Fiscal Year 2007 grants will be funded for nine months in order to realign these programs to the state fiscal year in subsequent years. (July 1 to June 30)

In order to streamline the grant application process, the Division of Oral Health has developed several tools to assist with grant submission as well as program planning. The grant application guidance, targeting and budgeting forms are enclosed. Please complete the timeline, forms and narrative. Return the original and two copies to the Illinois Department of Public Health, Office of Health Promotion, Division of Oral Health, 535 West Jefferson Street, Springfield, Illinois 62761 by the close of business on July 14, 2006. Late grant applications will not be reviewed. The enclosed Grant Award Request Form, narrative, timeline, Targeting Form A, Targeting Form B, all proposed agreements, subcontracts, letters of support, and copies of parent permission slips and referral notices are all required.

ATTACHMENTS:

Dental Sealant Grant Program Grant Application Guidance
Billing Form Cover Sheet / Monthly Program Report Form
Individual Report Form
Retention Rate Protocol
Retention Rate Collection Form
Retention Rate Reporting Form
Grant Award Request Form
Targeting Forms A, B, & C
DENTAL SEALANT GRANT PROGRAM
Grant Application Guidance

(Fiscal Year 2007 — October 1, 2006, through June 30, 2007)

Fiscal Year 2007 grants will be funded for nine months in order to realign these programs to the state fiscal year in subsequent years. (July 1 to June 30)

A. Program Description

The purpose of the Dental Sealant Grant Program is to assist providers of public health services to develop and implement appropriate and feasible programs with clear and measurable objectives to provide dental sealants to Illinois children at high risk for dental caries. The Division of Oral Health will provide training and technical assistance for your agency. The FY2007 Grantee Workshop(s) will be scheduled the third week of October 2006. The workshop agenda includes vital program information and all grantees should attend.

Program Goal: To increase the proportion of children who have received protective sealants on their molar teeth. Target: 50 percent, Healthy People 2010 Oral Health Objective 21-8. 2004 IL Baseline: 27 percent.

With a preference to local health departments as service providers, 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. Eligible children are those ages 5 through 17 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. 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. Programs may contact the Division of Oral Health for a variance for the target grades based on community-specific need. Providing sealants for children is usually best in school settings. Targeting schools with the highest rate of low income children is best if all schools cannot be served.

Enclosed targeting forms 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 subcontractor 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 for the program. The grantees must demonstrate that they do not possess such equipment and that they do not have access to obtain such equipment on loan in their area. The grantees will assure that such equipment will be purchased at the least expensive cost as established by the Division of Oral Health. In the event that the grantees discontinue the program at any time, possession of the equipment will revert to the Illinois Department of Public Health.

In 2004, the Illinois School Code was revised by the 93rd Illinois General Assembly. The revisions require every schoolchild in kindergarten, second and sixth grades receive a dental examination prior to May 15th of the school year. IDPH will provide updates regarding the mandate at the Dental Sealant Program Grantee Workshops. This dental examination mandate gives us a great opportunity to assist schoolchildren, their families and the schools to complete this requirement. As you plan your FY07 year, consider the possibilities of working with your schools to meet the needs of the low income children who may not have access to the dental examinations outside your sealant program. The Division of Oral Health staff is available to work with you to assure exams.

B. Program Requirements
Demonstrate accessibility of the program to the target population, including a description of the target population for baseline data. (Targeting forms are enclosed.)

Agreements among participating parties (e.g. school administration for school-based program), subcontracts, memoranda of agreement, letters of support from appropriate community agencies, schools and other organizations, and parent permission slips and referral forms. School must allow providers and IDPH quality assurance access to children for long-term retention checks.

A written protocol outlining the specific process for referral to the oral health care delivery system of children found to need treatment services.

A written protocol outlining KidCare outreach and enrollment.

A written protocol outlining oral health education for children, preferably classroom education prior to dental sealant program participation. The Division of Oral Health has developed an oral health education toolbox for your use. Each new grantee will receive an education toolbox in order to provide uniform oral health education to classroom children. More information will be provided at the fall grantee workshop(s).

A written protocol demonstrating evidence of Medicaid/KidCare denial and procedures for billing Medicaid/KidCare 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 caries) 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). 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](http://www.dpr.state.il.us) and Centers for Disease Control and Prevention on infection control and hand washing [http://www.phppo.cdc.gov/cdcrecommends](http://www.phppo.cdc.gov/cdcrecommends) and [www.cdc.gov/handhygiene/](http://www.cdc.gov/handhygiene/). NIH & 1995 JPHD

Guarantee provision of dental sealants for Medicaid/KidCare enrolled children.

Assure experienced and competent staff to accomplish the program.

Attendance at educational meetings and networking sessions as requested by the Division.

Comply with fiscal and program reporting requirements of the Illinois Department of Public Health.

C. Payment Methodology

The method of compensation for the Dental Sealant Grant Program will be fee-for-service. The Department will pay the grantee at the rate equal to the 2005 Medicaid rate for school-based services per permanent molar sealed and examination per child receiving dental sealants and all participating children in the second and sixth grades not enrolled in Medicaid/KidCare. The grant does not pay for dental exams on children who do not receive sealants except for children in the second and sixth grades.

In addition, a one-time reimbursement for purchase of equipment (not to exceed $7,500) may be authorized in the initial grant period. In the event that the grantee discontinues the program at any time, possession of the equipment will revert to the Illinois Department of Public Health.

A monthly program report, including fees to be reimbursed, must be provided to the Department 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.
Reimbursement requests for services provided between October 1, 2006, and June 30, 2007, must be submitted to IDPH prior to August 15, 2007, in order to be paid.

The final reimbursement request shall be received by the Department within 45 days after the end of the grant award period.

D. **Source of funds**

Maternal and Child Health Services Block Grant

E. **Contact**

For additional information, please contact Ms. Julie Ann Janssen at 217-785-4899 or e-mail at <julie.janssen@illinois.gov>.

F. **Application**

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

- Grant Award Request Form – narrative (for continuation grants – includes a progress report from FY06) and timeline for FY07
- Targeting Forms – A & B
- List of subcontractors is required on the Award Request form and a copy of the contract with the subcontractor (or a draft of the contract until a contract is finalized)
- Copies of agreements with schools
- Letters of support
- Copies of parent permission and referral documents

For continuation applications, a brief annual progress report must be submitted in the narrative. The annual progress report shall address any significant changes, describe the accomplishments during FY06, and may include charts, graphs or tables in addition to the retention rates and narrative report. Proposed revisions to the project shall be submitted as part of the narrative to justify a significant change in requested funding.

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, history of efficient use of dental sealant grant funds. Illinois is one of the premier dental sealant programs in the United States.

Please submit the original and two copies of the application by July 14, 2006, to:

Illinois Department of Public Health
Division of Oral Health
535 West Jefferson Street
Springfield, Illinois  62761
**DENTAL SEALANT GRANT PROGRAM**

**MONTHLY PROGRAM REPORT SHEET**

**Fiscal Year 2007**

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<tr>
<th>Agency Name</th>
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<td>________________________________________________________________________________</td>
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| Address |
| ________________________________________________________________________________|

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<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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<tr>
<th>Contact Person</th>
<th>Phone Number</th>
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<th>Billing Month</th>
<th>Date Submitted</th>
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Total # of grant-eligible children served __________

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<tr>
<th>SEALANTS</th>
<th>@ $14.10</th>
<th>$__________</th>
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<tr>
<td>___________</td>
<td>________</td>
<td>@ $14.10</td>
</tr>
</tbody>
</table>

(Total # of permanent 1<sup>st</sup> & 2<sup>nd</sup> molars sealed)

<table>
<thead>
<tr>
<th>REIMBURSABLE EXAMS</th>
<th>@ $9.90</th>
<th>$__________</th>
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<tr>
<td>___________</td>
<td>________</td>
<td>@ $9.90</td>
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</tbody>
</table>

(Grantees will be reimbursed for exams performed on all second & sixth grade children. Exams will also be reimbursed for children in other grades if the child received a sealant.)

**TOTAL REIMBURSEMENT** $__________

**MEDICAID/SCHIP/KidCare**

Total # of Medicaid/SCHIP/KidCare children receiving exam and/or sealants___________

Total # of sealants placed on Medicaid/SCHIP/KidCare children___________

Signature_____________________________

**Authorized Agency Official**

(Rev. 05/17/05)
Dental Sealant Grant Program Individual Exam Form
Illinois Department of Public Health

Agency Name ________________________________

Child’s Name ____________________________________________
(Last) ____________________ (First) ____________________ (MI) ______

Child’s Address ________________________________
City ____________________ ZIP Code ____________________

Date of Birth ______ / ______ / ______

Hispanic: ☐ Yes ☐ No

Race: ☐ White ☐ Black ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native

School Name ________________________________

Grade: ☐ 2 ☐ 6 ☐ Other ______

School Code ________________________________

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 ½ 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)

<table>
<thead>
<tr>
<th>Service</th>
<th>Date</th>
<th>2</th>
<th>3</th>
<th>14</th>
<th>15</th>
<th>18</th>
<th>19</th>
<th>30</th>
<th>31</th>
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<tr>
<td>Exam</td>
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Total # of permanent molar sealants _______ @ $14.10 ⇒ $__________

Exam fee (child either received a sealant or is in second or sixth grade) @ $9.90 ⇒ + $__________

(Grantees will be reimbursed for exams performed on all second & sixth grade children. Exams will also be reimbursed for children in other grades if the child received a sealant.)

= TOTAL FEE ⇒ $__________

Exam fee (child either received a sealant or is in second or sixth grade) @ $9.90 ⇒ + $__________

Grantees will be reimbursed for exams performed on all second & sixth grade children. Exams will also be reimbursed for children in other grades if the child received a sealant.)

Dentist Signature ________________________________

(Rev. 05/18/05)
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 should be 90 percent or higher. If the rate falls below 90 percent, then the grantee must seek technical assistance and re-mediation and report resolution to the Division of Oral Health. The most common areas of concern are: defective sealant material, water in the air lines, poorly timed etching and rinsing, or problems keeping a dry field of operation.

The Division of Oral Health asks each Dental Sealant Grant Program to 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 that received sealants. (Existing list, classroom list, or clinic list).
   - Select every fifth student starting with the first student – number 1. i.e., first, sixth, 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

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

<table>
<thead>
<tr>
<th>Provider Identifier</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<tbody>
<tr>
<td></td>
<td>Total # of Teeth Sealed</td>
<td>Total # of Teeth Needing Add-on Sealant</td>
<td>Total # of Teeth Needing Total Re-Seal</td>
<td>Total # of Teeth with Retained Sealant (Column 2 minus Columns 3 &amp; 4)</td>
<td>Retention Rate (Column 5 divided by Column 2 X 100)</td>
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<td>%</td>
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<td>Column 6 Total</td>
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<td>%</td>
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<td></td>
<td>Overall Program Retention Rate - Column 6 total divided by # of entries in column 6 =</td>
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<td></td>
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<td>%</td>
</tr>
</tbody>
</table>
## DENTAL SEALANT GRANT PROGRAM

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

**Provider/Operator**

**School**

<table>
<thead>
<tr>
<th>Student Identifier</th>
<th>Total # of Teeth Sealed</th>
<th>Total # of Teeth Needing Add-on Sealant</th>
<th>Total # of Teeth Needing Total Re-Seal</th>
<th>Total # of Teeth with Retained Sealant (Column 2 minus Columns 3 &amp; 4)</th>
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**TOTALS**

**Retention Rate** - Divide total of Column 5 by total of Column 2 then multiply by 100 =
DENTAL SEALANT GRANT PROGRAM
GRANT AWARD REQUEST
(Fiscal Year 2007 — October 1, 2006, through June 30, 2007)

Fiscal Year 2007 grants will be funded for nine months in order to realign these programs to the state fiscal year in subsequent years. (July 1 to June 30)

Agency

County(ies) Served

Address

Contact Person

Phone  Fax  E-Mail

Patient Care  $ 
Equipment (new grantees – $7,500)  $ 
Total Award Request  $ 

List Subcontractor(s)  Include copy of contract(s). A draft copy is adequate until a contract is finalized.

Dentists Medicaid Provider Number (s)  0190- ___ ___ ___ ___  0190- ___ ___ ___ ___  Include all providers that are submitting bills to Medicaid in conjunction with the Program.

Location/Site Code (s)  100- ___ ___ ___ ___  Include all location/site codes that are used in conjunction with the Program.

Protocols in Place:

Patient Referral  □Yes  □No
All Kids Outreach  □Yes  □No
Medicaid/All Kids Billing  □Yes  □No
Quality Assurance  □Yes  □No
Retention Rates  □Yes  □No
Sealant Application Procedure  □Yes  □No
Oral Health Education  □Yes  □No

Retention Rates:  FY05 - Average Long-Term Retention Rate_____%

1. Does your oral health program have a designated and unique budget?  □Yes  □No
2. Do you use general supervision of dental hygienists in your program?  □Yes  □No

(Continued on next page)
3. Do you select schools based on percent of children on free/reduced lunch? □ Yes □ No
   Do you select all schools in your jurisdiction? □ Yes □ No
   Please briefly explain school selection process.

4. Do you target children in second and sixth grades? □ Yes □ No
   Do you serve children in all grades? □ Yes
   □ No
   Do you provide school examinations for children in Kindergarten? □ Yes □ No
   Please briefly explain grade selection.

5. Do you use volunteer dentists and/or dental hygienists? □ Yes □ No
   If yes, please briefly describe.

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
   Do you use both school and clinic/office-based settings? □ Yes □ No
   Please briefly describe.

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, please briefly describe.

8. Do you have a dental sealant program coordinator? □ Yes
   □ No
   Please briefly describe. (Oral Health Professional? FTE?)

9. Do you have a case management system to assure referral? □ Yes □ No
   If yes, please briefly describe.
Narrative:

Provide a timeline indicating when the program will be in schools in FY07.
Continuation Grantees — Provide a brief progress report… address any significant changes.
# TARGETING FORM A — REQUIRED
Dental Sealant Grant Program (DSGP)

Target Schools

<table>
<thead>
<tr>
<th>School</th>
<th>Total # students</th>
<th>Option A</th>
<th></th>
<th>Option B</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total # students participating in free and reduced meals (targeted children)</td>
<td>% of students participating in free and reduced meals</td>
<td>Column 2 divided by Column 1</td>
<td>Total # 2nd grade students participating in free and reduced meals</td>
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</table>

Total # of Targeted Students -- OR + -13-
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/reduced lunch program.

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

There are two options for implementing the sealant program in your schools depending on the amount of time you have, the wishes of your school administrators and the availability of your manpower or vendors:

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

Option B  You may choose to serve all schools in the community targeting second and sixth graders.
    (Optimal ages to find newly erupted first and second permanent molars. Contact the Division of Oral Health for a variance to serve first- and fifth-graders due to possible earlier eruption dates in African-American children.)

Schools should be able to tell you a number of children enrolled in the free and reduced meals program.
TARGETING FORM B — REQUIRED
Dental Sealant Grant Program (DSGP)

Prepare one Targeting Form A and use total numbers from all participating schools to complete this form. These rates are current as of May 2006 and are subject to change. Assume Medicaid/KidCare wherever you see Medicaid on this form.

Calculate Grant Funding Request:

# of Targeted Students

⇒ From Targeting Form A.

# of Targeted Grant Students

⇒ Subtract the number of Medicaid students from the number of targeted students on free or reduced meals. The number of targeted students on free and reduced meals is found on Targeting Form A. The number of Medicaid students is an estimate based on previous year’s programs or your experience or the school(s) input.

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 or your experience or the school(s) input. (First time grantees: estimate based on other school programs or use 50%.)

# of Medicaid Students to be served

⇒ Multiply the number of Medicaid students with the permission slip return rate.

Estimated Total Medicaid Revenue

⇒ Multiply the number of Medicaid students to be served by $136.00. (exam ($28.00) + sealants (3 @ $36.00= $108.00)) Programs report the average number of sealants per child as three. You may use four if that is your program’s average.

Other Medicaid Revenue (Optional)

⇒ Multiply the number of Medicaid students to be served by $67.00. (prophy ($41.00) + fluoride ($26.00)) Some DSGPs choose to provide the additional preventive services of prophylaxis and fluorides for the students on Medicaid.

# of Grant Students to be served

⇒ Multiply the number of Targeted Grant students with the permission slip return rate.

Total DSGP Grant Funding Request

⇒ Multiply the number of Grant students to be served by $52.20. (exam ($9.90) + sealants (3 @ $14.10= $42.30))

The Total Medicaid/KidCare 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.
This information will assist you and your provider determine the amount of time needed for your program. The number of DSGP children and the number of Medicaid/KidCare 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 # of days needed in school.

Calculate Production Schedule\Time Needed:

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