

New Hampshire Oral Health Program



Policy and Procedure Manual

New Hampshire Department of Health and Human Services
Division of Public Health
Bureau of Population Health and Community Services
Oral Health Program
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ORAL HEALTH PROGRAM OVERVIEW

Mission

Reducing oral health disparities is a central goal for the New Hampshire Oral Health Program, oral health professionals, and the public at large. The mission of the New Hampshire Oral Health Program is to plan, promote, and implement programs focused on reducing oral health disparities and improving population health in NH by increasing access to affordable, evidence-based oral health care to New Hampshire families.

Background and Funding

- The New Hampshire Oral Health Program was established in 1998 and has focused largely on coordinating and supporting school and community-based programs and oral health education
- The target population for the Oral Health Program include: 1) children who attend schools with 40%≥ Free and Reduced lunch eligibility, and 2) adults aged 20 and older who are Medicaid recipients and/or who are uninsured and seek dental care from a Federally Qualified Health Center, a community dental clinic, or a not-for-profit dental clinic. During the 2022-2023 school year, 54% of New Hampshire's third grade students had sealants present, higher than the national average of 42%. Between 2012 and 2020, the percentage of adults ages 65 and older who reported having all teeth removed due to decay or gum disease decreased from 13.1% to 11%
- The Oral Health Program is funded through a combination of federal grants and state general funds. A portion of the funding for the school and community-based dental programs are supported by Cooperative Agreement DP18-1810, State Actions to Improve Oral Health Outcomes, Cooperative Agreement #NU58DP006487-05-01, funded by the Centers for Disease Control and Prevention.





PROGRAM POLICIES

Program Eligibility and Scope of Practice

- Funding is available for school-based sealant and community-based dental programs to increase access to dental care through partnerships that facilitate successful referrals to dental care for patients with high oral health needs and/or difficulties accessing dental services.
- > Patients between the ages of 5 and 65 are eligible to receive dental services from contracted providers/programs
- Patients enrolled in Medicaid, are uninsured, or under-insured are eligible to receive dental services from contracted providers/programs
- Allowed dental services can include the following:
 - Comprehensive, Periodic, and limited oral evaluations (D0150, D0120, D0140)
 - Oral Hygiene Instruction (D1330)
 - Tobacco Counseling for the Control & Prevention of Oral Disease (D1320)
 - Radiographs (D0210-D0240, D0270-D0274, D0330)
 - Prophylaxis (D1110, D1120)
 - Periodontal Disease treatment and maintenance (D4341, D4346, D4355, D4910)
 - Fluoride varnish (D1206)
 - Dental sealants (D1351)
 - Interim therapeutic restorations (D2940)
 - Silver diamine fluoride (D1354)
 - Restorations (D2140-D2394)
 - Crowns and core build up (D2740, D2750-D2725, D2790-D2792, D2950)
 - Dentures (D5110, D5121, D5130, D5140)
 - o Partials (D5211, D5212, D5221-D5228, D5820, D5821)
 - Relines (D5750, D5751, D5760, D5761)
 - Oral Surgery (D7140, D7250, D7220, D7310, D7311, D7320, D7321)



School-Based Sealant Programs

- Funded school-based sealant programs will optimize efforts to increase participation rates of high needs students. High needs students are defined as students who attend schools with 40%≥ FRL eligibility.
- Funded school-based sealant programs will adhere to CDC's infection prevention guidelines including Infection Control in Dental-Health Care Settings-2022, and the Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care (available at: https://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.html
- Funded school-based sealant programs will provide assistance accessing restorative care for individuals without an established dental provider and/or with low income
- Funded school-based sealant programs will provide screenings and evidence-based clinical services including: 1) topical fluoride varnish; 2) silver diamine fluoride; 3) dental sealants; 4) and, if applied by a Certified Public Health Dental Hygienist (CPHDH), interim therapeutic restorations in 1 or more schools with Free and Reduced Lunch (FRL) participation rates that are equal to or greater than 40%
- Funded school-based sealant programs will obtain express written consent from parent/guardian prior to providing any oral health services and will provide oral health screenings results in writing to parent/guardian of all students screened

Community-Based Dental Programs

- Funded community-based programs will provide preventive, restorative, and emergency clinical dental services provided by or under the supervision of a dentist licensed to practice in New Hampshire
- Funded community-based programs will display a notification in a conspicuous location stating no patient will be denied services for inability to pay
- Funded community-based programs will provide assistance in obtaining restorative care for individuals without an established dental provider and/or with low income
- Funded providers and/or facilities must be enrolled in and participate in the New Hampshire Medicaid Dental **Provider Network**
- Funded community-based programs will adhere to CDC's infection prevention guidelines including Infection Control in Dental-Health Care Settings-2022, and the Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care (available at:

https://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.html



Patient Confidentiality

- Funded school-based sealant and community-based programs will have a written policy that outlines methods to protect the confidentiality of all patients and confidentiality must be maintained for every patient in all aspects of care
- The patient confidentiality policy must be in compliance with HIPPA regulations and all correspondence containing patient data must be de-identified and, if correspondence is conducted via email, it must be transferred and/or exchanged via a secure and encrypted email messaging platform

Data Management

Funded school-based sealant and community-based programs will provide de-identified patient treatment data to the Oral Health Program monthly utilizing the data collection forms provided by the Oral Health Program (See Appendix A)

Program Reimbursement

- The Oral Health Program will reimburse funded school and community-based programs for oral health services provided to eligible patients whose treatment cannot be billed to and reimbursed by any dental insurance carrier (i.e. billing and receiving payment from NH Medicaid for a fluoride varnish application AND invoicing the NH Oral Health Program is not permissible)
- Funded programs will submit invoices monthly via email to: dhhs.dphs.contract@dhhs.nh.gov
- Invoices from school-based sealant and community-based programs must include the following information in order for reimbursement to be made:
 - Requests for reimbursement of employee salaries must include name of employee, position held, number of hours worked, hourly rate, and total reimbursement requested
 - Requests for reimbursement of dental supplies, dental lab fees, and/or dental equipment must include a
 description of items purchased, the total amount spent, and the total amount being requested
 - All reimbursement requests must include patient treatment data from the prior month using the supplied data collection sheet
 - Funded programs agree to maintain current professional licensure, certifications, and/or any other documentation as required by applicable state and federal laws that permit a provider or facility to provide services
 - The funded provider or program acknowledges that suspension or termination from participating in the
 Division of Public Health Services Oral Health Program will result if convicted of a criminal offense under



- the Medicare or Medicaid Program, or if the New Hampshire Department of Health and Human Services has administratively determined that fraud exists
- The funded provider or program is considered enrolled, with the understanding that they may cancel
 participation in this program with a 30 day written notice to the Oral Health Program, must notify all
 patients affected by canceling participation, and must provide a list of participating providers to patients
 who would affected

Language Interpretation

- All funded programs shall have a written policy in place for accessing an interpreter for all patients in need of those services and determining appropriate qualifications for medical/dental interpreters. (See Appendix B for interpreter resource links)
- If a patient is in need of language interpretation, an interpreter must be available for ALL subsequent interactions, including (but not limited to): form completion, all one-on-one interactions with the patient, and follow-up telephone calls and appointments

Care Coordination

- Many patients face barriers that prevent them from being able to obtain or maintain good health. Care coordination must be established as an ongoing process of identifying and addressing barriers
- Each patient must be assessed continually for barriers that would prevent them from obtaining oral health services and ensure that every patient understands their recommended treatment options prior to beginning treatment





ORAL HEALTH PROGRAM STAFF INFORMATION

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Appendix A

School-Based Sealant Program Data Tracking and Invoice Template

Community-Based Dental Program Data Tracking and Invoice Template Microsoft Word, Adobe PDF

Appendix B

Northeast Deaf and Hard of Hearing Services Inc.

https://ndhhs.org/request-an-interpreter/

New Hampshire Care Path: Language Translation

https://www.nhcarepath.dhhs.nh.gov/translate/index.htm

Pine Tree Society- Sign Language Interpreting

https://pinetreesociety.org/children-and-families/sign-language-interpreting-children/