Children’s Health Alliance of Wisconsin
(414) 337-4562, telephone
mcrespin@chw.org
(414) 266-4876, fax

Date of Invoice: _____

Program Name: _____

Fiscal Agency/Organization: _____

*Checks will be made out to this entity unless otherwise noted.

Fiscal Agent Contact person: _____

Address: _____

Telephone Number: _____

Total Amount of Invoice/Reimbursement Request(Boxes A-E):

Please itemize your request in the space below.

\$

A. Personnel:

\$

* Itemize personnel (name, title, FTE, rate of pay, fringes)

B. Contracted Staff Costs:

\$

*Include name and contact information of each subcontractor and rate of pay.

C. Supplies:

\$

*Include copy of invoice/receipt.

D. Travel:

\$

*Include miles traveled and rate of pay or copy of receipts for hotel/meals.

E. Equipment:

\$

*Include copy of invoice/receipt.

Authorized Fiscal Agent Signature: _____

Please ensure that requested amounts do not exceed amounts in the approved budget either in total or by category. You will receive payment in 4-6 weeks.

Appendix B - BSS Criteria

Untreated Cavities SEALS question #12	SEALS Code	How detected	Examples
No Untreated Cavities	0	<ul style="list-style-type: none"> Visual inspection Explorer not used 	<ul style="list-style-type: none"> Stained pit and fissure with no apparent breakdown of the enamel structure. White spot lesions. Broken or chipped tooth with no caries found. Broken filling without recurrent decay (considered treated decay).
Untreated Cavities Present	1	<ul style="list-style-type: none"> Visual inspection Can readily observe breakdown of the enamel surface Explorer not used. 	<ul style="list-style-type: none"> Cavitated lesions only. Pits and fissures and smooth tooth surfaces with cavitated lesions. Retained root – screener to assume that the whole tooth was destroyed by caries.

Treatment Urgency SEALS question #15	SEALS Code	Recommendation for next dental visit	Criteria	Example
No Obvious Problems	0	Next routine dental checkup	No untreated decay or other dental problems	<ul style="list-style-type: none"> Patient having no problems Primary tooth with untreated decay about to exfoliate
Early	1	Within next several weeks or before next regularly scheduled dental appointment	Needs to see the dentist but has no pain or infection	<ul style="list-style-type: none"> Broken or missing filling Untreated decay
Urgent	2	Within 24 to 48 hours	Signs or symptoms that include pain, infection, or swelling	<ul style="list-style-type: none"> In children, the most common reason for needing urgent care is an abscess

Association of State and Territorial Dental Directors. (2008). Basic screening surveys: An approach to monitoring community oral health: Preschool & school children. Retrieved 8/13/12 from: <http://www.astdd.org/docs/BSSChildrensManual20081revised2.9.2010.pdf>

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