



# DENTAL TRANSFORMATION INITIATIVE CRIHB LOCAL DENTAL PILOT PROJECT Oral Health Care Coordinator Toolkit



CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

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# Dental Transformation Initiative CRIHB Local Dental Pilot Project Oral Health Care Coordinator Toolkit

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## Dental Transformation Initiative: What's it All About?

The Dental Transformation Initiative (DTI) is an extensive, multi-year project sponsored by the California Department of Health Care Services. DTI is designed to improve the dental health of Medi-Cal children ages 0-20 by increasing the use of preventive dental services with the goal of decreasing dental caries and the need for restorative dental services. Continuity of care is a cornerstone of the DTI. Improvement in dental care is critical to achieving overall better health outcomes for Medi-Cal beneficiaries, especially children.

DTI is divided into four domains, each approaching the goal in slightly different ways.

**Domain 1:** The goal of Domain 1 is to increase statewide the proportion of children ages 1 through 20 enrolled in Medi-Cal who receive a preventive dental service by 10 percentage points over a five-year period. Offices achieving their incremental goals each year will receive substantial incentive payments.

**Domain 2:** The goal of Domain 2 is to diagnose early childhood caries by utilizing Caries Risk Assessments (CRA) in order to manage the disease of caries using preventive services and non-invasive treatments instead of more invasive and costly restorative procedures. Domain 2 lasts four years and is limited to Medi-Cal children ages six and under. Only providers in select counties who have completed training are eligible to participate in this domain. Providers will receive incentive payments for completing CRA, developing treatment plans, providing nutritional counseling, and performing motivational interviewing.

**Domain 3:** The goal of Domain 3 is to increase continuity of care for Medi-Cal beneficiaries ages 20 and under by paying an incentive to offices that provide a dental exam for 2, 3, 4, 5, and 6 continuous periods. Domain 3 is available in select counties.

**Domain 4:** The goal for Domain 4 is to address one or more of the previous three domains through alternative programs, potentially using strategies focused on rural areas, including local case management initiatives and education partnerships. There are fifteen approved Local Dental Pilot Programs (LDPPs), each approaching the project in unique ways. You can read about the plans of the selected programs on the Domain 4 webpage at <http://www.dhcs.ca.gov/provgovpart/Pages/dtidomain4.aspx>. California Rural Indian Health Board's (CRIHB) Dental Project is an approved LDPP.

For more information about the DTI visit the DTI webpage at <http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx>.

## The CRIHB Local Dental Pilot Project

CRIHB's Local Dental Pilot Project (LDPP) integrates Domains 1 and 2 into one project. While Domains 1 and 2 focus on the dental office, CRIHB's LDPP takes place in the *primary care medical* setting. This change is based on the fact that far more children regularly receive primary care services than dental services. If we can assess caries risk, implement fluoride varnish, and refer children for dental care from the medical clinic, we can greatly increase utilization of preventive dental procedures, resulting in a decrease in the need for more costly restorative procedures.

CRIHB's LDPP consists of two parts:

**Pilot 1: Increased Oral Health Access** focuses on Domain 1. An Oral Health Care Coordinator (OHCC) will be integrated into the primary care setting (or Head Start/WIC) to provide oral health education and dental referrals, with a particular emphasis on increasing oral health access to care. Success will be measured by an increased number of fulfilled dental referrals and dental appointments among this target population.

**Pilot 2: Caries Risk Assessments (CRA)** focuses on Domain 2. The integrated OHCC will perform an oral health screening, a CRA, and place fluoride varnish in tandem with well-child visits. Success will be measured by a decreasing level of caries risk over time and the decreased proportion of restorative treatment to preventive services.



## CRIHB LDPP Oral Health Care Coordinator Duties

The purpose of the Local Dental Pilot Project (LDPP) is to increase the number of Medi-Cal beneficiary children who are receiving dental care. The mechanism for this is for a 0.5 FTE dedicated Oral Health Care Coordinator (OHCC) to see children in the *medical* clinic in conjunction with their well-child visits.

During these well-child visits, the OHCC is to:

- Perform a CRA using the provided DTI forms.
- Perform an oral health screening.
- Using the results of the CRA, work with the parent and/or child to make self-management goals to improve caries risk.
- Deliver oral hygiene instruction.
- Apply fluoride varnish.
- Record the outcome of the CRA (code 0601, 0602, or 0603), the oral hygiene instruction, self-management goals, and the application of fluoride varnish in the **Electronic Health Record in medical**. **There are no supplies or billable dental services to be paid for by the LDPP** as they are performed in medical under the supervision of the physician, not in dental. Do not record or bill these procedures in dental.
- Hand off the child to the dental clinic. Any dental care performed in the dental clinic is now recorded and billed in the dental record.
- Follow the child to ensure that they complete their dental care.

As part of their duties, the OHCCs will also:

- Participate in Case Management Training.
- Report monthly on children they have seen as part of their duties in the medical clinic.
- Attend the monthly LDPP webinars.
- Conduct community outreach.
- Invoice quarterly for salary reimbursements (may be designated to another person).

## Dental Project Oral Health Care Coordinator Duties—Head Start/WIC

The purpose of the Local Dental Pilot Project (LDPP) is to increase the number of Medi-Cal beneficiary children who are receiving dental care. The mechanism for this is for a 0.5 FTE dedicated Oral Health Care Coordinator (OHCC) who will see children in the course of their Head Start/WIC duties.

During these visits, the OHCC is to:

- Deliver oral hygiene instruction.

- Hand off the child to the dental clinic. Any dental care performed in the dental clinic is now recorded and billed in the dental record.
- Follow the child to ensure that they complete their dental care.

Optional but recommended:

- Perform a CRA using the provided DTI forms.
- Perform an oral health screening.
- Using the results of the CRA, work with the parent and/or child to make self-management goals to improve caries risk.
- Record the outcome of the CRA (code 0601, 0602, or 0603), the oral hygiene instruction, and the self-management goals to aid in follow up with the child.

As part of their duties, the OHCCs will also:

- Participate in Case Management Training.
- Report monthly on children they have seen as part of their duties.
- Attend the monthly LDPP webinars.
- Conduct community outreach.
- Invoice quarterly for salary reimbursements (may be designated to another person).

## Who Can Be an Oral Health Care Coordinator?

Anyone can be trained to be an OHCC. The main duties of the OHCC are performed in a primary care setting; however, the OHCC falls under the Medical Practice Act. The OHCC will be functioning essentially as a Medical Assistant (MA) while in the medical office. Section 1366 of the California Code of Regulations states that an MA may perform services such as administering a CRA or applying fluoride varnish under the general supervision of a licensed physician, who has the responsibility to ascertain the proficiency of the MA to perform those tasks at the appropriate standard of care. Training for how to perform a CRA or fluoride varnish can be accessed from the Resources section of this publication. If the supervising physician is unfamiliar with oral screenings, CRA, or fluoride varnish, he/she is strongly encouraged to view the trainings in the Resources section.

To meet the legal supervision requirement, the physician may issue a “standing order” for CRAs and fluoride varnish to be performed. A sample standing order is attached in Appendix A.



# Caries Risk Assessment

## Why do it?

Caries Risk Assessment (CRA) fosters the treatment of *the disease process* instead of treating *the disease outcome*. If we can interrupt the disease process, we can prevent the disease from progressing in the first place. It allows us to understand the individual factors of caries risk for each specific child so that we can provide individualized preventive interventions.

As part of our individualized care plans, we may:

- Provide dietary counseling.
- Guide and support parents and children in self-management goals.
- Deliver preventive measures, such as dental referrals, oral hygiene education, and fluoride varnish application.
- Schedule recare appropriate to the caries risk.

## Caries Risk Assessment Tool

See Appendix B and C for the CRA forms.

The CRA tool we use in the Dental Project was developed by the Department of Health Care Services CRA Workgroup for the DTI. The form allows our OHCCs to gather information to classify children into high, moderate, or low caries risk categories. It identifies the key risk and protective factors for the management of caries. We can use that information to help set self-management goals and motivate the patients.

Top: Ensure that the top portion of the CRA form is completed with all the information.

Patient Name: _____		
ID# _____	Age: _____	Date of Birth: _____
Assessment Date: _____		
Please indicate whether this is a BASELINE assessment or a FOLLOW-UP VISIT _____		
Provide follow-up visit #) _____		

**Section 1** items (a)-(g) are the biological and behavioral risk factors that predispose a child to dental caries. This section should be completed via an interview with the caregiver and/or the child. Any “yes” answers in this section are indicators for **moderate risk**.

Assessment through interview and clinical examination	High Risk	Moderate Risk	Low risk	Priority for Self-management goal
	Check All That Apply			
<b>1. Risk factors (Biological and Behavioral Predisposing factors)</b>				
(a) Child sleeps with a bottle containing a liquid other than water, or nurses on demand		Yes <input type="checkbox"/>	No risk factors	
(b) Frequent use beverages other than water including sugary beverages, soda or juice		Yes <input type="checkbox"/>		
(c) Frequent (>3 times/day) between-meal snacks of packaged or processed sugary foods including dried fruit		Yes <input type="checkbox"/>		
(d) Frequent or regular use of asthma inhalers or other medications which reduce salivary flow		Yes <input type="checkbox"/>		
(e) Child has developmental disability/CSHCN (child with special health care needs)		Yes <input type="checkbox"/>		
(f) Child's teeth not brushed with fluoride toothpaste by an adult twice per day		Yes <input type="checkbox"/>		
(g) Child's exposure to other sources of fluoride (fluoridation or fluoride tablets) is <b>inadequate</b>		Yes <input type="checkbox"/>		

Note: To determine if a water system is fluoridated, visit the California State Water Resources Control Board at [http://www.waterboards.ca.gov/drinking\\_water/certlic/drinkingwater/Fluoridation.shtml](http://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/Fluoridation.shtml).

**Section 2** items (a)-(c) are completed by visually inspecting the child's mouth for signs of disease. Signs that the disease process has affected tooth structure automatically place a child into a **high risk category**.

<b>2. Disease indicators/risk factors—clinical examination of child</b>				
(a) Obvious white spots, decalcifications, enamel defects or obvious decay present on the child's teeth	Yes <input type="checkbox"/>	No disease indicators	No disease indicators	
(b) Restorations in the past 12 months (past caries experience for the child)	Yes <input type="checkbox"/>			
(c) Plaque is obvious on the teeth and/or gums bleed easily		Yes <input type="checkbox"/>		
<b>OVERALL ASSESSMENT OF RISK* (Check)</b>	HIGH <input type="checkbox"/> Code 0603	MODERATE <input type="checkbox"/> Code 0602	LOW <input type="checkbox"/> Code 0601	

### How to Spot Dental Disease

Look for obvious white spots, decalcifications, enamel defects, or obvious decay.



White spot lesions and decalcifications occur in areas where plaque builds up.



Inflamed gums may also occur where plaque builds up



### Caries Risk Assessment Results

- ▶ YES to any one indicator in the HIGH RISK COLUMN = **HIGH RISK** [Presence of disease or recent disease experience].
- ▶ YES to one or more factors/indicators in the MODERATE RISK COLUMN in the absence of any HIGH RISK indicators = **MODERATE RISK** [Presence of a risk indicator; no disease].
- ▶ Absence of factors in either high or moderate risk categories = **LOW RISK**.

Moderate Risk	High Risk
Frequent carbohydrates	White spot lesions
Visible plaque	Active caries
Low fluoride exposure	Restorations previous 12 months
Low saliva flow	
Low risk indicated by absence of factors in either category	

# Conducting Your Oral Health Care Appointment

Information for this section comes from the program “TYKE: Treating Young Kids Everyday,” a free online program of the California Dental Association for educating and training dental and primary care teams in using CRA and early intervention to reduce Early Childhood Caries. See *Resources* section for link.

## Preparation

In preparing for your Oral Health Care Appointment, you will need the following items:

- Caries Risk Assessment (CRA) form or electronic questionnaire
- Self-Management and Goal Setting Handout
- Clinical Supplies
  - Gauze
  - Toothbrush
  - Gloves
  - Light source
  - Fluoride varnish

## Overview of the 7 Steps

- |                       |                               |                             |
|-----------------------|-------------------------------|-----------------------------|
| 1. Interview          | 4. Toothbrush prophylaxis     | 6. Summary and goal setting |
| 2. Position the child |                               |                             |
| 3. Oral examination   | 5. Fluoride varnish treatment | 7. Documentation            |

## Step 1: Interview/CRA

### Build Rapport with the Child

- Play and talk with the child.
- Distract with toys or a baby toothbrush while you talk with the caregiver.
- Ask staff to occupy the child during the interview.

### Interview the Caregiver (Begin Anticipatory Guidance)

- Closed questions.
- Open-ended questions.
- Questions will follow the CRA form:
  - Bottle use and other dietary habits
  - Reduced salivary flow
  - Developmental disabilities or special needs



- Daily hygiene habits
- Fluoride exposure (keep local fluoridation chart handy)
- Frequency of cavities in primary caregivers and siblings

## Step 2: Position the Child

- Position knee-to-knee.
- Slowly lower the child onto your lap.
- Caregiver holds the child's hands and helps to keep the child stable.



- Expect crying.
  - Bad news: The child is crying!
  - Good news: You can see the teeth clearly!
- Tips for Behavior Management
  - Focus on the nature of the cry.
  - Use distraction techniques.
  - Use the “tell, show, do” method with older children.
  - Use positive self-talk.
  - Above all, stay calm.



### Step 3: Oral Examination

- Look for:
  - Presence of thick plaque
  - Chalky white spots, brown spots, or obvious dental caries
  - Recent restorations
  - Tooth defects
  - Abscesses
  - Visually inadequate saliva flow
- Show caregivers any signs of tooth decay.
- Teach the caregiver to “lift the lip” to check for chalky white spots or brown spots.



#### Step 4: Toothbrush Prophylaxis

- Remove plaque thoroughly (or help the child or parent do it) with a toothbrush.
- Discuss home care.
- Reinforce the use of a small smear of fluoride toothpaste for infants, pea-size for older children.



- At-home care:
  - Begins when first tooth erupts.
  - Cleaning method for small children can include:
    - The knee-to-knee position
    - Baby on lap with face up
    - Cleaning front of teeth during bath time or while on the changing table
  - Include fluoride toothpaste in the daily routine.

#### Step 5: Fluoride Varnish Treatment

- Get started:
  - Dry teeth lightly with a gauze square.
  - Open the packet of varnish.
  - Stir with applicator.
- Apply varnish:
  - Do the outsides of all teeth and then the insides.
  - Begin with lower teeth.
  - Repeat with upper arch.
  - Less is more!





- Finish up:
  - Raise the child back into the caregiver's arms for comforting.
  - Provide child with toy to play with.
  - Tell the parent: "don't brush until the next day."

## Step 6: Summary & Goal Setting

- Summarize your findings for the parent and the child.
- Recommend follow-up care.
- Discuss risk and determine appropriate recare interval.
- Set goals for home care using **motivational interviewing**.
- See a link to the *Self-Management Goals for Parent/Caregiver* form on the resources page.

## Motivational Interviewing

- Understand why they do/do not want to change behaviors.
- Discover changes they are willing to make.
- Set 1 or 2 short-term goals, using the "self-management" sheet for younger children.
- Ask open-ended questions.
  - Can you tell me what brushing your child's teeth looks like in your family?
- Affirmations.
  - "Thank you for bringing Julie in today. I can imagine how busy your schedule is."
- Reflective listening.
  - "I hear that you would like to limit Julie's snacking on cookies and other sugary treats, but you are also a bit worried that she will cry and be unhappy if you tell her 'no' when she asks for a cookie. Is that right?"
- Summarize.
  - "You have set goals to increase Julie's fruit and vegetable snacks and replace the milk in her bedtime bottle with water, that's great! We will be following up on the progress you are making with these goals when we see Julie at her next appointment in 3 months."

- Small Steps for Change.
  - Choose 1 or 2 key messages.
  - Remain positive.
  - Treat patients with respect and kindness.
  - It takes multiple triggers over time to change behavior.



### Step 7: Documentation

The following dental codes may be used to document what you do in an oral health care visit. However, most of these are not billable in a primary care setting. (\*) items may be reimbursed depending on the type of Medi-Cal arrangement your clinic has. Regardless of billing status, it is important to accurately document what you have done, especially the fluoride varnish and caries risk assessment.

- \*D0601 – CRA, low risk
- \*D0602 – CRA, moderate risk
- \*D0603 – CRA, high risk
- D0140 – Limited oral evaluation, problem focused
- \*D0145 – Oral evaluation for patient under 3 years of age and counseling with primary caregiver
- D1310 – Nutritional counseling for the control of dental disease
- D1330 – Oral hygiene instruction
- D9993 – Motivational Interviewing
- \*D1206 – Topical application of fluoride varnish
- \*If bringing a child back for an additional fluoride varnish application, may also bill for 99211 – office visit as well as D1206 – fluoride varnish

## Resources

- “TYKE: Treating Young Kids Everyday,” a free online program of the California Dental Association for educating and training dental and primary care teams in using CRA and early intervention to reduce Early Childhood Caries. It can be found at <https://www.cda.org/member-resources/education/tyke-training>.
- Another valuable resource is “Smiles for Life: A National Oral Health Curriculum,” a free online series of courses designed to ensure the integration of oral health and primary care. The three courses listed below apply to our dental project and can be found at <https://smilesforlifeoralhealth.org/buildcontent.aspx?pagekey=101554&lastpagekey=62948&userkey=13391359&sessionkey=3732295&tut=555&customerkey=84&custsitegroupkey=0>.
  - Course #2 Child Oral Health
  - Course #6 Caries Risk Assessment, Fluoride Varnish, and Counseling
  - Course #7 The Oral Exam
- Self-Management Goals for Parent/Caregivers form can be downloaded from [https://www.cda.org/Portals/0/pdfs/tyke\\_self\\_mgmt\\_goals\\_for\\_parent.pdf](https://www.cda.org/Portals/0/pdfs/tyke_self_mgmt_goals_for_parent.pdf).

# Appendix

## Appendix A

### Sample Standing Orders:

#### Topical Fluoride Varnish Application

1. Secure parental permission to apply fluoride varnish.
2. Open the unit dose fluoride varnish package.
3. Position the child in the knee to knee position for babies and children under the age of two. For children 3 years and older, have them stand in front of you.
4. Dry the teeth using the gauze squares.
5. Apply the fluoride with disposable applicator to every surface of all the teeth.
6. Instructions to be given to parent/guardians
  - a. The fluoride will harden when it is wet with saliva
  - b. The fluoride varnish may have a yellow color but will come off the next time the teeth are brushed.
  - c. Follow the manufacturer's directions for advice about when to brush the teeth and eat or drink.
7. Remind parents to brush their children's teeth daily with fluoride toothpaste.

Note: During all steps, be sure to follow the principles of infection control.

All of the supplies are disposable and intended for single use only.

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Physician Signature

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Date

Note: When applying fluoride varnish in community-based settings such as Head Start, please note that these standing orders only apply to qualified American Indian and Alaska Native children.

**Appendix B: California Department of Health Care Services  
Domain #2 Caries Risk Assessment Form for Children <6 Years of Age**

Patient Name: \_\_\_\_\_

ID# \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

Please indicate whether this is a BASELINE assessment or a FOLLOW-UP VISIT \_\_\_\_\_

Provide follow-up visit #) \_\_\_\_\_

<b>RISK ASSESSMENT</b>				
Assessment through interview and clinical examination	High Risk	Moderate Risk	Low risk	Priority for Self-management goal
	Check All That Apply			
<b>1. Risk factors (Biological and Behavioral Predisposing factors)</b>				
(a) Child sleeps with a bottle containing a liquid other than water, or nurses on demand		Yes <input type="checkbox"/>	No risk factors	
(b) Frequent use beverages other than water including sugary beverages, soda or juice		Yes <input type="checkbox"/>		
(c) Frequent (>3 times/day) between-meal snacks of packaged or processed sugary foods including dried fruit		Yes <input type="checkbox"/>		
(d) Frequent or regular use of asthma inhalers or other medications which reduce salivary flow		Yes <input type="checkbox"/>		
(e) Child has developmental disability/CSHCN (child with special health care needs)		Yes <input type="checkbox"/>		
(f) Child's teeth not brushed with fluoride toothpaste by an adult twice per day		Yes <input type="checkbox"/>		
(g) Child's exposure to other sources of fluoride (fluoridation or fluoride tablets) is <b>inadequate</b>		Yes <input type="checkbox"/>		
<b>2. Disease indicators/risk factors—clinical examination of child</b>				
(a) Obvious white spots, decalcifications, enamel defects or obvious decay present on the child's teeth	Yes <input type="checkbox"/>	No disease indicators	No disease indicators	
(b) Restorations in the past 12 months (past caries experience for the child)	Yes <input type="checkbox"/>			
(c) Plaque is obvious on the teeth and/or gums bleed easily		Yes <input type="checkbox"/>		
<b>OVERALL ASSESSMENT OF RISK* (Check)</b>	HIGH <input type="checkbox"/> Code 0603	MODERATE <input type="checkbox"/> Code 0602	LOW <input type="checkbox"/> Code 0601	

\*YES to any one indicator in the HIGH RISK COLUMN = **HIGH RISK** [Presence of disease or recent disease experience]. YES, to one or more factors/indicators in the MODERATE RISK COLUMN in the absence of any HIGH RISK indicators = **MODERATE RISK** [Presence of a risk indicator; no disease]. Absence of factors in either high or moderate risk categories = **LOW RISK**

**RISK ASSESSMENT CODE THIS VISIT D060**\_\_\_\_\_ **RISK ASSESSMENT CODE LAST VISIT D060**\_\_\_\_\_

### **SELF MANAGEMENT GOALS AND PLANS**

**3. (a) Identify one or two Self-Management Goals for parent/caregiver or child**

**(b) Counsel the mother or primary caregiver to seek dental care**

Yes ☐ No ☐

Plan for next visit: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Adapted from CAMBRA risk assessment, CDA Journal, October 2011, vol 139, no 10

# Appendix C: California Department of Health Care Services Caries Risk Assessment Form for Children >5 Years of Age

Patient Name: \_\_\_\_\_

ID# \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

Please indicate whether this is a BASELINE assessment or a FOLLOW-UP VISIT \_\_\_\_\_

Provide follow-up visit #) \_\_\_\_\_

RISK ASSESSMENT				
Assessment through interview and clinical examination	High Risk	Moderate Risk	Low risk	Priority for Self-management goal
Check All That Apply				
<b>1. Risk factors (Biological and Behavioral Predisposing factors)</b>				
(a) Frequent use beverages other than water including sugary beverages, soda or juice		Yes <input type="checkbox"/>	No risk factors	
(b) Frequent (>3 times/day) between-meal snacks of packaged or processed sugary foods including dried fruit		Yes <input type="checkbox"/>		
(c) Frequent or regular use of asthma inhalers or other medications which reduce salivary flow		Yes <input type="checkbox"/>		
(d) Child has developmental disability/CSHCN (child with special health care needs)		Yes <input type="checkbox"/>		
(e) Child's teeth not brushed with fluoride toothpaste twice per day		Yes <input type="checkbox"/>		
(f) Child's exposure to other sources of fluoride (fluoridation or fluoride tablets) is <b>inadequate</b>		Yes <input type="checkbox"/>		
<b>2. Disease indicators/risk factors—clinical examination of child</b>				
(a) Obvious white spots, decalcifications, enamel defects or obvious decay present on the child's teeth	Yes <input type="checkbox"/>	No disease indicators	No disease indicators	
(b) Restorations in the past 12 months (past caries experience for the child)	Yes <input type="checkbox"/>			
(c) Plaque is obvious on the teeth and/or gums bleed easily		Yes <input type="checkbox"/>		
<b>OVERALL ASSESSMENT OF RISK* (Check)</b>	HIGH <input type="checkbox"/> Code 0603	MODERATE <input type="checkbox"/> Code 0602	LOW <input type="checkbox"/> Code 0601	



\*YES to any one indicator in the HIGH RISK COLUMN = **HIGH RISK** [Presence of disease or recent disease experience]. YES, to one or more factors/indicators in the MODERATE RISK COLUMN in the absence of any HIGH RISK indicators = **MODERATE RISK** [Presence of a risk indicator; no disease]. Absence of factors in either high or moderate risk categories = **LOW RISK**

**RISK ASSESSMENT CODE THIS VISIT D060**\_\_\_\_\_ **RISK ASSESSMENT CODE LAST VISIT D060**\_\_\_\_\_

### **SELF MANAGEMENT GOALS AND PLANS**

**3. (a) Identify one or two Self-Management Goals for parent/caregiver or child**

**(b) Counsel the mother or primary caregiver to seek dental care**

Yes ☐ No ☐

Plan for next visit: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Adapted from CAMBRA risk assessment, CDA Journal, October 2011, vol 139, no 10



## CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.



<b>Dental Transformation Initiative Local Dental Pilot Project Monthly Reporting</b>	
<b>Month:</b>	
<b>Clinic Site:</b>	
<b>Oral Health Care Coordinator:</b>	
<b>Phone:</b>	<b>E-mail:</b>
<b><i>Dental Referrals</i></b>	
1. Number of Medi-Cal children age 0-20 whom you referred for dental services this month.	
2. Number of Medi-Cal children age 0-20 who received dental services as a result of your efforts this month.	
3. Number of Medi-Cal children age 0-20 to whom you provided oral health education this month.	
<b><i>Dental Procedures</i></b>	
1. Number of fluoride varnish applications performed by you this month.	
2. Number of Caries Risk Assessments (CRA) performed by you this month.	
3. Number of dental treatment plans completed this month.	
<b><i>Head Start Only</i></b>	
Number of enrolled Head Start children.	
<b>Comments:</b>	
What project challenges have you faced this month?	
What successes did you achieve this month?	

## Appendix E

### Monthly Reporting Form Instructions

Note: All numbers refer to Tribal *and* non-Tribal children. There is no need to separate them.

#### Dental Referrals

1. Number of Medi-Cal children age 0-20 whom you referred for dental services this month.
  - If you referred them to the dental clinic as part of your well-child medical clinic visit, then it counts here.
2. Number of Medi-Cal children age 0-20 who received dental services as a result of your efforts this month.
  - This includes **ONLY** those children who have been seen in the dental clinic as of the end of the month. Many children will have future appointments for the following month(s). They should not be counted in this category until they have at least one dental appointment in the current month.
  - They should be counted in every month that they received dental services until their treatment plan is complete.
3. Number of Medi-Cal children age 0-20 to whom you provided oral health education this month.
  - Some of you are providing oral health education to the children and/or parents in your well-child medical clinic visits. This is where you count these patients.

#### Dental Procedures

1. Number of fluoride varnish applications performed by you this month.
  - This includes fluoride varnish applications done **by you** as part of the well-child medical clinic visit. Fluoride varnish applications done in the dental clinic as part of a dental visit do not count here. This is to encourage more fluoride varnish applications for high risk children each year in a primary care setting—up to 3 in medical, in addition to the 2 in dental (more on this later)
2. Number of Caries Risk Assessments (CRA) performed by you this month.
  - This is CRAs done **by you** as part of the well-child medical clinic visit.
3. Number of dental treatment plans completed this month.
  - This will require you to keep track of your referrals and follow up with the dental staff to find out when treatment plans are complete.

## AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Completion of this document authorizes the disclosure and use of health information about you. Failure to provide all information requested may invalidate this authorization.

Name of patient: \_\_\_\_\_

### USE AND DISCLOSURE OF HEALTH INFORMATION

I hereby authorize: \_\_\_\_\_ to release to:

\_\_\_\_\_  
*(Persons/Organizations authorized to receive the information)*

\_\_\_\_\_  
*(Address – street, city, state, zip code)*

The following information:

- a. ☐ All health information pertaining to my dental history and treatment received.

### PURPOSE

Purpose of requested use or disclosure:

Local Dental Pilot Project for the Dental Transformation Initiative administered by the California Rural Indian Health Board, Inc.

Limitations, if any: \_\_\_\_\_

### EXPIRATION

This authorization expires on (date): January 31, 2021

### MY RIGHTS

- I may refuse to sign this authorization. My refusal will not affect my ability to obtain treatment or payment or eligibility for benefits.

- I may inspect or obtain a copy of the health information that I am being asked to have released.
- I may revoke this authorization at any time, but I must do so in writing and submit it to the following address: \_\_\_\_\_

My revocation will take effect upon receipt, except to the extent that others have acted in reliance upon this authorization.

- I have a right to receive a copy of this authorization.
- Information disclosed pursuant to this authorization could be redisclosed by the recipient. Such redisclosure is in some cases not prohibited by California law and may no longer be protected by federal confidentiality law (HIPAA). However, California law prohibits the person receiving my health information from making further disclosure of it unless another authorization for such disclosure is obtained from me or unless such disclosure is specifically required or permitted by law.

## SIGNATURE

Date: \_\_\_\_\_ Time \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
(*patient/legal representative*)

If signed by a person other than the patient, indicate relationship: \_\_\_\_\_

Print name: \_\_\_\_\_  
(*legal representative*)

## NOTES FOR PROVIDERS THAT USE THIS FORM:

- If the purpose of the authorization is to use the information for marketing by a third party that remunerates the provider, a statement to this effect must be included in this authorization form.
- If the purpose of the authorization is for the sale of protected health information (PHI), this form must state whether the PHI can be further exchanged for remuneration by the initial recipient.