Dental Hygiene Services Program

Pennsylvania’s Dental Hygiene Services Program (DHSP) affords school entities with the opportunity to provide preventive dental health care and education to their students. The DHSP is a preventive program that incorporates dental health education into the school curriculum and utilizes prophylaxis/preventive measures to enhance students’ dental health and improve their oral hygiene status.

Each school entity with a DHSP must develop a plan according to the following criteria and annually request approval by the Secretary of Health.

DHSP Plan Development

1. The DHSP plan must:
   i. Include the six essential criteria
   ii. Be in written form
   iii. Be reviewed and evaluated at least every three years
   iv. Be amended when changes are made to the essential criteria
   v. Be approved by the following professionals when created and when the essential criteria are amended:
      a. Certified School Dental Hygienist: CSDH/PHDHP (Certified School Dental Hygienist/Public Health Dental Hygiene Practitioner)
      b. School Dentist
         The School Dentist assumes dental responsibility for the school entity and must approve the DHSP plan even when the CSDH is a PHDHP.
      c. School Administration (Superintendent/CEO, Assistant Superintendent or Pupil Services Director)
   vi. The signature of the Authorizing Dentist, who assumes supervisory oversight of the CSDH, is required on an annual basis. The signature of an Authorizing Dentist is not required when the CSDH is a PHDHP.

2. The DHSP plan must provide dental examinations/screenings, at a minimum, for students in the mandated grades or the equivalent grades as specified in the DHSP plan.

Mandated Grades:
   i. Upon original entry into the school (kindergarten or first grade)
   ii. While in the third grade
   iii. While in the seventh grade
   iv. Age-appropriate students in Special Education and ungraded classes
   v. New students with no record of the mandated examination

SIX ESSENTIAL Criteria:

1. Public and Private/Non-public Schools
   The DHSP plan must include the names of the public school entities and private/non-public schools identified to receive dental hygiene services through this plan:

   Note: In the DHSP annual authorization request, the school entity will report, separately, the number of public and private/non-public schools identified to receive dental hygiene services.

   In the School Health Annual Request for Reimbursement System (SHARRS), the school entity will report, separately, the number of public and private/non-public schools that actually received dental hygiene services.
2. **Examinations by a Family Dentist**
   The DHSP plan must include the grade levels where data will be collected on students who receive examinations by their Family Dentists. At a minimum, this must include students in the mandated grades or equivalent grades as specified in the DHSP plan. Count examinations which were performed within 4 months prior to the start of the school year, or one year with written Department of Health (DOH) approved modification. Refer to the Appendix for information on this modification.

   Refer to the Appendix for clarification of examinations performed by dental providers.

   Note: In the DHSP annual authorization request, the school entity will report the grade levels of students **identified to receive** examinations by Family Dentists.

   In the annual SHARRS report, the school entity will report the number of students by grade levels who **actually received** examinations by Family Dentists.

   Count each student once in either the “Examinations by the Family Dentist” or the “Examinations by the School Dental Provider” category.

3. **Examinations by the School Dental Provider**
   The DHSP plan must include the grade levels of students identified to receive examinations/screenings by a School Dental Provider (CSDH, CSDH/PHDHP or School Dentist). At a minimum, this must be students in the mandated grades or the equivalent grades as specified in the DHSP plan.

   Refer to the Appendix for clarification of examinations performed by dental providers.

   All dental health providers must adhere to current dental practice standards within their respective scope of practice.

   Dentists perform dental examinations whereas CSDH and CSDH/PHDHP perform dental screenings.

   Note: In the DHSP annual authorization request, the school entity will report the grade levels of students **identified to receive** examinations/screenings by a School Dental Provider.

   In the annual SHARRS report, the school entity will report the number of students by grade level who **actually received** examinations/screenings by a School Dental Provider, the number of students referred for further evaluation and/or treatment, and the number of completed referrals.

   Count each student once in either the “Examinations by the Family Dentist” or the “Examinations by the School Dental Provider”.

4. **Prophylaxis/Preventive Treatment**
   This essential criterion is recommended but not required.

   The DHSP plan must include the grade levels of students identified to receive prophylaxis/preventive treatments. These treatments may include but are not limited to, fluoride applications (mouth rinse, tablets or topical), sealant applications, impressions for non-sports related mouth guards.
Prophylaxis/preventive treatment may be provided by a School Dental Provider (CSDH, CSDH/PHDHP or School Dentist) – or – may be coordinated through a local dental provider or a Mobile Dentist Group.

Note: The DHSP is a preventive program, therefore, “diagnostic” dental services and “restorative” treatment are not to be included in data reported for the DHSP. Diagnostic treatment may include diagnostic examinations, dental x-rays, etc. and restorative treatment may include dental fillings, extractions, etc. The school’s applicable unreimbursed expenses for preventive, diagnostic and restorative services may be reported in the annual SHARRS report on the Itemized Expenditures page under Special Dental Preventative, Diagnostic and Treatment Services. See the Appendix for additional information on SHARRS.

Refer to the Appendix for clarification of the role of a Mobile Dentist Group serving as a School Dentist or a Family Dentist.

All dental health providers must follow current dental practice standards within their respective scope of practice.

Note: In the DHSP annual authorization request, the school entity will report the grade levels of students identified to receive prophylaxis/preventive treatment.

In the annual SHARRS report, the school entity will report the number of students by grade level (count each student once in this category) who actually received prophylaxis/preventive treatment.

5. Dental Health Education
The DHSP plan must include the grade levels of students identified to receive grade-appropriate dental health education, which may include dental health activities, provided by – or coordinated by – the CSDH or CSDH/PHDHP.

Note: In the DHSP annual authorization request, the school entity will report the grade levels of students identified to receive dental health education.

In the annual SHARRS report, the school entity will report the number of students by grade level (count each student once in this category) who actually received grade-appropriate dental health education.

6. Goals, Objectives, Methods, and Evaluations
The DHSP plan must contain specific, measurable goals, objectives, methods as well as an evaluation of the outcomes to determine if the program is successfully meeting students’ dental health needs.

Goals:
  i. Identify overall program goals
  ii. Identify specific program goals

Objectives:
  i. Identify specific, measurable objectives which support the DHSP’s goals
  ii. Evaluate the objectives at least every three years to determine if the objectives are being met
1. If the objectives have been met, determine whether the methods should be continued or amended
2. If the objectives have not been met, determine whether the objectives are attainable and if the methods should be continued, amended, or discontinued

iii. Examples of objectives

Note: The following example objectives are not listed in order of priority.

1. Develop and maintain a complete dental health record for at least 90% of students
2. Data is collected on 100% of the mandated or DHSP specific grades for students who have received dental examinations by their Family Dentists within the appropriate timeframe
3. 95% of students without a dental exam by the Family Dentist will be offered an examination/screen by a School Dental Provider
4. 80% of students will be under the care of a Family Dentist
5. 95% of students will be provided with grade-appropriate dental health education

Methods:

i. Identify methods to reach the DHSP’s objectives

ii. Several methods may be needed to achieve each objective

1. Examples of methods to achieve objective #4 listed above
   a. Identify students who had dental examinations performed by their Family Dentists during the appropriate timeframe
   b. Coordinate dental examinations/screenings for students who did not have a dental examination performed by the Family Dentist
   c. Secure appropriate parental permission forms as needed
   d. Perform dental examinations/screening for identified students by the School Dental Provider
   e. Identify those students in need of additional dental evaluation and/or treatment
   f. Inform parents/guardians of the dental status and needs of their children
   g. Assist students to acquire dental services when indicated, such as, referring to a local dentist, securing the services of a Mobile Dentist Group, etc.

Evaluation:

i. Evaluate the effectiveness of the methods

1. Examples of evaluating the methods used to meet objective #4
   a. Was the objective of 80% of students being under the care of a Family Dentist reached?
   b. Were students who had examinations by their Family Dentists identified?
   c. Was parental permission obtained prior to student examination by the School Dentist?
   d. Were students who received an examination/screen by the School Dental Provider given contact information on local dental providers?
   e. Were all students needing follow-up care referred?
   f. Were parents informed of students’ dental needs?
   g. Are changes in methods needed to better achieve the desired objective?
APPENDIX

MODIFICATION:
Modification of the acceptable timeframe of the dental examination by a Family Dentist from 4 months to 1 year: (This timeframe does not apply to examinations by the School Dentist.)

- According to Pennsylvania law § 14-1407, students may furnish a dental report (from a Family Dentist) of an examination performed no earlier than four months prior to the opening of the school term during which the examination is due.
- In an April 14, 2000 letter, the Department notified school entities of the option to request an extension of the mandated timeframe from four months to one year prior to the start of grade in which the examination is due.
- To request a modification of the acceptable timeframe from 4 months to 1 year for mandated examinations, the school entity must send a letter to the Division of School Health (1) on school letterhead, (2) signed by the superintendent/CEO, and (3) confirmation of the inclusion of the modifications into school health policy/procedures with approval by the school board.
- This is a one-time only request.

DENTAL EXAMINATIONS: School Dentist, Mobile Dentist, Family Dentist
According to Pennsylvania law § 14-1401 (5), “SCHOOL DENTIST” means a doctor of dental surgery or dental medicine legally qualified to practice dentistry in the Commonwealth [of Pennsylvania], who has been appointed or approved by the Secretary of Health.

- Only a Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (DMD) qualify to be the School Dentist.
  - A Dental Hygienist (DH) and a Public Health Dental Hygiene Practitioner (PHDHP) do not meet the qualifications to be a School Dentist.
- A Mobile Dentist group may serve in the position of the School Dentist when both of the following two requirements are met:
  - The dentist primarily responsible for performing dental examinations must have a valid Pennsylvania license.
  - Dental services are provided to ALL students in the mandated grades even the students who do not have insurance.
- The School Dentist (in this instance, a Mobile Dentist) cannot bill insurance, parents, etc. for the cost of dental examinations on students in the mandated grades; these costs would be the responsibility of the school entity.
- In SHARRS, dental services performed by a Mobile Dentist group are reported as:
  - A “Family Dentist” when performed by a Mobile Dentist group that did not serve in the capacity of the School Dentist.
  - A “School Dentist” when performed by a Mobile Dentist group that did serve in the capacity of the School Dentist.

DENTAL SCREENINGS: CSDH and CSDH/PHDHP
A DDS and a DMD perform dental examinations; a CSDH and CSDH/PHDHP perform dental screenings.

TITLE 49 PA Code Professional and Vocational Standards, Chapter 33, State Board of Dentistry regulation: § 33.205 Practice as a dental hygienist
(c) Practice sites. A dental hygienist may engage in professional practice at the following sites under the supervision of a dentist as required in subsection (d):
(2) In public or private institutions such as schools, hospitals, public health care agencies, nursing homes, mobile health units and homes for juveniles, the elderly and the handicapped.
(d) Supervision.
(4) Notwithstanding the supervision requirements in this subsection, a dental hygienist may provide oral health education and perform preliminary dental screenings in any setting without the supervision of a dentist.
APPENDIX: SHARRS

Article 25 of the Public School Code:
Section 2505.1 State Reimbursement for Health Services
(a.1) Every school district or joint school board which employs one or more dental hygienists for the purpose of dental hygiene services to children of school age shall be reimbursed by the Commonwealth on account of such services which conform to standards approved by the Secretary of Health. Reimbursement shall be made by the Secretary of Health. The amount thereof shall be the actual cost of the dental hygiene services as certified to the Secretary of Health, less any charges that shall be deemed unreasonable by him, but for any school year shall not exceed the sum of two dollars ($2) multiplied by the actual number of children enrolled in the school for the entire school term who receive such dental hygiene services, and a proportionate part of two dollars ($2) for each child enrolled for a part of the school term of that school year and who actually receives dental hygiene services. Reimbursement under this subsection shall be in lieu of any reimbursement provided in subsection (a) of this section for dental services. ((a.1) amended July 13, 1979, P.L.94, No.41)

Itemized Expenditures (page 2 of SHARRS Hardcopy report)
02. SPECIAL DENTAL PREVENTATIVE, DIAGNOSTIC AND TREATMENT SERVICES
Fee-for-service costs paid for special dental examinations, screenings, evaluations and treatment performed by properly qualified dental specialists that may include the School Dentist, Mobile Dentists, Dental Hygienists, Public Health Dental Hygiene Practitioners, etc.
- Preventative: Costs paid to properly qualified dental specialists to preserve oral health and/or to avert oral health problems
- Diagnostic: Costs paid to properly qualified dental specialists to determine whether a student may have oral health problems, such as a dental examination, x-ray, etc.
- Treatment: Costs paid to properly qualified dental specialists to repair or restore teeth or to correct dental problems or oral disease, such as a restoration, extraction, etc.

DO NOT INCLUDE:
- Costs reimbursed by grants, Medical Assistance, insurance, etc.
- Costs paid to the CSDH and CSDH/PHDHP (include these costs in ADM and Cost of Services, Dental Hygienists)
- Costs paid to the school dentist or mobile dentist to perform mandated dental examinations (include these costs in ADM and Cost of Services, School Dentists)

04. DENTAL SUPPLIES, EQUIPMENT, FLUORIDE AND EDUCATIONAL MATERIALS
Costs paid for supplies, equipment, and educational materials used in conjunction with the dental component of the school health program, whether a Mandated Dental program or a Department of Health approved Dental Hygiene Services program. Hardcopy documentation should remain on file with the school to support claimed expenditures for future auditing.