

**Maternal and Child Health Bureau
School-Based Comprehensive Oral Health Services Grant Program**

**Integration Worksheet
*Integrating Oral Health Care Services into School-Based Health Centers***

This worksheet, which is based on the guiding principle that **oral health services are an integral part of overall health services**, is designed to help School-Based Comprehensive Oral Health Services (SBCOHS) grantees determine the level at which comprehensive oral health services are integrated into health care in each of their program sites. Results from this benchmarking tool are meant track grantees' progress in the integration of comprehensive oral health services into the school-based health center (SBHC) health services over the project period. Each grantee will be asked to complete the assessment for each project period.

Instructions - Benchmark progress of integration by indicating status of each attribute: Fully Implemented (F), Partially Implemented (P), Not Implemented (N), or Not Applicable (NA). Documentation of *Notes*, *Summary*, and *Next Steps* should be reflective of the project's progress as if the tool was complete and being used for gauging the integration process. During this development phase of the worksheet comments for the purpose of revising the tool are requested and should be recognized as such. An explanation of "N" or "NA" is especially important for the determination of its applicability to the benchmarking process.

Grantee/Site Name: _____ Date: _____

Category, Variables, and Attributes	Benchmark	Notes
Delivery-System Design		
<p>1. SBHC advisory committee has diverse representation, and its meetings address the planning, implementation, and oversight of the integration process.</p> <p>Attributes:</p> <ul style="list-style-type: none"> a. A parent or student/patient is a member of the committee. b. A school official (e.g., teacher, administrator) is a member of the committee. c. An SBHC medical professional is a member of the committee. d. An SBHC oral health professional is a member of the committee. e. Other members: _____ (Please identify) f. Members identify and discuss issues related to the integration of comprehensive oral health services into SBHC. g. Members provide input into the development of standardized policies, plans, and operating procedures. 		

Category, Variables, and Attributes	Benchmark	Notes
<p>2. Policies, plans, and operating procedures for all health professionals involved in the integration of health services delivered in SBHC are standardized.</p> <p>Attributes:</p> <ul style="list-style-type: none"> a. Administrative services (e.g., reception, appointments, billing) are shared. b. Support service staff (e.g., case managers, benefit counselors) are shared. c. Standard operating procedures are in place to ensure that students enrolled in SBHC receive oral health exams and needed treatment (e.g., referral and care coordination protocols). d. One enrollment form covers consent for all health services (e.g., behavioral, medical, oral health) offered by SBHC. e. Standard operating procedures are in place to ensure the coordination of all health services (e.g., continuity of care, case-management protocols) offered by SBHC. f. Plan exists for recruiting and retaining all health professionals (e.g., behavioral, medical, oral health) and other key staff. 		
<p>3. All health records (behavioral, medical, and oral health) are electronic, in compliance with privacy regulations, and are shared with all SBHC staff.</p> <p>Attributes:</p> <ul style="list-style-type: none"> a. All health records and access to health records are in compliance with HIPAA and FERPA rules, if applicable. b. SBHC participates in the Center for Medicare & Medicaid Services' Meaningful Use program. c. SBHC participates in the American Academy of Pediatrics' Chapter Alliance for Quality Improvement Electronic Health Record program. 		
<p>4. Delivery of primary health care by SBHC is provided using an integrative approach.</p> <p>Attributes:</p> <ul style="list-style-type: none"> a. A multidisciplinary team develops patient-care plans. b. Care coordination is used to ensure that oral health treatment plans are completed. c. All health professionals participate in case/chart reviews on a regular basis. d. All treatment and/or referrals are monitored as part of patients' follow-up care. 		

Category, Variables, and Attributes	Benchmark	Notes
Delivery-System Design Summary:		
Interdisciplinary Care		
<p>1. All health professionals in SBHC understand and appreciate the value of oral health and oral health care.</p> <p>Attributes:</p> <ul style="list-style-type: none"> a. There is shared language related to oral health and understanding of the importance of oral health to overall health and well-being b. Oral health care is viewed as having the same level of importance as behavioral and medical care (e.g., interdisciplinary referrals are made within SBHC, time spent on care coordination to measure changes in the number of patients seen and the types of care coordinated). 		
<p>2. All health professionals conduct comprehensive health screenings and risk assessments, as allowed under their respective scope of practice laws and regulations; provide anticipatory guidance; and make referrals.</p> <p>Attributes:</p> <ul style="list-style-type: none"> a. Non-oral-health professionals (e.g., physicians, nurse practitioners) conduct oral health screenings and risk assessments during patient visits, provide anticipatory guidance, and make referrals to oral health professionals. b. An oral health professional is available during SBHC visits to provide oral health consultation, education, and, when necessary, treatment. c. Oral health professionals perform health screenings (e.g., blood pressure checks) and risk assessments during patient oral health visits, provide anticipatory guidance, and make referrals to non-oral-health professionals. 		
Interdisciplinary Care Summary:		

Category, Variables, and Attributes	Benchmark	Notes
Client Education And Self-Management		
<p>1. Oral health education and self-management are key components of client health care plans.</p> <p>Attributes:</p> <ul style="list-style-type: none"> a. Clients receive education about oral health being an integral part of overall health from all health professionals in SBHC. b. Clients visiting SBHC can easily access culturally competent and developmentally sensitive health-education materials on oral health and overall health. c. Client self-management strategies related to oral health and oral disease are evidence based. d. Client participates in the development of self-management goals and treatment options. e. Full documentation of client’s progress in achieving self-management goals is available to health professionals in SBHC. 		
<p>2. The community where the SBHC is located is aware that oral health is integral to overall health and well-being.</p> <p>Attributes:</p> <ul style="list-style-type: none"> a. School administrators support the primary care services provided in their schools. b. Oral health education is offered to teachers, administrative staff, and other support staff (e.g., food service workers, instructional aides, janitors, librarians). c. Mechanisms are in place to engage parents and other family members in their child’s health care (e.g., parents are welcome to be present during their child’s SBHC visits). d. Evidence-based health messages emphasizing prevention, early detection, and intervention are promoted in the community using media and social media outlets (e.g., school newsletters, flyers, community newspapers, Facebook, Twitter). 		
Client Education And Self-Management Summary:		

Category, Variables, and Attributes	Benchmark	Notes
Sustainability		
<p>1. Standard operating procedures are in place for seeking reimbursement from public and private insurers and other payers for oral health care rendered.</p> <p>Attributes:</p> <ul style="list-style-type: none"> a. Seek reimbursement for the delivery of oral health services to patients enrolled in Medicaid (e.g., claims submitted, reimbursed, rejected). b. Seek reimbursement for the delivery of oral health services to patients enrolled in Children’s Health Insurance Program (CHIP) (e.g., claims submitted, reimbursed, rejected). c. Seek reimbursement for the delivery of oral health services to patients enrolled in private insurance plans (e.g., claims submitted, reimbursed, rejected). d. Seek direct payment from parents or guardians, using a reduced or sliding fee scale, for the delivery of oral health services to patients not enrolled in Medicaid, CHIP, or private dental insurance plans (e.g., invoices paid). 		
<p>2. The continuous quality improvement (CQI) plan addresses the integration of all health care offered by SBHC.</p> <p>Attributes:</p> <ul style="list-style-type: none"> a. Program evaluation (including SBCOHS work plan and timeline) is included in CQI plan. b. CQI plan is reviewed quarterly. c. CQI findings are shared with advisory committee. d. Action plans are developed and implemented to address barriers and challenges relevant to delivery of oral health services and integration of oral health and medical services delivery in SBHC. 		
<p>3. Work force development and utilization is efficient and effective.</p> <p>Attributes:</p> <ul style="list-style-type: none"> a. All SBHC staff know and trust each other (e.g., increased referral rate between SBHC providers representing different disciplines). b. All SBHC staff understand and value a culture of teamwork (e.g., increased 		

Category, Variables, and Attributes	Benchmark	Notes
<p>referral rate between SBHC providers representing different disciplines).</p> <p>c. All SBHC staff have the knowledge and skills needed to perform duties and tasks (e.g., continuing education and training).</p> <p>d. Continuing education and training is provided to all SBHC staff (e.g., oral health education for non-oral-health staff, team building).</p>		
<p>e. All SBHC staff perform their duties in an efficient and cost-effective manner (e.g., time is not spent providing services that are outside scope of practice and position description).</p> <p>f. All SBHC staff skills and responsibilities are maximized (e.g., expand billable services to new access points, including other SBHCs and WIC and Head Start programs).</p> <p>g. SBHC staff are involved in personnel recruitment, candidate interviews, and selection process.</p> <p>h. All SBHC staff participate in and contribute to peer review and performance evaluations.</p> <p>i. Orientation for new employees provides training on the importance of oral health to overall health and well-being.</p>		
<p>Sustainability Summary:</p>		
<p><u>Next Steps:</u></p>		