



**DHEC PUBLIC HEALTH DENTAL  
PREVENTION PROGRAM**  
**Guidelines**

Public Health Setting: South Carolina Public Schools

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Division of Oral Health  
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## **Section 1: Purpose**

The purpose of the Program Guidelines for the South Carolina Department of Health and Environmental Control (DHEC) Public Health Dental Prevention Program (PHDPP) is to provide dental providers that enter into a Memorandum of Agreement with DHEC with clearly stated expectations and standards for the DHEC PHDPP. The Memorandum of Agreement(MOA) and the DHEC PHDPP Guidelines are utilized for evaluating the DHEC PHDPP statewide effort and the individual Mobile Delivery Dental Providers (MDD Provider) that participate in it.

**These Guidelines are established and approved to implement the Public Health Dental Prevention Program in South Carolina's public schools, as defined in the Dental Practice Act 2003 (S.C. Code Section 40-15-110).**

## **Section 2: Regulatory Compliance**

The South Carolina State Board of Dentistry regulates the practice of dentistry. The South Carolina Dental Practice Act 2003 established DHEC's role in coordination of a Public Health Dental Prevention Program using public-private partnerships to deliver preventive dental services in public health settings that address the needs of priority populations identified by standard public health principles. Section 40-15-110 of the Dental Practice Act refers to DHEC and the delivery of preventive dental services through a Public Health Dental Prevention Program. The South Carolina Dental Practice Act 2003 can be accessed at: <http://www.scstatehouse.gov/code/t40c015.php>

**These Guidelines are established and approved to implement the Public Health Dental Prevention Program in South Carolina's public schools, as defined in the Dental Practice Act 2003 (S.C. Code Section 40-15-110).**

### ***Supervising Dentist***

According to the Dental Practice Act, S.C. Code Section 40-15-102(E): "A dentist billing for services for treatment provided by a dental hygienist in a public health setting with the Department of Health and Environmental Control as provided for in Section 40-15-110, is the provider of services and is clinically responsible for the care and treatment of the patient." Each MDD Provider provides DHEC with 1) Documentation of the name(s) of the Supervising Dentist(s); and 2) the completed Standing Orders for Dental Hygienists and if applicable, Dental Assistants that have been signed by the Supervising Dentist. Standing orders are to be submitted prior to the final execution of the Memorandum of Agreement (MOA).

Any dentist who accepts the responsibilities of a Supervising Dentist, regardless of whether he/she is billing for services for treatment, is clinically responsible for the care and treatment of each patient.

The DHEC Public Health Dental Prevention Program (PHDPP) through the Memorandum of Agreement (MOA) with the MDD Providers, requires each provider to employ a South Carolina licensed dentist who practices in South Carolina to provide supervision of the dental hygienists and dental assistants that provide preventive dental services consistent with those set forth by the South Carolina Dental Practice Act 2003, S.C. Code Section 40-15-110(A)(10)(see Table 1, below).

Supervision of the dental hygienists (DH) and the dental assistants (DA) working under the general supervision with a DHEC MOA must include the following:

- a. Continuous availability of direct communication in person or by radio, telephone or telecommunication between the DH/DA and a licensed dentist;
- b. Development and implementation of a supervision protocol for the DH/DA including predetermined clinical duties and drug protocol; and
- c. Provision of oversight in the development and implementation of all program policies.

Each MDD Provider will provide the DHEC Division of Oral Health with a copy of the supervision protocol by **July 1st** for each fiscal year.

If the supervising dentist is terminated, the MDD Provider must immediately notify DHEC, and all services provided under the MOA must be suspended until a new agreement is fully executed between a new supervising dentist and MDD Provider.

***DHEC Public Health Dental Prevention Program Authorized Services for Dental Hygienists and Dental Assistants***

Below is a chart produced by DHEC in accordance with S.C. Code Section 40-15-110 of the South Carolina Dental Practice Act. This chart details the dental services that may be performed under direction of DHEC’s State Dental Coordinator or designee by dental hygienists and dental assistants working under general supervision with a DHEC MOA for the delivery of dental prevention services in public health settings.

Public health dental program services include: oral screenings using a DHEC approved screening system, oral prophylaxis, application of topical fluoride including varnish, and the application of dental sealants.

**Table 1: DHEC Public Health Dental Prevention Program Authorized Services**

Procedure	Dental Hygienist	Expanded Duty Dental Assistant	Dental Assistant
Oral prophylaxis and assessment	✓		
Application of topical fluoride, including varnish	✓	✓	✓
Application of dental sealants	✓		
Oral screenings using DHEC approved screening system	✓	✓	✓
Primary preventive care that is reversible as defined in 40-15-110(A)(10): Atraumatic Restorative Technique (ART)/Intermediate Restorative Technique (IRT)/Caries Control Technique (CCT) and therapeutic sealants	✓		
Assist in the delivery of public health dental program services as defined in S.C. Code Section 40-15-110(A)(10): oral screenings using DHEC approved screening system, oral prophylaxis, application of topic fluoride including varnish, and application of dental sealants.	✓	✓	✓

***Mobile Dental Facilities and Portable Dental Operations***

Please access the following document that contains Regulations 39-18 for Mobile Dental Facilities and Portable Dental Operations. In 2009, the Board of Dentistry added Regulation 39- 18 to implement S.C. Code Section 40-15-172 regarding requirements of mobile dental facilities and portable dental operations by defining terms and providing for the issuance and renewal of registration.

This regulation applies to an organization or dental practice utilizing a licensed dentist or dental hygienist to operate a mobile dental facility or portable dental operation who:

- a. provides dental or dental hygiene services; and,
- b. does not have a physically stationary office at the location where the services are provided.

Access entire document at: <https://www.law.cornell.edu/regulations/south-carolina/S-C-Code-Regs-39-18>

***Place of Service Codes as defined by Centers for Medicare and Medicaid Services (CMS)***

All MDD Providers, who have entered into an MOA with DHEC to provide preventive dental services in public health settings, are required to specify the Place of Service Code (POS) on the American Dental Association Dental Claims Form 2012. For a list of Place of Service Codes and descriptions please visit the CMS website at:

[http://www.cms.gov/Medicare/Coding/place-of-service-codes/Place\\_of\\_Service\\_Code\\_Set.html](http://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html)

***Special Considerations:*** Although CMS provides a Place of Service Code (POS=15) for services provided in a mobile unit, these services are often provided to serve an entity for which another POS code exists. For example, a mobile unit may be sent to a physician's office or a school. If the mobile unit is serving an entity for which another POS code already exists, **providers should use** the POS code for that entity

**For School Sites use the following codes:**

Place of Treatment = 03
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### **Section 3: DHEC Public Health Dental Prevention Program Implementation**

Since the inception of the program following the Dental Practice Act 2003 changes, DHEC has developed, implemented and evaluated performance for the operation of the DHEC Public Health Dental Prevention Program in public schools. These measures include: increase access to preventive dental services for children in South Carolina public schools and provide dental assessment, preventive interventions and need-based dental referrals.

#### ***Policy and Procedures***

Each MDD Provider will maintain the following policies and procedures:

- a. Infection control procedure, including exposure control (federal requirement)
- b. Hazard communications (federal requirement)
- c. HIPAA Privacy Notice
- d. Patient Registration and Parent/Patient Consent Form
- e. Referral protocol and procedures
- f. Follow up protocol and procedures
- g. Supervision protocol
- h. Data management protocol
- i. Quality assurance plan (sealant application and sealant retention checks protocols – short and long term).
- j. Compliance with the SC Dental Practice Act

Refer to the Safety Net Dental Clinic Manual, Chapter 4 Clinic Operations for information and examples. Access at: <https://www.dentalclinicmanual.com/>

A copy of all written, including but not limited to the above MDD Provider's policies and procedures should be submitted annually to DHEC by **July 1st** of each fiscal year. To ensure the health, safety and privacy of school aged children served by MDD Providers in the public schools, DHEC has the right to review all the MDD Provider's policies and procedures and notify regulatory agencies if such policies and procedures are not in compliance with the requirements of state and federal laws set forth by the regulatory agencies.

#### ***Parent/Patient Forms***

A packet (hard copy or electronic media) of all forms (consent form, HIPAA notice, etc.) utilized by the MDD Provider will be submitted to DHEC with signed Memorandum of Agreement.

#### ***Infection Control***

MDD Providers must adhere to OSHA and NIOSH standards as well as to CDC guidelines on infection control and hand washing.

Resources to utilize in the development of policies and procedures for infection control are:

- a. CDC Infection Control Recommendations for Dentistry – Access at: <http://www.cdc.gov/oralhealth/InfectionControl/guidelines/index.htm>
- b. CDC Hand Hygiene Information – Access at: <https://www.cdc.gov/handhygiene/index.html>

- c. Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care – Access at: <https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/index.html>
- d. ADA Key Points on Infection Control in Dentistry- Access at: <https://www.ada.org/en/member-center/oral-health-topics/infection-control-and-sterilization>
- e. Occupational Safety and Health Administration (OSHA) regulations and interpretations – Access at: <https://www.osha.gov/SLTC/dentistry/index.html>
- f. Organization for Safety, Asepsis and Prevention (OSAP): Delivering Safest Dental Visit-Checklists – Access at: <https://www.osap.org/page/ChecklistsNonMbr>

CDC recommendations for preventing and controlling infectious diseases and managing personnel health and safety concerns related to infection control in dental settings. Access at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

***Schools Eligible for the DHEC Public Health Dental Prevention Program (DHEC PHDPP)***

Schools eligible for participation in this program are all the South Carolina public schools listed on the SC Department of Education website.

Priority should be given to those schools that have evidence of unmet dental needs of their population, schools participating in the Community Expansion Provision (CEP) program as identified by the SC Department of Education, as well as schools with student enrollment that fits the criteria of the priority population definition.

***Definition of Priority Population- for the Pubic School setting***

The priority population is best described in terms of “vulnerability”. According to the American Journal of Managed Care (2013), “*Vulnerable populations include the economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, those with chronic health conditions including mental illness and disabilities.*”

The priority population may also include children in rural areas that encounter barriers to accessing healthcare services, children with no or limited insurance coverage, children residing in areas with shortage of the healthcare professionals and absence of a usual source of care, as well as children from families with limited literacy, inadequate education and language barriers.

***School List***

MDD Provider will provide DHEC with the list of districts and schools that they plan to deliver school-based preventive dental services **July 1st** of each fiscal year. Send completed District and School List no later than **July 1st of each fiscal year** to this email address: [oralhealth@dhec.sc.gov](mailto:oralhealth@dhec.sc.gov)

***MDD Provider MOA or business agreement with School/School District***

MDD Provider will inform DHEC prior to entering negotiations with a school district, for the planning and implementation of the school-based dental prevention services. Once an agreement has been signed, a copy of the agreement between the provider and school district or individual schools must be sent to the South Carolina Department of Health and Environmental Control Division of Oral Health, 2100 Bull Street, Columbia, SC 29201.

**All MDD Provider’s MOAs will include a description of the relationship between MDD Provider and DHEC and be consistent with the requirements of the South Carolina Dental Practice Act 2003.**

DHEC shall be notified immediately of the termination of any agreements with schools or school districts.

No dental preventive services will be provided to any public health setting including schools until the MDD Provider receives a written acknowledgment from DHEC that a copy of the business agreement or MOA between the MDD Provider and the public health setting including school or its school district is received and reviewed by the Division of Oral Health.

### ***School Entry Template***

MDD Provider must notify DHEC in writing prior to entering a school for delivery of school-based dental services, utilizing the Division of Oral Health-approved School Entry Template.

The MDD Provider will email the School Entry Template to DHEC **prior** to entry into each school for **each** service period. This template should be submitted by fax or e-mail **one (1) business day prior** to the **first** day that a provider begins providing services in a school. A separate template should be submitted **each time** the provider begins a **new** session at a school. This includes **repeat sessions** if there has been a time lag (at least one day) between prior sessions at the **same school** in the **same school year**.

The School Entry Template includes: 1) name of district; 2) school name; 3) SIDN for school; and, 4) date(s) of service including the first day and last day of service in the school. Completed School Entry Template will be e-mailed ([gravelwj@dhec.sc.gov](mailto:gravelwj@dhec.sc.gov)) to W. Gravelle **one (1) business day prior** to the first day the Dental Hygienist begins a new school assignment.

**The MDD Provider will not enter a school for delivery of school-based dental preventive services without Division of Oral Health acknowledgement of prior written notification.**

### ***Provision of Services***

A parental/guardian written consent is required for each student prior to the provision of preventive dental services by the MDD Provider participating in the DHEC PHDPP.

Only children that have a POSITIVE written consent form will be screened and receive preventive dental services from the DHEC PHDPP.

### ***Dental Screenings***

Students will receive screening for oral disease (the presence of decay, pain, swelling, bleeding, infection, and/or soft tissue lesions) prior to receiving preventive dental services from MDD providers where the hygienist is working under general supervision in a public health setting through a DHEC MOA as set forth in the **Dental Practice Act 2003, S.C. Code Section 40-15-110**. Education, counseling, treatment and referral should be based on the screening results.

All MDD Providers are required to utilize the Association of State and Territorial Dental Directors-Basic Screening Survey (ASTDD-BSS) protocol for dental screenings for the following circumstances:

- a. Prior to provision of preventive dental services delivered by a dental hygienist without a dental exam. (Screening data collected is required to be submitted annually and addressed in more detail in the Data Management Section of the Program Guidelines).
- b. As part of school health screenings that include a dental screening component. See South Carolina Department of Education’s Policy Recommendation: Oral Health Screenings in School Settings: Access at:  
<https://scdhec.gov/sites/default/files/docs/Health/docs/Dental%20Screening%20Guidelines%20Final%2007%2021%202008.pdf>

The DHEC-approved dental screening tool produced by the Division of Oral Health, utilizes a modified Basic Screening Survey tool, the standardized and nationally recognized tool developed by the Association of State and Territorial Dental Directors (ASTDD). This tool fulfills the DHEC PHDPP reporting requirements set forth in the DHEC PHDPP Guidelines and the MOA.

Training on this modified tool is available at Division of Oral Health and will be known as DHEC Dental Screening Tool Training. All MDD Providers are required to train their staff on the DHEC Dental Screening Tool on annual basis and providing documentation of such training occurrence. Documentation that staff have completed/reviewed the training should be submitted to DHEC Division of Oral Health by **July 1st** utilizing the MDD Provider Employees Training / PHDPP Guidelines Review Checklist provided in the Section 6 of the DHEC PHDPP Guidelines.

All MDD Providers’ new employee(s) must complete the DHEC Dental Screening Tool Training, review and receive a copy of the DHEC Public Health Dental Prevention Program Guidelines within thirty (30) days of their employment. It is the responsibility of the MDD Provider to notify DHEC immediately and submit documentation utilizing the MDD Provider New Employee Training/ PHDPP Guidelines Receipt Form provided in Section 6 of the DHEC PHDPP Guidelines. Access to other ASTDD Materials: [www.astdd.org](http://www.astdd.org)

***Need-Based Dental Referral System***

MDD Providers are responsible for developing a comprehensive and nondiscriminatory referral network based on the dental treatment urgency categories (provided in the DHEC Dental Screening Tool Training). All children receive a referral in order to be connected to a local system of dental care and to ensure comprehensive dental care for each child. In addition to the referral form, the MDD Provider will also provide a list of practicing dentists within the city and/or geographic area where the child resides and identifies the dentists who participate with the Dental Medicaid Program. A MDD Provider cannot discriminate against any practicing dentist within the specified area.

**Table 2: The needs-based referral Codes and Recommendations:**

Code	Descriptor	Referral
0	No obvious dental problems	To dentist for a dental exam
1	Early dental care is needed	To dentist within several weeks
2	Urgent/Emergency need for dental care	To dentist within 24 hours

### ***Patient Referral Protocol***

The MDD Providers are required to follow-up with children identified with “Code 2-Urgent/Emergency need for dental care need” to ensure they received needed dental care. In addition, children identified as Code 2 must not receive preventive services by MDD Provider before receiving treatment for the urgent conditions.

Each MDD Provider is required to submit its Policy and Procedure for Patient Referrals to DHEC which includes strategies, action steps and specific information on how the MDD Provider documents a completed referral for a Code 2: Urgent/Emergency need for dental care. Documentation must indicate how the patient will be referred for emergency dental services, how the patient will be counseled to seek an annual examination by a licensed dentist and describe the follow-up mechanism that is in place to determine if the patient has received dental services following referral. The Data Collection Checklist includes a specific section for completion of dental referrals, to be completed and submitted annually.

### ***Public Health Priority: Dental Sealants***

Dental sealants are effective in preventing pit and fissure caries and are underused, particularly for high-risk children including vulnerable populations who are less likely to receive private dental care, such as children eligible for free or reduced-cost lunch programs. Consequently, the delivery of dental sealants is a priority for the DHEC PHDPP. To be most effective, sealants should be placed on teeth soon after they erupt. High-risk teeth (i.e., those with deep pits and fissures) are the first and second permanent molars that erupt into the mouth around the ages of 6 and 12 years, respectively.

***A professional dental prophylaxis is not required before placing dental sealants and evidenced based guidelines should be used when placing fluoride varnish on a child.***

School-based and school-linked sealant delivery programs are strongly recommended on the basis of strong evidence of effectiveness in reducing caries on occlusal surfaces of posterior teeth among children. Access at: <https://www.thecommunityguide.org/findings/dental-caries-cavities-school-based-dental-sealant-delivery-programs>

### ***Sealant Recommendations and Quality Assurance:***

Consistent with the Dental Practice Act, S.C. Code Section 40-15-102(D): “A dentist billing for services for treatment provided by a dental hygienist in a public health setting with the Department of Health and Environmental Control as provided for in Section 40-15-110, is the provider of services and is clinically responsible for the care and treatment of the patient.” Monitoring of sealant retention is part of the clinical responsibility for the care of patients in the DHEC PHDPP.

Sealant Retention Protocol: A Sealant Retention Protocol should provide the evaluation measures that will be taken to ensure long-term retention of the sealants. A copy of the Sealant Retention protocol must be submitted to DHEC Division of Oral Health by **July 1st** of each fiscal year.

### ***MDD Provider Sealant Retention Checks for Data Submission:***

From nine (9) to fifteen (15) months after placement of dental sealants, a sealant retention check will be conducted by the MDD Provider. Methodology is established in collaboration with the

Centers for Disease Prevention and Control (CDC). Explanation of the sealant retention check for data submission purpose is provided on the data collection checklist included in the Program Guidelines and in the DHEC Dental Screening Tool Training.

**The remainder of this section is intended as information for the MDD Provider:**

In 2009, Gooch et al. released the recommendations developed by the Centers for Disease Control and Prevention (CDC) sponsored expert workgroup School-Based Sealant Programs in the Journal of the American Dental Association (JADA). These recommendations support policies and practices for school-based dental sealant programs that are appropriate, feasible and consistent with current scientific information.

**Table 3: Summary of Recommendations**

TOPIC	RECOMMENDATION
Indications for Sealant Placement	Seal sound and noncavitated pit and fissure surfaces of posterior teeth, with first and second permanent molars receiving highest priority.
Tooth Surface Assessment	Differentiate cavitated and noncavitated lesions. <ul style="list-style-type: none"> <li>• Unaided visual assessment is appropriate and adequate.</li> <li>• Dry teeth before assessment with cotton rolls, gauze or, when available, compressed air.</li> <li>• An explorer may be used to gently confirm cavitations (that is, breaks in the continuity of the surface); do not use a sharp explorer under force.</li> <li>• Radiographs are unnecessary solely for sealant placement.</li> <li>• Other diagnostic technologies are not required.</li> </ul>
Sealant Placement and Evaluation	Clean the tooth surface. <ul style="list-style-type: none"> <li>• Toothbrush prophylaxis is acceptable.</li> <li>• Additional surface preparation methods, such as air abrasion or enameloplasty, are not recommended.</li> <li>• Use a four-handed technique, when resources allow.</li> <li>• Seal teeth of children even if follow-up cannot be ensured.</li> <li>• Evaluate sealant retention within one year.</li> </ul>

Content of Table 3 is adapted from: Gooch, BF, Griffin, SO, Miller, S, Sanzi-Schaedel, SM, Mallat, RM, Kumar, J, Lampiris, L, Donly, HH, Hill, LF, Burnsion, D, Siegal, Mark, Fontana, M, Kolvaic, G, Kohn, WG, Rozier, RG, Simonson, BI, Zero, D. “Recommendations and Reviews of Evidence School-Based Sealant Programs”, Journal of the American Dental Association 2009;140;1356-1365. Access article at: <http://jada.ada.org/cgi/content/full/140/11/1356>

***Sealant Retention Checks—Short Term***

Short term sealant retention checks are conducted by the individual MDD Provider within several months of sealant placement for early interception of problems with retention of dental sealants related to recent changes in the program such as: dental hygienists who are new to the program, dental hygienists who do not have a positive track record with sealant placement, and changes to clinical procedures (e.g., equipment, technique or materials).

For the short-term retention checks, complete retention of all sealants is expected.

***Sealant Retention Checks—Long Term***

Long-term retention checks are performed approximately one (1) year after the initial placement of the sealants and should be part of the individual MDD Provider’s quality assurance program.

For the long-term retention checks, ninety percent (90%) or more of the sealants must be retained.

Dentists and hygienists who evaluate long-term retention should use visual and tactile techniques as well as their professional judgment when they determine the need for repair or replacement of sealants placed by the MDD Provider in the previous year.

They should consider the following information:

- a. Defects in sealant material (e.g., bubbles) do not require repair unless underlying tooth surface is exposed by the defect.
- b. Catches in marginal areas do not require repair unless they expose non-cleansable caries-prone areas of the fissure system.
- c. Although staining at the interface of sealant and enamel does not, of itself, indicate caries, it may suggest an area of microleakage that could benefit from coverage with additional sealant material.
- d. Before finalizing a decision on the need for repair of a partially retained sealant, it makes sense to attempt to dislodge the remaining sealant to assure that it cannot be lifted off, thus requiring total replacement (criteria provided from Dr. Margherita Fontana and Jeffrey Platt; from a National Institutes of Health funded study).

The Dental Sealant Section of this Guidance has been adapted from the Ohio Department of Health, Bureau of Oral Health Services School-based Dental Sealant Program (S-BDSP) Manual. Access at: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/oral-health-program/resources/school-based-sealant-program-manual>

#### ***Dental Prevention Program (DPP) Technical workgroup: School-based***

Utilizing a collaborative management approach, the DOH staff have come together as a team to manage the program. The Program Coordinator will coordinate the activities of the DPP Technical Workgroup. The workgroup implements surveillance and evaluation activities for all public-private partnerships currently participating in the program. The Director of the Division of Oral Health will review policies and program operations to ascertain opportunities for quality improvement; and provide technical support as needed.

Additional members of the DPP Technical Workgroup and their respective duties include: 1) Administrative Assistant, who will provide the DHEC PHDPP administrative duties and management of the program inventory database; 2) Evaluation Consultant, who will work closely with the DOH; 3) the Epidemiologist; 4) the Revenue and Fiscal Affairs Office (RFA) to conduct an in-depth analysis of the DHEC PHDPP based on objectives from the State Oral Health Plan; and, 5) Education/Outreach Specialist, who will provide technical assistance in regards to education of the students and parents.

#### ***Revenue and Fiscal Affairs Office***

The Division of Oral Health (DOH) and the Revenue and Fiscal Affairs Office (RFA) have been working together since 2006 to enhance data collection and reporting for the DHEC Public Health Dental Prevention Program in public school setting.

The CDC requires funded states to provide school-based dental sealant data via the CDC SEALS data system. In response to feedback from MDD providers in 2012-2013 DHEC and RFA

negotiated with CDC to create a data submission template that satisfies the SEALS submission requirement. Permission to use this system is contingent on CDC approval. The MDD Providers extract the data elements required in their MOA and submit them to RFA, through a secure server, utilizing a standardized DHEC approved tool and process. The data from each provider can then be imported into a larger program database.

Training on the data submission tools and processes is provided by DOH. DHEC will continue to provide support and technical assistance as needed. RFA produces an aggregate data report of the desired fields of interest and submits the report to DHEC for review and evaluation.

***DHEC Review and Evaluation***

Select members of the DPP Technical Workgroup review the RFA aggregate data report to assess quality and make management decisions on the data collection process and program improvement

Table 4: Key Management Activities of the DHEC Public Health Dental Prevention Program.

Activity	Person Responsible	Time Frame
<p>Memorandum of Agreement:                      Reviewed annually;                      + changes made if indicated                      MOA submitted to                      + Contract Management                      MOA prepared and sent                      with supporting                      documents including                      Standing Orders for                      + Dental Hygienists, Dental                      Assistants, Supervising                      Dentist Form, and DHEC                      PHDPP Guidelines                      Receipt Form to MDD                      Providers.                      MOA are returned to                      DHEC with all                      supporting documents.                      MOA is fully executed                      +                      Any changes in: Standing                      Orders, Supervising                      + Dentists, new public                      health settings sites                      + require notification to                      DHEC</p>	<p>DPP Technical Workgroup;                       Agency Administration                       DOH ,                      Administrative Assistant,                      Contract Management                        MDD Providers                       Contracting/Agency                      Leadership                      MDD Providers</p>	<p>January                       February                       May/June                      As needed throughout the                      year.                        June                       July                       Immediate</p>
<p>Compliance with MOA is                      monitored:                      Monitor compliance with                      the MOA and the DHEC                      PHDPP Program                      Guidelines requirements                      + Annual review of data                      submission.</p>	<p>Program Coordinator                       DOH Director/ Program                      Coordinator/ Surveillance                      Coordinator; RFA</p>	<p>Quarterly</p>
<p>Evaluation is conducted:                      + Final evaluation report                      completed and shared                      with DHEC                      Administration. Success                       +</p>	<p>Epidemiologist; DOH                      Director and Coordinator</p>	<p>Annual</p>
<p>+                      Story completed by each                      MDD Provider</p>		

***Providing Feedback***

The DPP Technical Workgroup provides opportunities for the MDD Providers to review their data. An Annual Aggregate Report is produced by DOH. This report lists the MDD Providers operating with a DHEC MOA and the school districts served by each provider.

The preliminary data of the Aggregate Annual Report is shared with MDD Providers at the DHEC PHDPP Annual meeting. The meeting is designed so the programs can have an open dialogue with the DPP Technical Workgroup members to discuss any data collection problems. This meeting is also an opportunity for the DPP Technical Workgroup to update the programs with any changes to the program Memorandum of Agreements for the following year.

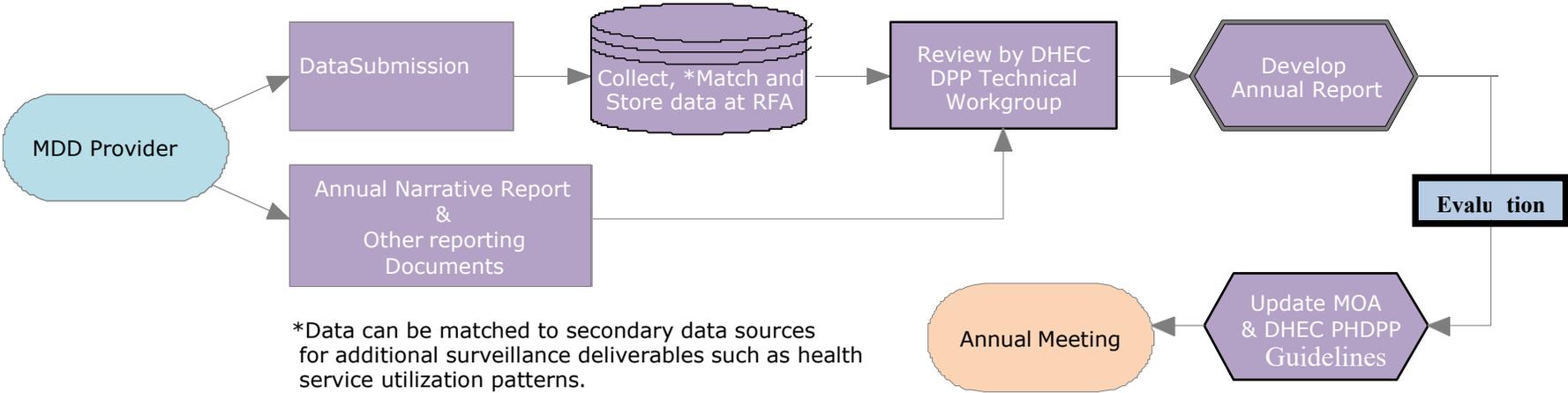
Once the finalized Aggregate Report has gone through the agency approval process is sent to each MDD Provider electronically and in hard copy.

***Public School Children - State Oral Health Plan (SOHP)***

The DPP Technical workgroup assists in the monitoring of the SOHP objectives related to the public-school children. The DOH Program Coordinator facilitates the workgroup. The group meets regularly to discuss the prioritized objectives and to evaluate their current progress.

# DHEC Public Health Dental Prevention Program

## *Implementation Process*



## Section 5: Reporting Requirements

All **MDD Providers** participating in the DHEC PHDPP providing preventive dental services in **public schools**, must **submit annual data and narrative reports**. MDD Providers that do not comply with the reporting requirements may risk loss of their Memorandums of Agreement with DHEC.

The following documentation, reports and meetings are the mandatory requirement for the MDD Provider participating in the DHEC PHDPP applicable for each fiscal year:

**Table 5: Reporting Requirements**

<b>Documentation due by July 1st</b>
Public Health Dental Prevention Program Guidelines Receipt Form <i>(every fiscal year)</i>
Public Health Setting Selection Acknowledgement Form <i>(every fiscal year)</i>
Standing Orders for Dental Hygienists <i>(every fiscal year)</i>
Standing Orders for Dental Assistants (if applicable) <i>every fiscal year</i>
Parent/Patient packet forms <i>(every fiscal year)</i>
Data Collection Checklist <i>(every fiscal year)</i>
Employee Training/ Program Guidelines Review Checklist <i>(every fiscal year)</i>
Copies of all written protocols inclusive but not limited to: Supervision Protocol, Sealant Protocol, Referral Protocol, Infection Control Protocols <i>(every fiscal year)</i>
MDD Provider Roster <i>(every fiscal year)</i>
Copies of all materials distributed in a public health setting to patients/ parents/ students /community <i>(every fiscal year)</i>
List of all the schools and School Districts that will be served by the MDD Provider <i>(every fiscal year)</i>
Copies of MDD Provider MOAs and business agreements with each School District or individual schools that MDD Provider is planning to serve/currently serving <i>(every fiscal year)</i>
<b>Additional Documentation due throughout the fiscal year</b>
Updated School List
School Entry Template <i>(on weekly basis)</i>
New Employee Training/Guidelines Receipt Form <i>(as needed)</i>
Change of Staff Form <i>(as needed)</i>
<b>Documentation due by June 30th</b>
Data Reporting <i>(utilizing standardized DHEC Data Submission Template)</i>
Annual Narrative Report (Completed Educational Outreach Template, Success Story, Challenges and Achievements)
<b>DHEC PHDPP Annual Meeting</b>
Mandatory meeting for MDD Provider and specified staff <i>(as scheduled and coordinated by DHEC)</i>

*The following documentation must be submitted by MDD Provider with the initial signed MOA and each additional year of the MOA thereafter, by **July 1st** for each fiscal year:*

1. *DHEC Public Health Dental Prevention Program Guidelines Receipt Form-* The MDD Provider must submit this form to DHEC Division of Oral Health with signed Memorandum of Agreement (MOA) by **July 1st** of the initial year and each time modifications or changes are made to the DHEC PHDPP Guidelines during the effective time of the DHEC MOA.
2. *Public Health Setting Selection Acknowledgement Form-* The MDD Provider must submit this form to DHEC Division of Oral Health with signed Memorandum of Agreement (MOA) by **July 1st** of the initial year and each fiscal year thereafter for the duration of the DHEC MOA.
3. *Standing Orders for Dental Hygienists-* The MDD Provider's Supervising Dentist must submit completed Standing Orders for Dental Hygienists specifying the preventive dental services that will be performed under his/her General Supervision by **July 1st** with signed DHEC MOA and each fiscal year thereafter for the duration of the DHEC MOA.
4. *Standing Orders for Dental Assistants-* The MDD Provider's Supervising Dentist must submit completed Standing Orders for Dental Assistants (if applicable) specifying the preventive dental services that will be performed under his/her General Supervision by **July 1st** with signed DHEC MOA and each fiscal year thereafter for the duration of the DHEC MOA.
5. *Patient Packet Forms-* A packet or CD containing a copy of all forms (for example: consent form, HIPAA notice, etc.) utilized by the MDD Provider will be submitted to DHEC Division of Oral Health by **July 1st** with signed DHEC MOA and each fiscal year thereafter for the duration of the DHEC MOA.
6. *Completed Data Collection Checklist-* This checklist is used to describe how each required data slicer has been titled and coded. The data collection checklist must be completed and returned to the DHEC Division of Oral Health by **July 1st** with signed DHEC MOA and each fiscal year thereafter for the duration of the DHEC MOA.
7. *Employee Trainings/ DHEC PHDPP Guidelines Review Checklist-* MDD Provider must submit a completed checklist signed by the supervising dentist to DHEC Division of Oral Health by **July 1st** with signed DHEC MOA and each fiscal year thereafter for the duration of the DHEC MOA. The checklist provides documentation that the MDD Provider's employees have read and reviewed the DHEC Dental Screening Tool Training and the PHDPP Guidelines.
8. *Copies of all written Protocols-* A copy of all written, including but not limited to, the Supervision protocol, Infection Control protocol, Referral protocol, Sealant placement and Retention protocol, of the MDD Provider's policy and procedures should be

submitted to DHEC Division of Oral Health by **July 1st** with signed DHEC MOA and each fiscal year thereafter for the duration of the DHEC MOA.

9. Copies of all Materials Distributed in a public health setting to Patients//Parents/Community- MDD Provider must submit copies of all materials distributed in a public health setting for educational or outreach activities, by **July 1st** with signed DHEC MOA and each fiscal year thereafter for the duration of the DHEC MOA.
10. MDD Provider Roster- MDD Provider must submit a current Roster to DHEC Division of Oral Health by **July 1st** with signed DHEC MOA and each fiscal year thereafter for the duration of the DHEC MOA. The roster must include the names and job titles of all MDD Provider staff that provide services in the public health setting and /or handle and/or are exposed to personally identifiable information and protected health information. Such staff includes but is not limited to: dental hygienists, dental assistants, supervising dentist, community outreach person, data entry/data manager and IT support staff, administrative staff etc.
11. List of schools- MDD Provider will provide DHEC Division of Oral Health with the list of districts and schools that they plan to deliver school-based preventive dental services for each school year by **July 1st**. Please designate the specific schools the MDD Provider plans to serve during the school year and send completed District and School List by **July 1st** to the address: DHEC, Division of Oral Health, 2100 Bull Street, Columbia, SC 29201.
12. MDD Provider MOA and business agreement with School/School District- MDD Provider will provide to DHEC Division of Oral Health, a copy of the agreement between the provider and school district or individual schools by **July 1st** for each school year.
  - a. No dental preventive services will be provided to a school until the MDD Provider receives a written acknowledgment by DHEC that a copy of the business agreement or MOA between the MDD Provider and the school or its district is received and reviewed by Division of Oral Health.

***The following documentation must be submitted by MDD Provider to DHEC Division of Oral Health throughout the year for each fiscal year:***

1. School Entry Template- MDD Provider must notify DHEC in writing prior to entering a school for delivery of school-based dental services, utilizing the Division of Oral Health approved School Entry Template on weekly basis throughout the school year. The MDD Provider will not enter a school for delivery of school-based dental preventive services without Division of Oral Health acknowledgement of prior written notification.
2. New Employee Training/Guidelines Receipt Form (as needed)- MDD Provider must submit the completed Form signed by the supervising dentist to DHEC Division of Oral

Health within thirty (30) days of hire of new employees. The Form provides documentation that MDD Provider's new employee has been trained on the DHEC Dental Screening Tool and received a copy of the DHEC PHDPP Guidelines.

3. *Information/ Staff Change Form (as needed)* - MDD Provider must submit this form to inform the DHEC-Division of Oral Health immediately when changes occur with MDD Provider contact information or staffing.

***The following documentation must be submitted by MDD Provider to DHEC Division of Oral Health by June 30th of each Fiscal Year for the duration of the DHEC MOA:***

1. *Data Submission-* MDD Provider data reports must be completed and submitted electronically through a secure server to the Revenue and Fiscal Affairs Office (RFA), utilizing the standardized and DHEC approved tools and processes no later than **June 30th** of each fiscal year.
2. *Annual Narrative Report-* Narrative Report must be submitted electronically to DHEC by **June 30th** of each fiscal year. Narrative reports must include 1) provider's strengths; 2) barriers/challenges that the provider faced during that fiscal year; 3) factors that may have impacted the provider's services; 4) a success story; 5) a completed educational outreach template; and, 6) any other significant factors.
3. *Success Story* – Each program must submit at a minimum of one success story. The story should demonstrate how the program connects a child to a local dental system of care. Success stories can also demonstrate how your program successfully collaborates with the community to improve the welfare of an individual and/or the community. Public health school-based dental programs are instrumental in linking children to dental services that they desperately need. Describe a specific case in the last year, where your program made a difference. The success story collection tool is found in Section 6 of the DHEC PHDPP Guidelines.

A guide for developing a success story can be downloaded from the (CDC) at the following address: [https://www.cdc.gov/healthyschools/stories/pdf/howto\\_create\\_success\\_story.pdf](https://www.cdc.gov/healthyschools/stories/pdf/howto_create_success_story.pdf)  
The guide is called, "Impact and Value: Telling Your Program's Story."

4. *Completed Educational Outreach Template* – There are a number of educational oral health materials available by DHEC. Resources are provided to MDD Providers at the DHEC PHDPP Annual meeting.  
Each MDD Provider must complete the educational outreach tool to record how and when the material has been used over the one-year period. Only one completed educational outreach template should be submitted to DHEC.
5. *Educational Outreach Activity Report Tool*– This tool is optional and designed for the hygienists in the field. The Educational Outreach Tool is found in Section 6 of the DHEC PHDPP Guidelines.

***DHEC PHDPP Annual Meeting as scheduled and coordinated by DOH***

*DHEC PHDPP Annual Meeting-* This is a mandatory meeting for all MDD Providers. The intent of the meeting is to update the MDD Providers on the changes of the MOA and the DHEC PHDPP Guidelines for the new upcoming fiscal year; review the accomplishments and /or issues encountered in the previous year; and develop strategies to improve in the future.

The MDD Provider’s Dental Director/Supervising Dentist as well as the MDD Provider’s Clinical Director/Program Coordinator must attend the annual meeting. Any other MDD Provider’s staff is encouraged to but not required to attend the annual meeting.

**Section 6: Public Health Dental Prevention Program Supporting Documents**

*Data Collection Checklist*..... pg. 24-28

*Information/Staffing Change Form*.....pg. 29

*Employee(s) Training/PHDPP Guidelines Review Checklist*.....pg. 30

*New Employee Training/ PHDPP Guidelines Receipt Form* .....pg. 31

*DHEC PHDPP Guidelines Receipt Form*.....pg. 32

*Public Health Setting Selection Acknowledgement Form*.....pg. 33

*Standing Orders for Dental Hygienists*.....pg. 34

*Standing Orders for Dental Assistants*.....pg. 35

*Success Story Collection Tool*.....pg. 36-37

*Educational Outreach Template*.....pg. 38

*Example: Completed Educational Outreach Template*.....pg. 39

*Educational Outreach Activity Tool*.....pg. 40

*School Entry Template*.....pg. 41

**DATA ELEMENTS CHECKLIST:** Participating MDD providers should review this list to ensure that their data collection and reporting systems are such that they are able to collect and report ALL fields listed. A completed checklist must be submitted to DHEC by **July 1st** of each school year, to verify providers’ intent and capability to comply with complete reporting of all data elements.

<b>Name of the MDD Provider:</b>	
<b>DATA ELEMENTS</b>	<b>Your Check Here indicates that MDD Provider will supply this data element as described for each individual patient</b>
<b>1-Locations</b>	
<b>A) School Name</b> – Full name of school – no abbreviations	
<b>B) School ID</b> – 7 Digit SC State Department of Education code Example: The SCHOOL ID 4001048 contains: County Number – 1st two numbers 4001048 = 40 is Richland County District Number – 3rd and 4th numbers 4001048 = 01 is Richland District 1 Specific School Identifier – final 3 numbers 4001048 = 048 is School – A.C. Moore	
<b>2-Child Information</b>	
<b>A) Current Grade</b> – Please report according to these categories: 1. K-4 = <b>Code 0</b> 2. K-5 = <b>Code 0</b> 3. Grades 1 – 12 – specify actual grade 4. Special Education – only where a grade cannot be accurately determined 5. Child Development – only where a grade cannot be accurately determined	
<b>B) Patient ID</b> – Unique Identifier: This is the code that your software system uses to identify the patient	
<b>C) Social Security Number</b> – for all patients	
<b>D) Medicaid Number</b> – for eligible patients	
<b>E) Race</b> – Report race according to the following guidelines <b>Code 1</b> = Black or African American <b>Code 2</b> = White <b>Code 3</b> = Other <ul style="list-style-type: none"> <li>• “Other” includes “multiple races”</li> <li>• “Other” includes “Asian”, “American Indian”, “Native Alaskan”, “Native Hawaiian”, “Pacific Islander”, and any race that is not Black/African American or White</li> <li>• “Other” does NOT include Hispanic: Hispanic is to be reported as an ethnicity—not a race.</li> <li>• NOTE: If a patient has been previously coded as “Hispanic” for Race, that patient must now have a race coded as “Black/African American”, “White”, or “Other” according to the descriptions above</li> </ul>	

<b>Name of the MDD Provider:</b>	
<b>DATA ELEMENTS</b>	<b>Your Check Here indicates that MDD Provider will supply this data element as described for each individual patient</b>
<p><b>F) Ethnicity</b> – Please report this additional data element for ALL Races – including “Black/African American”, “White”, and “Other.”</p> <p>Code 1 = Hispanic/ Latino Code 2 = Not Hispanic</p> <p><b>NOTE:</b> Alternately, the provider may choose to record Race and Ethnicity in one data field instead of two, If a provider so chooses, the provider shall report using the following categories ONLY:</p> <p>Code BH = Black/African American Hispanic Code BN = Black/African American Not Hispanic Code WH = White Hispanic Code WN = White Not Hispanic Code OH = Other Hispanic Code ON = Other Not Hispanic</p>	
<b>G) DOB – Patient’s date of birth</b>	
<p><b>H) Gender</b> – Male or female</p> <p>Code 1 = Male Code 2 = Female</p>	
<b>I) First Name – No nicknames</b>	
<b>J) Last Name</b>	
<b>3-Dental screening by RDH—Basic Screening Survey (BSS)</b>	
<p><b>A) Sealant Present</b> – At screening, whether a child has sealant – <b>partially or fully retained</b> at least on one tooth</p> <p>Code 0 = NO Sealant present Code 1 = At least one Sealant present</p>	
<p><b>B) Untreated Caries</b> – At screening, whether child has at least one untreated cavity in a primary or permanent tooth</p> <p>Code 0 = NO Untreated Caries Code 1 = at least one Untreated Caries</p>	
<p><b>C) Caries Experience</b> – At screening, whether child has caries experience– at least one primary or permanent tooth filled or decayed</p> <p>Code 0 = NO Caries Experience Code 1 = Caries Experience</p> <p><b>NOTE:</b> When Untreated Caries = 1, then Caries Experience = 1</p>	

<b>Name of the MDD Provider:</b>	
<b>DATA ELEMENTS</b>	<b>Your Check Here indicates that MDD Provider will supply this data element as described for each individual patient</b>
<p><b>D) 1<sup>st</sup> Molar Screening Caries Experience</b> – Reported by tooth number of 1<sup>st</sup> permanent molar with treated (Filled) or untreated caries (Decayed) collected at initial screening  <b>Code 0</b> = NO Caries Experience on the tooth (#)  <b>Code 1</b> = Yes Caries Experience on the tooth (#)  <b>NOTES:</b></p> <ul style="list-style-type: none"> <li>All 1<sup>st</sup> permanent molars to be reported by tooth number are: #3; #14; #19; #30</li> </ul>	
<p><b>E) 2<sup>nd</sup> Molar Screening Caries Experience</b> – Reported by tooth number of 2<sup>nd</sup> permanent molar with treated (Filled) or untreated caries (Decayed) collected at initial screening  <b>Code 0</b> = NO Caries Experience on the tooth (#)  <b>Code 1</b> = Yes Caries Experience on the tooth (#)  <b>NOTES:</b></p> <ul style="list-style-type: none"> <li>All 2<sup>nd</sup> permanent molars to be reported by tooth number are:#2; #15; #18; #31</li> </ul>	
<p><b>F) Referral</b> – At screening, whether child has been referred to dentist for treatment of any kind, whether for routine care, early treatment or urgent treatment.  <b>Code 0</b> = NO Referral given  <b>Code 1</b> = YES Referral given</p>	
<p><b>G) Treatment Urgency</b> – At screening, whether child needs dental care based on treatment urgency  <b>Code 0</b> = NO obvious dental need, routine care  <b>Code 1</b> = Early dental care  <b>Code 2</b> = Urgent dental care</p>	
<p><b>H) Referral Met</b> – For child with urgent dental need (Code 2) on date of service, treatment was provided.  <b>Code 0</b> = NO referral met  <b>Code 1</b> = YES Referral Met</p>	
<b>4-Services Provided</b>	
<p><b>A) Date of Service</b> – Date on which Initial screening and/or treatment was provided</p>	
<p><b>B) Child Received Fluoride Varnish</b> – on date of service  <b>Code 0</b> = NO Fluoride  <b>Code 1</b> = YES Fluoride</p>	
<p><b>C) Child Received Prophylaxis Care</b> – on date of service  <b>Code 0</b> = NO Prophylaxis  <b>Code 1</b> = YES Prophylaxis</p>	

<b>Name of the MDD Provider:</b>	
<b>DATA ELEMENTS</b>	<b>Your Check Here indicates that MDD Provider will supply this data element as described for each individual patient</b>
<p><b>D) 1<sup>st</sup> Molar Sealant Placed</b> - Reported by tooth number of 1<sup>st</sup> permanent molar that received sealant on the date of service  <b>Code 0</b> = NO Sealant placed on the tooth (#)  <b>Code 1</b> = Yes Sealant placed on the tooth (#)  <b>NOTES:</b></p> <ul style="list-style-type: none"> <li>All 1<sup>st</sup> permanent molars to be reported by tooth number are: #3; #14; #19; #30</li> <li>Also, MDD Provider must provide the <b>DATE when the 1<sup>st</sup> Molar Sealant was placed</b>, reported by tooth number</li> </ul>	
<p><b>E) 2<sup>nd</sup> Molar Sealant Placed</b> - Reported by tooth number of 2<sup>nd</sup> permanent molar that received sealant on the date of service  <b>Code 0</b> = NO Sealant placed on the tooth (#)  <b>Code 1</b> = Yes Sealant placed on the tooth (#)  <b>NOTES:</b></p> <ul style="list-style-type: none"> <li>All 2<sup>nd</sup> permanent molars to be reported by tooth number are:#2; #15; #18; #31</li> <li>Also, MDD Provider must provide the <b>DATE when the 2<sup>nd</sup> Molar Sealant was placed</b>, reported by tooth number</li> </ul>	
<p><b>F) Sealants Placed on Teeth Other Than 1<sup>st</sup> and 2<sup>nd</sup> Permanent Molars</b> on date of service (OPTIONAL)  No sealants placed on date of service on any other teeth Code= 0  Yes, sealants placed on date of service on any other teeth Code= (1, 2, 3, 4, 5, 6, 7, or 8).  <b>NOTE:</b></p> <ul style="list-style-type: none"> <li>If yes provide TOTAL number of Other Teeth that received sealants</li> </ul>	
<b>5-Sealant Present &amp; Sealant Retention</b>	
<p><b>A) 1<sup>st</sup> Molar Sealant Present</b> – Dental sealant present (<b>only fully retained</b>) on 1<sup>st</sup> permanent molar regardless of whether sealant was placed by SDPP program or not.  <b>Code 0</b> = NO (fully retained) sealant present on tooth (#)  <b>Code 1</b> = Yes (fully retained) sealant present on tooth (#)  <b>NOTES:</b></p> <ul style="list-style-type: none"> <li>All 1<sup>st</sup> permanent molars to be reported by tooth number are: #3; #14; #19; #30</li> </ul>	

<b>Name of the MDD Provider:</b>	
<b>DATA ELEMENTS</b>	<b>Your Check Here indicates that MDD Provider will supply this data element as described for each individual patient</b>
<p><b>B) 2<sup>nd</sup> Molar Sealant Present</b> – Dental sealant present (<b>only fully retained</b>) on 2<sup>nd</sup> permanent molar regardless of whether sealant was placed by SDPP program or not.  <b>Code 0</b> = NO (fully retained) sealant present on tooth (#)  <b>Code 1</b> = Yes (fully retained) sealant present on tooth (#)  <b>NOTES:</b></p> <ul style="list-style-type: none"> <li>All 2<sup>nd</sup> permanent molars to be reported by tooth number are:  #2; #15; #18; #31</li> </ul>	
<b>6- Insurance</b>	
<p><b>A) Insurance or Payment Source</b> – Report insurance according to what payment source(s) the patient was eligible for on date of service only:  <b>Code 1</b> = “Private Insurance” = Include only patients with private insurance.  <b>Code 2</b> = “Medicaid” = Include only patients who were eligible for Medicaid on date of service.  <b>Code 3</b> = “Medicaid AND Private Insurance” = Include patients who had both private insurance and Medicaid payable on date of service.  <b>Code 4</b> = “No Insurance/Self Pay” – Include all patients who were ineligible for any insurance. These would be the patients who were not eligible for Medicaid on date of services and who had no private insurance available.</p>	

Submitted by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Please Complete and Forward this Document to:**  
**SC DHEC, Division of Oral Health, 2100 Bull Street, Columbia, SC 29201**  
**Division of Oral Health Contact Information**  
**Email: [oralhealth@dhec.sc.gov](mailto:oralhealth@dhec.sc.gov)**  
**Phone: (803) 898-0194**

**South Carolina Department of Health and Environmental Control, Division of Oral Health  
Public Health Dental Prevention Program  
MDD Provider Information/Staffing Change Form**

It is mandatory to use this form to contact the DHEC-Division of Oral Health immediately when changes occur with MDD Provider contact information or staffing.

Date of Request: \_\_\_\_\_

**MDD Provider Information on File:**

Provider name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**MDD Provider Information Change Requested: (Check appropriate boxes)**

Provider name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Staff Change Requested: (One form per staff member-Check appropriate box)**

Add       Remove       Change

Dental Assistant       Dentist

Dental Hygienist       Other: \_\_\_\_\_ (specify)

Name: \_\_\_\_\_ SC License #: \_\_\_\_\_ (If applicable)

\_\_\_\_\_  
Signature of Person Requesting Change

\_\_\_\_\_  
Printed Name of Requestor

**Please Complete and Forward this Document to:**  
SC DHEC, Division of Oral Health, 2100 Bull Street, Columbia, SC 29201  
Division of Oral Health Contact Information  
Email: [oralhealth@dhec.sc.gov](mailto:oralhealth@dhec.sc.gov)  
Phone: (803) 898-0194



**South Carolina Department of Health and Environmental Control, Division of Oral Health  
Public Health Dental Prevention Program  
MDD Provider's New Employee Training/PHDPP Guidelines Receipt Form**

It is mandatory to use this form as documentation that the MDD Provider's new employee has completed the DHEC Dental Screening Tool Training and received a copy of the DHEC PHDPP Guidelines **within thirty (30) days** of his/her employment.

Employment date: \_\_\_\_\_

<b><i>MDD PROVIDER INFORMATION ON FILE:</i></b>	
Provider name:	_____
Contact Person:	_____
Street Address:	_____ _____
Mailing Address:	_____ _____
Phone numbers:	_____ _____
Fax:	_____
Email:	_____

<b>Name of the New Employee</b> _____
<b>SC License #:</b> _____
<b>DHEC Dental Screening Tool Training completed on:</b> _____
<b>DHEC PHDPP Guidelines received and reviewed on:</b> _____

\_\_\_\_\_  
Submitted By Supervising Dentist (Print Name)

\_\_\_\_\_  
Supervising Dentist (Signature)

\_\_\_\_\_  
Date

**Please Complete and Forward this Document to:**  
**SC DHEC, Division of Oral Health, 2100 Bull Street, Columbia, SC 29201**  
**Division of Oral Health Contact Information**  
**Email: [oralhealth@dhec.sc.gov](mailto:oralhealth@dhec.sc.gov)**  
**Phone: (803) 898-0194**



Please sign and retain a copy of this document for your records and return the original form with your signed Memorandum of Agreement:

“I have received a copy of the *South Carolina Department of Health and Environmental Control Public Health Dental Prevention Program Guidelines*, dated January 30, 2004, **revised July 2021**. I have read and understand the Guidelines contents. I understand pursuant to my participation as a provider in the DHEC Public Health Dental Prevention Program that I am bound by the program requirements as set forth in the DHEC PHDPP Guidelines and incorporated by reference in the Memorandum of Agreement. I also understand that any modifications to the program will be incorporated into the DHEC PHDPP Guidelines and that I will be provided a copy at the time of the modification is effective.”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Operating Officer

\_\_\_\_\_  
Organization or Company Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Dentist

\_\_\_\_\_  
Organization or Company Name



## PUBLIC HEALTH SETTING SELECTION ACKNOWLEDGEMENT

Please sign and retain a copy of this document for your records and return the original form with your signed Memorandum of Agreement.

Select public health setting that your organization will serve this upcoming fiscal year. This form must be completed and submitted to DHEC each time a new public health setting is added for delivery of preventive dental services. A new form must also be submitted each fiscal year for the duration of the current effective Memorandum of Agreement.

DHEC currently has established and approved implementation of the Public Health Dental Prevention Program is the following public health setting(s):

**Select all that apply**

- SOUTH CAROLINA PUBLIC SCHOOLS

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Operating Officer/Chief Executive Officer

\_\_\_\_\_  
Organization or Company Name

**South Carolina Department of Health and Environmental Control, Division of Oral Health  
Public Health Dental Prevention Program  
Standing Orders for Dental Hygienists**

**Introduction:** The following standing orders outline specific authorizations for the treatment of conditions commonly seen by Registered Dental Hygienists (RDH) in public health setting without prior consultation with the supervising dentist of the Mobile Delivery Dental Provider according to the statutory provisions of the South Carolina Dental Practice Act 2003. These standing orders are based on the individual level of training and experience of the RDH. **Standing orders must be authorized every year.**

**Documentation:** The RDH shall have access to the patient’s medical history and parental consent forms. The RDH will accurately record all treatment and findings in the patient record.

**Consultation and Referral:** The RDH will use professional judgment while providing therapy. When clinical doubt arises, the RDH shall seek consultation with the supervising dentist. The RDH may directly refer patients for consultation.

**Standing Orders:** \_\_\_\_\_, RDH, is authorized to perform the following procedures in a public health setting according to the accepted methods of the Mobile Delivery Dental Provider (MDD Provider) and the Oral Health Division of the SC Department of Health and Environmental Control.

*Supervising Dentist:* Please check all procedures that will apply to the RDH you will supervise.

Procedure	Check all that apply
Perform oral prophylaxis.	
Application of topical fluoride including fluoride varnish according to the ADA and Centers for Disease Control (CDC) guidelines.	
Application of dental sealants according to the ADA and CDC guidelines.	
Application of Atraumatic Restorative Technique (ART)/Intermediate Restorative Technique (IRT)/Caries Control Technique (CCT) and therapeutic sealants	

*Dental Hygienist:* Please check all additional procedures that you will perform

Procedure	Check all that apply
Perform oral screenings using DHEC approved screening tool and system.	
Provide oral hygiene instruction and counseling	
Provide tobacco cessation counseling.	
Provide nutrition and dietary counseling	

\_\_\_\_\_  
Dental Hygienist (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
License #

\_\_\_\_\_  
Dental Hygienist (Signature)

\_\_\_\_\_  
MDD Provider Supervising Dentist (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
License #

\_\_\_\_\_  
MDD Provider Supervising Dentist (Signature)

Supervising Dentist Office Address and Phone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copy received and reviewed by:

\_\_\_\_\_  
DHEC Division of Oral Health

\_\_\_\_\_  
Date

NOTE: According to the South Carolina Code of Laws Title 40 – Chapter 15 Professions and Occupations SECTION 40-15-80 (G): Dental hygienists practicing under general supervision must maintain liability insurance.

**Please Complete and Forward this Document to:  
SC DHEC, Division of Oral Health, 2100 Bull Street, Columbia, SC 29201  
Division of Oral Health Contact Information  
Email: [oralhealth@dhec.sc.gov](mailto:oralhealth@dhec.sc.gov)  
Phone: (803) 898-0194**

**South Carolina Department of Health and Environmental Control, Division of Oral Health  
Public Health Dental Prevention Program  
Standing Orders for Dental Assistants**

Introduction:

The following standing orders outline specific authorizations for Dental Assistants (DA) for their assistance in the delivery of public health dental program according to the statutory provisions of the South Carolina Dental Practice Act 2003. These standing orders are based on the individual level of training and experience of the DA. Standing orders must be authorized **every year**.

Documentation:

The DA shall have access to the patient’s medical history and parental consent forms. The DA will accurately record all treatment and findings in the patient record.

Consultation and Referral:

The DA will use professional judgment while providing therapy. When clinical doubt arises, the DA shall seek consultation with the supervising dentist. The DA may directly refer patients for consultation.

Standing Orders: \_\_\_\_\_, is authorized to perform the following procedures in a public health setting according to the accepted methods of the Mobile Delivery Dental Provider and the Oral Health Division of the SC Department of Health and Environmental Control.

*Supervising Dentist:* Please check all procedures that will apply to the DA you will supervise.

<b>Procedure</b>	<b>Check all that apply</b>
Perform oral screenings using DHEC approved screening tool and system.	
Application of topical fluoride including fluoride varnish according to the ADA and Centers for Disease Control (CDC) guidelines.	
Provide oral hygiene instructions and education.	

\_\_\_\_\_  
Dental Assistant (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
License # (if applicable)

\_\_\_\_\_  
Dental Assistant (Signature)

\_\_\_\_\_  
MDD Provider Supervising Dentist (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
License #

\_\_\_\_\_  
MDD Provider Supervising Dentist (Signature)

Supervising Dentist Office Address and  
Office Phone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copy received and reviewed by:

\_\_\_\_\_  
DHEC Division of Oral Health

\_\_\_\_\_  
Date

**Please Complete and Forward this Document to:  
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Division of Oral Health Contact Information  
Email: [oralhealth@dhec.sc.gov](mailto:oralhealth@dhec.sc.gov)  
Phone: (803) 898-0194**

<b>Success Story Data Collection Tool</b>	
<b>MDD Provider Information</b>	
<b>Success Story Item</b>	<b>Your Answer</b>
<b>Contact name:</b>	
<b>Contact information:</b>	Address:  Email: Office number: Cell phone: Best time to call:
<b>Employer/Organization name:</b>	
<b>Focus of the Story</b>	
<b>Proposed Title of the Success Story:</b> This should include your organization's name and grab the attention of your audience.	
<b>Focus/Theme of the story:</b> Focus might be on collaboration with partners, a community prevention initiative, advocacy efforts, using data to engage stakeholders, etc.	
<b>Point of view:</b> The story should be from the perspective of those who benefited from the MDD Provider's services: a participant, family member, friend, etc.	
<b>Audience(s):</b> Who is the intended audience for the story?	
<b>The public health/community need for the MDD Provider's services:</b>	
<b>Background of the Story</b>	
<b>Time period of achievement:</b>	
<b>Location of the story:</b>	
<b>Target group:</b>	
<b>Name and contact information of one participant to interview:</b>	Contact Information: Name: Address:  Telephone Number:
<b>How did you accomplish your success?</b> <ul style="list-style-type: none"> <li>● What actions did you perform?</li> <li>● Who was involved?</li> <li>● How long did it take to accomplish?</li> <li>● Estimated costs and funding source(s).</li> <li>● Partners involved (would they be willing to include their logo in a one-page document?)</li> </ul> <p><i>Think in terms of replication. What would your audience need to know to replicate your efforts?</i></p>	



<b>Educational Outreach Template</b>		
<b>MDD Provider: _____</b>		
<b>Educational Resource</b>	<b>Suggested Use</b>	<b>How and when was the resource used?</b>
South Carolina Department of Education Health Standards <a href="https://www.ed.sc.gov/instruction/standards-learning/health-education/standards/">https://www.ed.sc.gov/instruction/standards-learning/health-education/standards/</a>	Share the link with teachers.  Use the standards as a resource to plan a classroom activity.	
Oral Health for Families with Special Health Care Needs	Share with parents of children with special needs. Share with school nurse.	
Sealant DVD	Share sealant DVD with parents and teachers. Use sealant DVD to educate children about dental sealants.	
Flora and Floppy go to the Dentist Puppet Show flier	Share information about the puppet show with school officials. Assist as needed in scheduling the puppet show at a local school and/or community outreach event.	
Simple Things Your School Can do to Promote Oral Health	Share information with teachers.	

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**Phone: (803) 898-0194**

**Educational Outreach Template (Example)**  
**MDD Provider: ABC**

Educational Resource	Suggested Use	How and when was the resource used?
South Carolina Department of Education Health Standards <a href="https://www.ed.sc.gov/instruction/standards-learning/health-education/standards/">https://www.ed.sc.gov/instruction/standards-learning/health-education/standards/</a>	Share the link with teachers.  Use the standards as a resource to plan a classroom activity.	<i>Link was shared with 2<sup>nd</sup> grade teacher – October 15, 2018</i>  <i>Conducted classroom activity for K-5 class on November 12, 2018.</i>
Oral Health for Families with Special Health Care Needs	Share with parents of children with special needs. Share with school nurse.	<i>Gave a copy of the booklet to the resource teacher at XYZ school on January 14, 2020.</i>
Flora and Floppy go to the Dentist Puppet Show flier	Share information about the puppet show with school officials. Assist as needed in scheduling the puppet show at a local school and/or community outreach event.	<i>Flier was shared with school principals at 3 elementary schools from August through October 2014.</i>
Simple Things Your School Can do to Promote Oral Health	Share information with teachers.	<i>Made additional copies of the one-pager and distributed it at 4 teacher in-service meetings in September 2020</i>

## **Educational Outreach Activity Tool**

Please complete this tool after completing an Educational Outreach activity and return it to your organization's Supervisor. This will help the Oral Health Division determine the number and types of Educational Outreach that have taken place and determine if it is effective in educating teachers, parents and students about oral health.

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

Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

### **Information on the Activity:**

Name of the School and/or Group  
\_\_\_\_\_

Approximate number of students and/or teachers reached \_\_\_\_\_

Briefly Describe the Educational Outreach that was done (i.e. distributed booklets, used CD, conducted activity):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would rate this type of Educational Outreach as

**Very Effective** \_\_\_\_\_ **Effective** \_\_\_\_\_ **Somewhat Effective** \_\_\_\_\_ **Not Effective** \_\_\_\_\_

*Do you plan on doing additional outreach?* \_\_\_\_\_ *Yes* \_\_\_\_\_ *No*

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Complete and Forward this Document to:**  
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**Phone: (803) 898-0194**

NEW

UPDATE



**SCHOOL ENTRY TEMPLATE**

**WEEK/PERIOD OF:** \_\_\_\_\_ **MDD Provider:** \_\_\_\_\_

STAFF PERSON(S)	SCHOOL DISTRICT	BEDS CODE	SCHOOL NAME	DATES OF SERVICE	
				FIRST DAY	LAST DAY

This form should be submitted by fax or e-mail **prior** to the **first** day that a MDD Provider begins providing services in a school site. A separate form should be submitted **each time** the MDD Provider begins a **new** session at a school. This includes **repeat sessions** if there has been a time lag (at least **one** day) between prior sessions at the **same site** in the **same school year**. E-mail form to [gravelwj@dhec.sc.gov](mailto:gravelwj@dhec.sc.gov)

Please complete and email the form to:  
 Wesley Gravelle, Program Surveillance Coordinator, at E-mail: [gravelwj@dhec.sc.gov](mailto:gravelwj@dhec.sc.gov)