



MATERNAL, CHILD AND ADOLESCENT HEALTH SECTION (MCAH)
505 North Arrowhead Ave., Third Floor San Bernardino, CA 92415-0028
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Oral Health Case Management Protocols and Tools

Prepared by:

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Case Management Follow-Up Protocols For Dental Health Foundation Grant

Referrals made via screenings, PM160s, school nurses, through the fluoride varnish or sealant programs, or parents simply calling and requesting assistance.

Any child receiving fluoride varnish goes into the database.

Data Input can be done by Case Manager but would be better accomplished by the Office Assistant. Office Assistant please make a special time each day to input data, perhaps at least 1 hour in the morning and 1 in the afternoon unless otherwise terribly busy.

Follow-Up Instructions:

1. Using available phone numbers please call each parent or guardian at least **twice**. After the second call, you may wish to contact the school to see if there is any updated contact information. If not, make **one more attempt**. That 3rd attempt may be the basic letter informing parents that the child was seen and had urgent needs. Enter all information into the notes. Keep a list of students who could not be contacted and those where letters were sent from our office.

That list may also be sent to the teachers in each school using the overview letter to the school and the teachers. Those letters should be completed and placed in individual **envelopes** to respect privacy. Send that list back to the school in a large manila envelope. Please use form letters and simply mail to the school. The batches of letters in envelopes will go to each identified teacher and be handed out to the child to take home to the parent.

Document that the letter was sent in the Notes in the database giving date mailed. Keep a file of letters sent and to whom. Do not phone again. Close case at the end of 30 days based on no response.

2. Follow script to assure that you do not skip any pertinent information. Case Managers should make every attempt to complete all fields in the database when they have a parent on the phone.
3. If parent calls as a result of the letter make sure you have updated contact information and note that this was in response to a letter sent.
4. Continue to enroll family as you normally would.
5. Once dental appointment is made, send follow up letter to inform family of the appointment and include instructions on how to reach the dental office or a Google Map. Note the time and date of the appointment and place it on your calendar. Set a reminder to contact family the day before as a reminder. Repeat

process for other siblings and encourage family to make appointments for all children age 1 and up. Note all pertinent information.

6. Within 3 days of appointment, contact family to determine satisfaction and note any further appointments. Reinforce the need to complete treatment plan and make sure that they respond to 6 or 12 month recall in order to prevent further problems. Ask if they want to be reminded again in 6/12 months. Make note of this both in the notes and on your calendar. Take this opportunity to reinforce dental health information as necessary.

Maternal, Child, and Adolescent Health Programs
Smile in Style Dental Health Program
Case Management Script

<p>Good morning/afternoon, my name is _____ . I am a Dental Health Case Manager for the San Bernardino County Department of Public Health. I am calling to see if you need any help finding dental care for your child. Your child may have brought a letter home letting you know there were some problems found.</p>		
<p>A. Your child _____: (name)</p>	<ol style="list-style-type: none"> 1. Had his/her teeth checked at _____ (school name) and we found that there were some problems (or you can use cavities) needing follow-up. 2. Had a physical and the doctor noted that your child had some problems that need dental attention? 3. Was referred to our office by _____. 	
<p>B. Do you have any kind of dental insurance?</p>	<ol style="list-style-type: none"> 1. Private insurance _____ 2. Medi-Cal/Denti-Cal _____ 3. Healthy Families with Dental if so which plan? _____ 4. IEHP Health Kids _____ 5. Kaiser Kids, if so which plan? _____ 4. Other: _____ (Plan name if possible). 	
<p>C. Do you have any other children needing care?</p>	<ol style="list-style-type: none"> 1. Names _____ 5. Ages _____ Do these children have coverage or were they not born in the U.S.? 	
<p>CHILD HAS DENTI-CAL OR HEALTHY FAMILIES</p>		
<p>D. Has your child seen a dentist yet?</p>	<p><u>YES:</u></p>	<p><u>NO:</u></p>
	<p><u>Child has seen a dentist:</u></p> <ol style="list-style-type: none"> a) Dentist Name: _____ b) Address: _____ c) Telephone: _____ d) Date Of Appointment: _____ 2. Does your child have more appointments? 3. Did Dental Office discuss how you can prevent future problems? (Short educational discussion) 	<p><u>Child has NOT seen a dentist:</u></p> <ol style="list-style-type: none"> 1. Are all of your children covered? 2. Do you have a family dentist you normally take your children to? <p><u>If YES:</u></p> <ol style="list-style-type: none"> a) Will you make the appointment or we will be happy to make it for you.

(Continued)		<p>b) If you make the appointment, I will call you back in 2 days to find out when you will be seeing the dentist.</p> <p>We suggest you take your other children for a check – up as well</p>
	<p><u>IF YES:</u></p> <p>4. Did you hear about :</p> <ul style="list-style-type: none"> a) Fluoride varnish? b) Sealants c) Need for ongoing care d) Braces e) Good home care f) Good snacks <p>5. Can we call you in 6 months & remind you to take your child again?</p>	<p>c) If we make the appointment, what day and time are best?</p> <p>Please give me 3 options. I will try to get you an appointment at that time for _____(each child’s name)</p> <p><u>IF NO:</u></p> <p>“I can help you find a dentist near your home and make that appointment for you.”</p> <ol style="list-style-type: none"> 1. “What day and time are best?” 2. Please give me 3 options. <p><u>Children’s insurance or Medi-Cal information:</u></p> <p># _____</p> <p>Issue Date _____</p> <p>Date of Birth _____</p> <p>Address _____</p> <p>Parent’s Name _____</p> <p>“I will call you back with possible appointment times.”</p> <ol style="list-style-type: none"> 3. Do you have transportation? If no, suggest friend or ask if they need bus route 4. I will find a dentist close by. 5. Once we settle on an appointment, I will confirm with a follow-up letter and a map to the dental office. 6. I will try to call you the day before the appointment to remind you.

		<p>“ Please write down my name & phone number in case you have any questions or have to notify me of any changes.”</p>
<p>OTHER INSURANCE SCENARIOS:</p>		
<p>HEALTHY FAMILIES:</p>	<ol style="list-style-type: none"> 1. <u>Safeguard, Access Dental, Western Dental, Health Net:</u> <ol style="list-style-type: none"> a) These are capitated HMO’s and require a referral from a general dentist to see a specialist. b) All other plans (DELTA) can choose their own DDS. <ul style="list-style-type: none"> • Request that the parent make an appointment. They must work with the Plan they are assigned to. • If the parent does not call to confirm, please call and note appointment time and date. • Call to see if the child saw the DDS. 	
<p>PRIVATE INSURANCE:</p>	<ul style="list-style-type: none"> • We do not have to deal with private insurance but certainly we should recommend parent call for an appointment and do some minor follow-up. • Be sure to take every <u>educational opportunity</u> to encourage parent to take all siblings regularly, get well-child check-ups, and to be aware of options of fluoride varnish, dental sealants, etc. 	
<p>CHILD IS LOW-INCOME, BORN IN THE U.S., <u>NO INSURANCE OR MEDI-CAL</u></p>	<ol style="list-style-type: none"> 1. Have you ever applied for Medi-Cal or Healthy Families for your child/ren? <u>IF NO:</u> <ol style="list-style-type: none"> a) Give resources starting at 1-800#’s and school. b) Suggest CHDP physical & utilization of Gateway – presumptive eligibility. c) Follow-up to see if parent has made attempt to get coverage. d) Alternate suggestions for low-income, no coverage U.S. Citizen would be any of the low cost/or FQHC Clinics but after 1st visit there will be some cost on a sliding scale. e) If there is gross decay and the child is eligible, CHDP is most likely easiest entry for free care. f) Explain to the parent that they have less than 60 days to complete care and family should apply for Medi-Cal/Healthy Families as that will yield an extension of eligibility. Most dentists do see children with pre enrollment Gateway Medi-Cal and they will get paid for their services. 	

CHILD IS LOW-INCOME – NOT BORN IN U.S. (UNDOCUMENTED)

1. Was your child born in the U.S.?
2. Has your child had a recent CHDP well-child check-up?

Less than 1 year ago: Refer to low-income clinics or if under 6 & has been screened and identified with gross decay – (Urgent Care Needed) refer to ARMC – First 5 Dental Program. Call First 5 & give their case managers the particulars. Ask them to call back and get information for entry into database. Follow-up on the child to determine what happened and work to identify a dental home.

- *If the child is older than 6: CHDP periodicity is longer than 1 year, 1 day.*
- *Therefore, if the child is no longer in periodicity, other options must be identified.*
- *Best option for a child NOT in periodicity is an FQHC Clinic. Often parents will have to drive as that may be the only option.*
- *Offer any assistance in setting-up an appointment.*
- *If using CHDP, be sure to call Providers' office and confirm that we*
- *Offer any assistance in setting-up an appointment.*
- *If using CHDP, be sure to call Providers' office and confirm that we KNOW the child has urgent dental needs and expect a dental referral via C-TAP.*
- *Inform Sylvia Hauffen to watch for the referral voucher.*
- *Enter all information and notes into database for all children in the family.*
- *Check to verify appointment was kept.*
- *Tickler the date to follow-up with a phone call in 6 months.*
- *Continue parent education and reinforce every time you speak with parent.*
- *Keep all resource lists close by.*



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MARGARET BEED, M.D.
Health Officer

Date:

Dear Parent/Guardian:

Child's Name:

Date of Birth:

- Your child: had a dental screening at school
 was referred to us through a Well Child Physical
 was seen at a recent Health Fair
 other _____

At that time your child needed to see a dentist immediately. Untreated dental disease can result in time lost from school, pain, infection and inability to eat and think clearly and low self esteem. We are concerned about your child and want to help you find dental care.

We offer low cost resources and free care for families that may qualify. We also help schedule appointments and find a dentist in your neighborhood. Our trained staff will also help you find your way to that office.

Please call me today to discuss the ways we can get your child into care and brighten his/her smile every day.

Truly yours;

MARK UFFER
County Administrative Officer

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BRAD MITZELFELTFirst District DENNIS HANSBERGERThird District
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JOSIE GONZALES.....Fifth District



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Dear Parent or Guardian:

Earlier this year your child had a dental screening at school. At that time your child needed some follow up by a dentist due to cavities or pain. Our staff has attempted to call you several times. However, we have not been able to reach you.

We would like to help you find low cost or free care for your child. It is not easy to learn or eat, or smile if you are in pain. Please call our office and the staff can help. We will find you a dentist close to your home.

Keep your child healthy and smiling. Please call today to be connected to one of our Dental Health Case Managers who will find services for you in the community.

Thanks!

Michelle Aguirre, Dental Assistant (909) 388-0436

Dana Heffner Soehl, Dental Assistant, (909) 388-0434

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Date:

We have enjoyed providing services at _____ School this year. As stated in our agreement we track every child who at the time of the dental screening, exhibits dental conditions requiring follow-up. Our staff is diligent and has made at least 3 attempts to contact the parent or guardian to inform them of the need. Our objective is always to verify or identify a **dental home**. That way we can encourage ongoing check ups and regular care.

Unfortunately, due to changes in phone numbers or addresses, the parents or guardians of the following students could not be reached. We are concerned about their conditions and we send you this list with the hope that perhaps there is updated contact information available.

We have included letters to the parent/guardian of each student identified with urgent needs that we could not contact. These letters are batched according to teacher. Please place the appropriate batch in that teacher's mailbox.

We are hoping by having the child hand carry the letter home, there will be a response to our office for assistance. We understand that some of the students may no longer be in that class. If that is the case, and the family has moved on, please destroy the letter.

This is our way of doing EVERYTHING we can to inform the parent/guardian and assist the student into dental services. We are committed to these children and any success will be one we are truly proud of. Thanks for your ongoing support.

The Smile in Style Team.

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Date: _____

School: _____

Teacher Name: _____ Grade _____

School Nurse: _____

Dear Teacher:

The Smile In Style Program has spent a great deal of time calling all parents of students that had severe decay when we did the oral assessment in your classroom. However, because phone numbers often change, or families move, we have not been able to reach the following students:

We have included a letter for each student to take home, asking the parent to CALL OUR OFFICE. That way we can assist the family and find dental care for the identified student as well as any sibling that might also need help. Please give the enclosed envelope to each student named above with the hope that parents will respond and we will be able to follow up.

We understand that some of these students may no longer be in your class. If that is the case, please destroy the letter.

Thank you again for your continuing support.

The Smile in Style Team!

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