

**DENTAL SEALANT ORAL HEALTH PROGRAM
GRANT APPLICATION**

(Fiscal Year 2014 — July 1, 2013 through June 30, 2014)

The Dental Sealant Grant Program assists providers of public health services to develop and implement appropriate and feasible programs with clear and measurable objectives to provide preventive oral health care to Illinois children at high risk for dental caries.

The grant application guidance and grant specific forms are enclosed.

A complete application will include the Illinois Department of Public Health Grant Application form plus the Dental Sealant Grant Program (DSGP) specific forms included in this packet. An electronic copy of the DSGP grant application forms can be obtained by emailing Stacey Ballweg at <Stacey.Ballweg@illinois.gov>.

Applications must be received **by the close of business (5:00 p.m.) on April 26, 2013**. Send **two originals** to the Illinois Department of Public Health, Office of Health Promotion, Division of Oral Health, 535 West Jefferson Street, Springfield, Illinois 62761; or you may submit your grant application electronically to <DPH.OralHealth@illinois.gov>. Applications received after the deadline will not be reviewed.

The enclosed Grant Award Request Form (including timeline), Targeting Form A, Targeting Form B, all proposed agreements, subcontracts, letters of support, and the Department's application are required. A completed application must contain:

- IDPH Grant Application**
- W-9 Form**

For Section 7 – Grant Scope of Work - Attach and reference the following:

- Grant Award Request Form**
- Timeline**
- Targeting Forms A & B**
- School Eligibility Form**
- Attachments (proposed agreements, subcontracts)**

- Narrative (if indicated) – Narratives are needed if your program experienced a significant success, barrier or a significant change to your program's process, including new startup, expansion, or case management.**

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FOR IDPH Use Only

Application No. _____

Date Received _____



**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
APPLICATION FOR PUBLIC HEALTH GRANT**



**Office of Health Promotion
Oral Health Needs Assessment and Planning Grant**

Section 1. APPLICANT INFORMATION	
Legal name of applicant <i>(Attach copy of W-9)</i>	
Name and Title of Chief Officer <i>(If more than one, attach a list of all officers)</i>	Name: Title: Address: Phone: Fax: E-mail:
Applicant Address	
City, State, ZIP	
Telephone	
Fax	
E-mail	
Website	

Section 2. APPLICANT GRANT HISTORY	
Description of Applicant Organization <i>(200 character maximum)</i>	
Has this Applicant received a grant from the federal government or the State of Illinois within the last three years? If yes, provide the following: <i>(Add additional rows if needed)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO Agency providing grant funding: Grant Number: Grant Amount: Grant Term: Brief Description of grant:

Federal Employer Identification Number (FEIN) or, if not an organization, Social Security Number (SSN) of applicant.		
If applicable, list all names and FEINs registered to your organization or have been registered during the last three years.	Name:	FEIN:
	Name:	FEIN:
	Name:	FEIN:
DUNS number		
Illinois Department of Human Rights Number, if applicable		
Legislative Senate District		
Legislative House District		
Congressional District		

Section 4. KEY GRANT CONTACT INFORMATION	
Grant Application Contact/Title	
Telephone	
Fax	
E-mail	
Fiscal Contact/Title	
Telephone	
Fax	
E-mail	

Section 5. GRANT PROJECT PROPOSAL	
Project title	Dental Sealant Grant Program
Brief project description <i>(350 character maximum). Note the Scope of Work must be completed separately.</i>	The Dental Sealant Grant Program provides for the application of dental sealants to selected permanent molars for a targeted number of eligible children. This school-based/linked program includes: preventive oral health care, oral health education and case management to dental homes.

Project period <i>(Include start and end date)</i>	July 1, 2013 – June 30, 2014
Total amount of funding requested from IDPH	
Total applicant match or in-kind contribution	N/A
If subcontractors will be used under this grant application, provide name, address and description of services. (Attach additional sheets if necessary.)	Subcontractor name: Address: City, State, ZIP: Phone: Description of services: Subcontractor name: Address: City, State, ZIP: Phone: Description of services:

Section 6. GRANT BUDGET SUMMARY		
<i>(Note: This section is for summary purposes only. A detailed budget is/may be required. See Section 7)</i>		
Budget Line Items Requested	Requested Grant Budget Amount	Applicant Match of In-Kind Contribution
Patient/Client Care (use the Fee-For-Service calculation tool found in Attachment C)		N/A
Operations Allocation (see page 11)		N/A
Equipment, if application (see page 9)		N/A
Grand Total		

Section 7. GRANT SCOPE OF WORK

DENTAL SEALANT GRANT PROGRAM Grant Application Guidance

(Fiscal Year 2014 — July 1, 2013 through June 30, 2014)

A. Program Description

The **Dental Sealant Grant Program** (DSGP) assists Illinois schoolchildren who are most at risk for dental caries by granting funds, providing technical assistance, and training to public health departments and to other service providers to develop and to implement community-based oral health programs. Dental sealants are a plastic coating applied to the pit and fissure (grooved) surfaces of molars and premolars that "seal" out dental decay. When combined with appropriate diet, home care and use of fluorides, dental sealants can virtually eradicate dental decay - the most common childhood chronic disease. This school-based/linked program includes: preventive oral health care, oral health education and case management to dental homes. It has been the catalyst for expanding community-based oral health programs throughout the state. It is an essential component to a continuum of oral health care focusing on children and their families who are at the most risk for dental disease. The DSGP currently exists in 61 of the state's 102 counties and serves approximately 170,000 children. Annually, more than 360,000 dental sealants are placed. National goals and objectives regarding oral health have been established through Healthy People 2020 (HP 2020). To see the complete list of objectives, visit <http://healthypeople.gov/2020/LHI/oralHealth.aspx>

Program Goals: To increase the proportion of children who have received protective sealants on their molar teeth. (HP2020: OH-12)

Objectives: To increase the proportion of children who receive oral health care. (HP2020: OH-7, OH-8)

To increase the number of communities with public health oral health programs. (HP2020: OH-9, OH-10)

To increase the proportion of very young children receiving fluoride varnish applications. (HP2020: OH-8)

To increase the proportion of children in kindergarten, second and sixth grades receiving required school dental examinations. (DSGP objective)

To increase the proportion of eligible children benefitting from All Kids oral health benefits. (DSGP objective)

To increase the number of dentists participating as providers in the Illinois Department of Healthcare and Family Services dental program. (DSGP objective)

The Dental Sealant Grant Program will provide grantees reimbursement for the application of dental sealants to selected permanent molars for a targeted number of eligible children in a jurisdiction with a preference to local health departments as service providers. The program is designed to assist school personnel and families by assuring access to: oral health education, fluoride varnish, All Kids enrollment, and referral to a dental home. The program also helps families comply with the mandatory school dental examinations for children in kindergarten, second and sixth grades. The Division of Oral Health staff is available to provide technical assistance as you develop and implement a program in your community.

Illinois Department of Public Health Division of Oral Health

Regional Oral Health Consultants

- Kathleen Thacker, RDH, MPH
 309.693.5397
 Kathleen.Thacker@illinois.gov
- Mary Christen, RDH, BS
 618.656.6680
 Mary.Christen@illinois.gov
- Ann Roppel, RDH, BA, CDHC
 217.278.5922
 Ann.Roppel@illinois.gov

Chicago Office

312.814.1278
 David Miller, DDS, Division Chief
 David.Miller@illinois.gov

Central Office

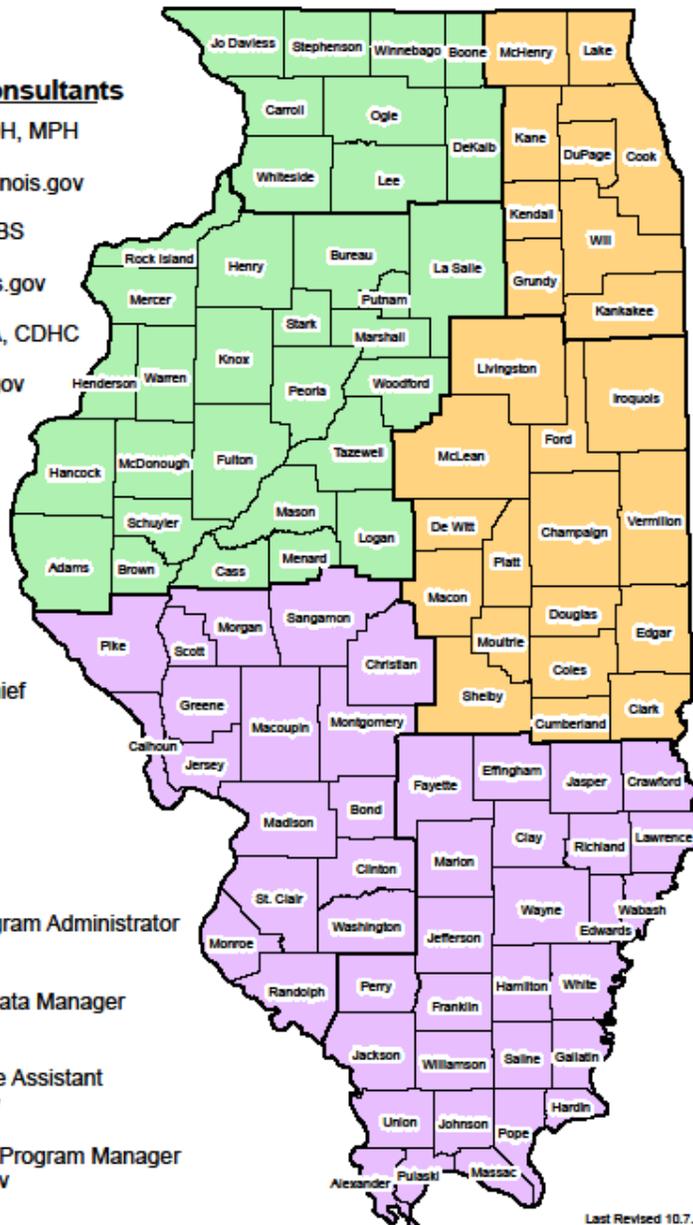
535 W. Jefferson St.
 Springfield, IL 62761
 217.785.4899

Julie Janssen, RDH, MA, Program Administrator
 Julie.Janssen@illinois.gov

Stacey Ballweg, Grants and Data Manager
 Stacey.Ballweg@illinois.gov

Dean Strassner, Administrative Assistant
 Dean.Strassner@illinois.gov

Rose Mutzbauer, Fluoridation Program Manager
 Rose.Mutzbauer@illinois.gov



Last Revised 10.7.2011

For program development references

- ✦ Seal America: The Prevention Invention, 2nd Edition – www.mchoralhealth.org/SEAL/
- ✦ IDPH Fact Sheet – <http://www.idph.state.il.us/HealthWellness/oralhlth/oralsealants.htm>
- ✦ IDPH Providing Dental Sealants in Schools... Easier than you may think! – <http://www.idph.state.il.us/HealthWellness/oralhlth/Sealant%20Marketing%20-%20Providing%20Dental%20Services%20in%20Schools%20final.pdf>
- ✦ Illinois State Board of Education – <http://www.isbe.state.il.us/research/htmls/immunization.htm#d>
- ✦ HFS Dental Office Reference Manual – <http://www.hfs.illinois.gov/html/100512n.html>

Eligible children are those school aged who are eligible to participate in the free or reduced school meals program. Based on tooth eruption, first permanent molars erupt at age 6 and second permanent molars at age 12. Placing dental sealants as soon as possible after the tooth erupts is best. The first and second permanent molars are most likely to develop cavities on the chewing surfaces in their deep pits and grooves. Targeting children in the second and sixth grades is most effective and efficient. Providing sealants for children is usually best in school settings.

Targeting families that are eligible for the school's free or reduced meals program is an excellent way to reach this high risk population. Prioritizing schools with the highest rate of eligible children is best to reach high risk children if all schools cannot be served.

The enclosed targeting forms (Attachments B, C, and D) will assist you to determine the amount of grant funding needed to provide care to the children in your community. Grantees may choose to use the services of a sub-contractor to provide care.

The Dental Sealant Grant Program may provide grantees a one-time award (not to exceed \$7,500) for assisting in the purchase of portable dental equipment, specific for implementing a school-based program. The grantee must demonstrate they do not possess such equipment and they do not have access to obtain such equipment on loan. The grantee will assure such equipment will be purchased at the least expensive cost as established by the Division of Oral Health. In the event the grantee discontinues the program at any time, possession of the equipment will revert to the Illinois Department of Public Health.

In 2005, the Illinois School Code was revised by the 93rd Illinois General Assembly requiring schoolchildren in kindergarten, second and sixth grades to receive a dental examination prior to May 15 of the school year. Grantees should work with schools to meet the needs of targeted children who may not have access to the dental examinations outside of your oral health program.

In March 2008, the Journal of the American Dental Association published articles reporting recommendations regarding dental sealants. The findings, although specific for private dental providers, affirm the program philosophy and can be a useful tool in marketing the programs.

-AND-

In November of 2009, the Journal of the American Dental Association published an article reporting recommendations and reviews of evidence of caries prevention through school-based dental sealant programs. The findings are based on the Centers for Disease Control and Prevention expert workgroup that affirm this program's philosophy and are a useful tool in marketing and program development (<http://jada.ada.org>).

B. Program Requirements

- * Demonstrate accessibility to the target population. (Targeting and school eligibility forms are attached.)
- * Agreements must be in place among participating parties (e.g., school administration for school-based program), sub-contracts, memoranda of agreement, letters of support from appropriate community agencies, schools and other organizations, parent permission slips and referral forms. Schools must allow providers and IDPH personnel access to children for long-term retention checks for quality assurance.
- * A written protocol outlining the specific process for referral and case management to the oral health care delivery system of children found to need treatment services.
- * A written protocol outlining All Kids outreach and enrollment.
- * A written protocol outlining oral health education for children, preferably classroom education prior to dental sealant program participation.
- * A written protocol demonstrating evidence of Medicaid/All Kids denial and procedures for billing Medicaid/All Kids patients.
- * A written protocol for quality assurance including:
 - * technical acceptability of sealant application procedure, including use of blunt ended explorers during examinations if explorers are used (use of sharp explorers is not recommended in detection of occlusal decay), and use of only white sealant application materials approved by the American Dental Association, and;
 - * long-term sealant retention rate collection (Retention Rate Forms and protocol are enclosed – Attachments G, H, and I). Assure retention rates of 90 percent or higher and provision of technical assistance for any provider falling below 90 percent. Permission slips must reflect provision for long-term retention checks by providers and IDPH QA audits.
- * Document conformity of proposed activities to professional standards, the Illinois Dental Practice Act and Rules Administering the Illinois Dental Practice Act (<http://www.dpr.state.il.us>), Centers for Disease Control and Prevention (CDC) on infection control and hand washing (<http://www.phppo.cdc.gov/cdcrecommends>) and (www.cdc.gov/handhygiene/) and Illinois Department of Healthcare and Family Services school-based provider requirements.
- * Guarantee provision of **dental sealants** for all appropriate teeth based on CDC recommendations.
- * Assure experienced and competent staff.
- * Comply with Illinois Department of Healthcare and Family Services school-based oral health program requirements, including using best effort to update/maintain Google schedule calendar and to notify staff to changes weekly.
- * Comply with fiscal and program reporting requirements of the Illinois Department of Public Health. Submission of monthly reporting is to include sealant and Medicaid data.
- * Attendance at educational meetings as requested by the Division of Oral Health.

Written protocols must be available upon request by the Illinois Department of Public Health.

Each applicant may request up to \$500 to cover the costs of program activities. This should be
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The Division of Oral Health has limited funds to assist with operational costs and will entertain applications requesting operation allocation funds. Requests should not exceed \$500. Priority will be given to applications that address the following criteria:

- Program Development – To assist new grantees in communities not currently covered.
- Program Expansion – To assist existing grantees to expand to serve more children.
- Program Conversion – To assist grantees in restructuring existing programs (i.e., converting from subcontractor-based program to local-based program).
- Case Management – To assist grantees to assure children/families are linked to dental homes.
- Build sustainable community-based oral health programs employing staff with oral health expertise and linking families to dental homes.

he Operations Allocation line of the budget form.

C. Payment Methodology

The method of compensation for the Dental Sealant Grant Program is fee-for-service. The Illinois Department of Public Health will pay the grantee the below rate for the following school-based services for children enrolled in free and reduced meals who are not enrolled in Medicaid/All Kids:

- 1) \$16.00 for each permanent molars sealed;
- 2) \$11.00 for each examination per child in the second and sixth grades; and
- 3) \$11.00 for each examination per child receiving dental sealants. The grant does not pay for dental exams on children who do not receive sealants except for children in the second and sixth grades.

A monthly program report (Attachment E), including fees to be reimbursed, must be provided to the Illinois Department of Public Health by the grantee no later than 30 days after the end of the month

using a reporting form supplied by the Division of Oral Health. **Monthly reports must be submitted even when there is no reimbursement requested.** Electronic copies of the billing forms may be obtained by contacting Stacey Ballweg at 217.785.1072 or <Stacey.Ballweg@illinois.gov>.

In addition, a one-time reimbursement for purchase of equipment (not to exceed \$7,500) may be authorized in the initial grant period. Equipment requests must be for portable units specifically designed for implementing a school-based program. In the event the grantee discontinues the program, possession of the equipment will revert to the Illinois Department of Public Health.

Program costs funding (operations allocation) will be reimbursed through submission of Certificate of Reimbursement forms.

The final reimbursement request must be received by the Illinois Department of Public Health no later than July 31, 2014.

D. Source of funds

Maternal and Child Health Services Block Grant

E. Contact

For additional information, contact Julie Janssen at 217.782.7943 or e-mail <Julie.Janssen@illinois.gov>.

F. Application

Required documents for the Division of Oral Health, Dental Sealant Grant Program Application include:

- Illinois Department of Public Health, Application for Public Health Grant
- Grant Award Request Form (Attachment A) – narrative (if indicated) and timeline for FY14 depicting when the program is providing services
- Targeting Forms – A and B (Attachments B and C)
- Subcontractor(s) information is required on the Public Health Grant Application. Also include a copy of the contract with the subcontractor (or a draft of the contract until a contract is finalized)
- Copies of agreements with schools, referral sources and other partners

For continuation applications, the narrative should address any significant changes or accomplishments during FY13. (May include charts, graphs, or tables.)

Proposed revisions to the project shall be submitted as part of the narrative to justify a significant change in requested funding.

For those grantees using SEALS program, include a brief evaluation and experience of utilizing the SEALS program.

G. Evaluation/Funding Criteria

Applications will be reviewed, evaluated, and funded based on program need as demonstrated on targeting forms, availability of funds and, if appropriate, histories of efficient use of dental sealant grant funds.

Applications must be received by the close of business (5:00 p.m.) on April 26, 2013. Send two originals to:

Illinois Department of Public Health
Division of Oral Health
535 West Jefferson Street
Springfield, Illinois 62761

or you may submit your grant application electronically to <DPH.OralHealth@illinois.gov>. Grant applications submitted electronically require an electronic signature on the application.

Name of Grant Program Dental Sealant Grant Program

Legal Name of Applicant _____

Section 8. APPLICANT CERTIFICATION

Under penalty of perjury, I certify that I have examined this application and the document(s), proposal(s), and statement(s) submitted in conjunction herewith, and that to the best of my information and belief, the information contained herein is true, accurate, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this grant application is approved for funding.

I, hereby release to IDPH, the rights to use photographs and/or written statements of information, regardless of the format, contained in or provided after the grant application for the purposes of publication on the IDPH web site, unless the applicant submits a written request asking that the information not be disclosed.

Signature _____ Printed Name/Title _____ Date _____

FOR DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE

Type of Grant Application

- Direct Appropriation
- Allocation by Administrative Rule
- Competitive Request for Application
- Statutory Board Review Required
- Formula and/or Caseload Allocation
- Non-Competitive

Funding Source:

- General Revenue Fund
- State Special Fund
- Federal

Grant Application Funding Recommendation by Division/Program:

<input type="checkbox"/>	Grant Application Disqualified/Not Eligible for Funding under this Award
<input type="checkbox"/>	Grant Application Recommended for Funding at Full Request
<input type="checkbox"/>	Grant Application Recommended for Funding at \$_____.

Division Chief/Program Manager: _____ Date: _____

Grant Application Funding Recommendation Approved by:

Deputy Director _____ Date: _____

Grants Review Committee Score: _____ (Full review grants only)

Assistant Director _____ Date: _____

**DENTAL SEALANT GRANT PROGRAM
GRANT AWARD REQUEST
(Fiscal Year 2014 — July 1, 2013 through June 30, 2014)**

Agency _____

County(ies) Served _____

Address _____

Contact Person _____

Phone _____ Fax _____

E-Mail _____

Patient Care	\$ _____
Equipment (new grantees – \$7,500)	\$ _____
Operations Allocation Request	\$ _____
TOTAL Award Request	\$ _____

List subcontractor(s) on the Public Health Grant Application, Section 5. **Include copy of contract(s) as an attachment.** A draft copy is adequate until a contract is finalized.

- Protocols in Place:
- | | | |
|----------------------------------|------------------------------|-----------------------------|
| Patient Referral/Case Management | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| All Kids Outreach | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medicaid/All Kids Billing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Quality Assurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Retention Rates | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sealant Application Procedure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Oral Health Education | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Retention Rates: FY12 - Average Long-Term Retention Rate _____%

1. Does your oral health program have a designated and/or dedicated budget?
(A line-item in agency's budget designated for dental) Yes No

2. Do you use general supervision of dental hygienists in your program? Yes No

(Continued on next page)

**DENTAL SEALANT GRANT PROGRAM
GRANT AWARD REQUEST
(Continued)**

3. Do you serve children in second and sixth grades **only**? Yes No
 Do you serve children in all grades? Yes No
 Do you serve children in Pre-K? Yes No
 Do you serve children with special health care needs? Yes No
4. Do you provide topical fluoride applications? Yes No
 Do you use fluoride varnish? Yes No
 Do you use fluoride gel or foam? Yes No
 Do you assist schools to implement weekly school-based fluoride mouthrinse programs? Yes No
5. Do you use volunteer dentists and/or dental hygienists? Yes No
6. Do you provide sealants in a school-based setting? Yes No
 Do you provide sealants in a dental clinic or office? Yes No
 If yes, is your program linked to a school? Yes No
7. Do you collect oral health data from the program? Yes No
 Is the data entered into a computerized data system? Yes No
 If yes, which software do you use?
 Software _____
8. Do you have a dental sealant program coordinator? Yes No
 If yes, is the coordinator an oral health professional? Yes No
 If yes, is the coordinator 1 FTE in the oral health program? Yes No
9. Do you have a case management system to assure referral? Yes No
- Children who receive services in the school-based dental program with an oral health score of 2 or 3 will be referred back to the school-based provider's office to provide necessary follow up care and establish a dental home.
- Children who receive services in the school-based dental program with an oral health score of 2 or 3 will be provided necessary follow-up by the school-based provider through the use of mobile restorative equipment. A yearly visit to the school by this provider/entity will be scheduled to establish a continuation of care and case management as a mobile dental home.
- Children who receive services in the school-based dental program with an oral health score of 2 or 3 will be provided case management to follow-up care and provide referrals to the parent/guardian for necessary treatment. The case manager will locate a dental provider who is willing to accept each child into their practice to perform required follow-up care and provide a dental home.
- Other. Please briefly describe.

(Continued on next page)
DENTAL SEALANT GRANT PROGRAM
GRANT AWARD REQUEST
(Continued)

Attachment A

- 10a. What is your program's jurisdiction (i.e., city, township, county, multiple county, school district, etc.)?
- 10b. List all by name: (May attached separate sheet if needed.)

Timeline

Provide a timeline indicating when the program will be providing services in FY14.

Narrative (*Does not apply to new grantees*)

Provide a narrative if your program experienced significant successes, barriers or if you plan any significant change to your program process (including new startup, expansion, or case management).

TARGETING FORM A — REQUIRED
Dental Sealant Grant Program (DSGP)

Fill out this form for all schools in your community that you are planning to target for the sealant program.

Schools should be given preference where more than 50 percent of the children are enrolled in the free and reduced meals (FRM) program. Indicate with a checkmark, the schools that have more than 50 percent of the children enrolled in the free and reduced meals program.

This form can be used to determine which schools in the community will benefit most from participating in the program.

You may choose to serve a selected number of schools targeting all eligible children in the school, then rotate schools each year.

Schools should be able to provide an estimated number of children enrolled in the free and reduced meals program.

Illinois State Board of Education website provides the number/percent of children enrolled in the free and reduced meals program for each school. For list of schools: <http://www.isbe.state.il.us/research/htmls/directories.htm>

TARGETING FORM A — REQUIRED
Dental Sealant Grant Program (DSGP)

Target Schools

List Schools	✓ if >50% FRM	REQUIRED		
		1	2	3
		Total number of students in targeted grades	Targeted Children Total number of students participating in free and reduced meals program (including All Kids / Medicaid) (Estimated)	Total number of students enrolled in All Kids / Medicaid (Estimated)
Smith Junior High	✓	102	81	65
Jones Elementary	✓	263	182	141
Washington Elementary		140	32	24
TOTALS	2	505	295	230

Example

Column #2 minus Column #3 = Total targeted grant children ⇒ 65
 For Targeting Form B
 (Attachment C)

Column #3 = Total Medicaid children ⇒ 230
 For Targeting Form B
 (Attachment C)

Total number of schools greater than 50% Free and Reduced Meals Program ⇒ 2
 For School Eligibility Form

(Attachment J)

TARGETING FORM B — REQUIRED
Dental Sealant Grant Program (DSGP)

Prepare Targeting Form A and use total numbers from all participating schools to complete this form. **These rates are current as of March 2013 and are subject to change.** Assume Medicaid/All Kids wherever you see Medicaid on this form.

Calculate Grant Funding Request (*Estimates*):

- Permission Slip Return Rate _____ ⇒ Divide the number of permission slips returned by the number of permission slips distributed. Calculate permission slip return rate based on previous years' programs, your experience, or the school(s) input. (First time grantees: estimate based on other school programs or use 50 percent.)
- Number of Targeted Grant Children _____ ⇒ From Targeting Form A.
- Number of Grant Children to be served _____ ⇒ Multiply the number of targeted grant children with the permission slip return rate.
- DSGP GRANT FUNDING REQUEST** _____ ⇒ Multiply the number of grant children to be served by \$43.00.
 [exam (\$11.00) + sealants (2 @ \$16.00=\$32.00)]

Calculate Medicaid Revenue (*Estimates*):

- Number of Medicaid Children _____ ⇒ From Targeting Form A.
- Number of Medicaid Children to be served _____ ⇒ Multiply the number of Medicaid children with the permission slip return rate.
- Estimated Total Medicaid Revenue _____ ⇒ Multiply the number of Medicaid children to be served by \$100.00.
 [exam (\$28.00) + sealants (2 @ \$36.00=\$72.00)]
- Other Medicaid Revenue (Optional) _____ ⇒ Multiply the number of Medicaid children to be served by \$67.00.
 [prophy (\$41.00) + fluoride (\$26.00)]
 Some DSGPs choose to provide the additional preventive services of prophylaxis and preventive fluoride for the students on Medicaid.

The Total Medicaid/All Kids and Total Grant Revenues are estimates. The Dental Sealant Grant Program reimburses for all exams on 2nd and 6th graders even if those children do not receive (need) dental sealants. For children in other grades, exams will be reimbursed only if sealants are placed.

**TARGETING FORM C — NOT REQUIRED – Use for Program Planning
Dental Sealant Grant Program (DSGP)**

This information will assist you and your provider to determine the amount of time needed for your program. The number of DSGP children and the number of Medicaid/All Kids children to be served is found on Targeting Forms A and B. When calculating time needed for each student, take into account:

- * If your program examines children in the dental chair then immediately provides dental sealants, if needed.
- * If your program examines all children first, then you will need to add the number of days needed for those examinations to the number of days needed in school.

Calculate Production Schedule\Time Needed:

Time needed per student	_____ Hours	⇒	Every provider may differ in speed and skill of dental sealant application.
Time available each day	_____ Hours	⇒	This depends on issues, such as transportation, school calendar and provider availability. A typical school day is 6.5 hours.
Number of providers/equipment	_____	⇒	Ask your participating dentist or subcontractor for the number of providers/chairs they will fill at one time.
Number of students each day	_____	⇒	Divide the available hours each day by the time needed for each student. Multiply this number by the number of providers/equipment.
Number of days needed in school	_____	⇒	Divide the total number of students to be served (DSGP and Medicaid) by the number of students each day.

DENTAL SEALANT GRANT PROGRAM / MONTHLY PROGRAM REPORT SHEET
IDPH/Office of Health Promotion/Division of Oral Health
Fiscal Year 2014

Agency Name: _____	TIN #: _____
Agency Address: _____	Grant #: _____
Contact Person: _____	
Phone #: _____	

FOR ALL PROGRAMS
 (for an electronic version of this form, please contact <Stacey.Ballweg@illinois.gov>)

	Number		Amount Reimbursed
SEALANTS (total # of permanent 1st and 2nd molars sealed)	_____		\$0.00
GRANT ELIGIBLE EXAMS Individual Exam Form attached (The number of exams performed on all second & sixth grade children in addition to the number of exams for children in other grades <u>if</u> the child received a sealant)	_____		\$0.00
OTHER EXAMS (The number of exams performed on children that did not receive a sealant - excluding children in second or sixth grade)	_____	x \$28.00 =	\$0.00
			(total)
			for Department Use

* Expenses reported have been adjusted to reflect the rates established in the executed grant agreement

Summary of Children Served			
TOTAL # OF CHILDREN SERVED		TOTAL # OF SEALANTS APPLIED	
# of DSGP Children	_____	# of DSGP sealants	_____
# of Medicaid/All Kids Children	_____	# of Medicaid/All Kids sealants	_____
# of other children (other funding)	_____	# of other sealants (other funding)	_____

Signature (Authorized Agency Official) _____ Date _____

Submit one original of the Monthly Program Report Sheet and one copy of the individual exam form for grant-eligible exams and sealants

IDPH Use	
Program Approval _____	Date _____
Division Chief Approval _____	Date _____
Office Accountant _____	Date _____

DSGP Child

Medicaid/All Kids Child

Dental Sealant Grant Program Individual Dental Exam and Recording Form
Illinois Department of Public Health

Attachment F

Agency Name _____

Child's Name _____
(Last) (First)

Child's Address _____

Date of Birth ____/____/____

Race: White Black Asian/Pacific Islander

School Name _____

School Code _____
Region County District School Type

Sealants Present: Yes No *(Prior to exam — 1st permanent molars only)*

Caries Experience: Yes No *(A filling (temporary/permanent), OR a tooth that is missing because it was extracted as a result of caries.)*

Cavitated Lesion: Yes No *(At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.)*

Urgent Treatment: Yes No *(Abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling.)*

Initial Exam Record

(Tooth #/Letter – D,M,F — specify tooth surfaces affected and type of restoration present)

Treatment Record

Service	Date	Tooth #							
		2	3	14	15	18	19	30	31
Exam									
Seal									
Retention									
Reseal									
Referral									

Total # of permanent molar sealants _____

Exam (child either received a sealant or is in second or sixth grade) Yes No

Dentist Signature _____

(Rev. 04/04/2008)

Retention Checks

Retention checks are an excellent way to measure effectiveness of the dental sealant program. The primary reason that a dental sealant is retained is proper application. **The Division of Oral Health requires that retention rates be 90 percent or higher.** If the rate falls below 90 percent, the grantee must seek technical assistance and re-mediation and report resolution to the Division of Oral Health. The most common clinical areas that may cause a lower retention rate are: defective sealant material, water in the air lines, inadequate etching and rinsing time, problems keeping a dry field of operation.

The Division of Oral Health asks each Dental Sealant Grant Program to report long-term retention rates annually. Long-term rates reflect retention for one year or more from application.

Retention Protocol

1. Check long term retention rates the following year.
2. Check retention rates on a 20 percent sample of students from each provider.
3. The sample of students should be selected as follows:
 - * List all students who received sealants.
(Existing list, classroom list, or clinic list).
 - * Select every 5th student starting with the first student – number 1.
i.e., 1st, 6th, 11th, 16th, etc.
 - * Complete the Retention Rate Form to obtain retention rate.
4. Use a code selected by your agency to list providers and students.

DENTAL SEALANT GRANT PROGRAM

Attachment H

Long-term Retention Rates - Required for Division of Oral Health

Agency _____

School Year _____

1	2	3	4	5	6
Provider Identifier	Total number of Teeth Sealed	Total number of Teeth Needing Add-on Sealant	Total number of Teeth Needing Total Re-Seal	Total number of Teeth with Retained Sealant <i>(Column 2 minus Columns 3 and 4)</i>	Retention Rate <i>(Column 5 divided by Column 2 X 100)</i>
					%
					%
					%
					%
					%
					%
					%
					%
Column 6 Total					%
Overall Program Retention Rate - Column 6 total divided by number of entries in column 6 =					%

DENTAL SEALANT GRANT PROGRAM

Long-Term Retention Rates - For Grantee Use - Do not submit to the Division of Oral Health

Provider/Operator _____

School _____

1	2	3	4	5
Student Identifier	Total number of Teeth Sealed	Total number of Teeth Needing Add-on Sealant	Total number of Teeth Needing Total Re-Seal	Total # of Teeth with Retained Sealant <i>(Column 2 minus Columns 3 and 4)</i>
TOTALS				
Retention Rate - Divide total of Column 5 by total of Column 2 then multiply by 100 =				

School "Eligibility"

_____ Number of schools eligible (All in your jurisdiction: public, private, special, grade center, elementary, middle, intermediate, junior high school, high school) – FY13 school list

_____ Number of schools that you have selected to serve (your criteria) – FY13 school list

Calculate percent of eligible schools with >50% students on the free and reduced meals (FRM) program that you serve/target –

$$\frac{\text{\# of schools selected with >50\% FRM (from Targeting Form A)}}{\text{\# of selected schools (above)}} = \text{\% with >50\% FRM students}$$

Example: $\frac{2}{3} = 67\% (0.67)$
schoools selected with >50% FRM *total # schools selected* *percent with >50% FRM students*

Check each item that factors into your selection criteria.

Check all grades you serve.

- Percent of High Risk (% on FRM)
- Proximity to: LHD and/or dental clinic
- Within a political jurisdiction
- Amenable administration
- Within the 365 + 1 day requirement
- Private
- Public
- Grades

- Pre-K
- Elementary
- Middle
- Intermediate
- Junior High School
- High School
- Special Education
- Grade Center

_____ Number of schools selected in FY12 (2011-2012 school year)

_____ Number of schools served in FY12 (2011-2012 school year)

If the number served is different than those "selected," or if there were changes to which schools actually participated, please indicate reason(s):

- Time/Schedule
- Staff – quit, hired, not able to treat special needs
- Number of permissions
- School would not let you in – testing, no extras, went with a competing program
- Medicaid reimbursement (365 + 1 day)

Please include, on a separate sheet, for FY13, list schools served and the number of children completed in each – noting either Medicaid or other. Use the 15 digit school code. Use estimates for schools scheduled between now and the end of the current grant year.

Comments: