Kenton County School District | *It's about ALL kids.*

THE KENTON COUNTY BOARD OF EDUCATION
1055 EATON DRIVE, FORT WRIGHT, KENTUCKY 41017
TELEPHONE: (859) 344-8888 / FAX: (859) 344-1531
WEBSITE: www.kenton.kyschools.us
***Dr. Henry Webb*, Superintendent of Schools**

KCSD ISSUE PAPER

DATE:
October 22, 2020

AGENDA ITEM (ACTION ITEM):
Consider/Approve NKY Independent Health Department to offer dental services to our students, during the school day, as coordinated through the Family Resource Center or Health Services Dept. and approved by the school principal, during the 2020-2021 school year with renewal each year without changes to the MOU.

APPLICABLE BOARD POLICY:
0.11 Legal Status of the Board

HISTORY/BACKGROUND:
Each year, 55 million school hours are lost due to improper dental care. NKY Independent Health Department provides dental assessments, dental cleanings, fluoride varnish, dental sealants, local dental office referrals and follow ups, one on one and school wide oral health education for no charges to anyone, regardless of insurance coverage. By offering dental care at school, our students have the opportunity to receive the services they need with a reduction in missed instructional time and increased student achievement during the school day. The services are coordinated by the Family Resource Center Coordinator or School Nurse and approved by the principal. Parents give permission for the student to participate in the program.

FISCAL/BUDGETARY IMPACT:
0.00

RECOMMENDATION:
Approval of NKY Independent Health Department to offer dental services to our students, during the school day, as coordinated through the Family Resource Center or Health Services Dept. and approved by the school principal, during the 2019-2020 school year with renewal each year without changes to the MOU.

CONTACT PERSON:
Paula Rust,Director of Health Services

Paula Rust
Principal

District Administrator

Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.
Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

NKYHEALTH
NORTHERN KENTUCKY HEALTH DEPARTMENT

2020-2021 Dental Prevention Program
School – NKIDHD Responsibilities

Eligibility of School

- Schools must have 45% or more of the enrolled students participating in the Free and Reduced Lunch Program.

Education/Presentation

- A presentation will be conducted by a Dental Health Professional 4-6 weeks prior to the program coming to your school.
- The presentation will last approximately 20 minutes.
- 2 presentations may be needed if the number of students is too large for 1 presentation
- Consent forms will be provided to the homeroom teachers to be distributed to the students
- If group presentations are not possible due to restrictions on group gathering, a video presentation may be used to be shown in the classrooms in its place.

Consent Forms

- Enough consent form packets will be provided to the school for each student in the participating grades.
- A Master File folder will be given to each school contact person at the presentation. These master forms are to be used by the school to make additional copies, if needed.
- Students must return the completed consent forms in order to participate in the program
- Consent forms will be picked up by Health Department Dental Staff prior to the dental program beginning.
- **School personnel must check forms to make sure the following is complete:**
  - **Parents have signed in the appropriate spots on the consent form**
  - **Social Security #, Medicaid #**
  - **Date of Birth and Medical History**

Equipment

- Equipment will be delivered by the Health Department 1-2 days prior to the dental program.
- Equipment should be placed in the area that has been designated for the dental program.
- The location must be clean and secure and have adequate space.

Professional Staff

- A Public Health Dental Hygienist will conduct an oral health screening, apply the dental sealants, perform a dental cleaning, and apply fluoride on the students whose parents have consented.
- A Dental Assistant will set-up and break-down dental equipment, pull students for the dental screenings, sterilize instruments and assist the Public Health Dental Hygienist.

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Schools Responsibility

- Provide internet access via direct plug in if possible, or by wireless connection.
- Provide clean, secure space with access to electrical outlets
- 1 table and 2 chairs
- Distributing and collecting forms
- Parent follow up regarding student's oral health at request of the NKHD
- Reporting to the NKHD the status of students referred for decay
- Keeping a list of area dentists and the Medicaid/MCO's they belong to in order to assist parent in finding dental care for their child.

It is the responsibility of the school to perform the following promotional activities in order to reach and educate the parents about the oral health program available:

- **Announcement of dental program on your website, facebook, twitter**
- **Include the dates on the school calendar for parents to see**
- **Class/Grade/School Newsletters**
- **Distribution of reminders that the NKHD will provide both to parents and within the school**

Other Dental Programs in your school:

The NKHD requests notice prior to us visiting your school if other portable/mobile dental programs are scheduled to provide services during the school year. We do not want to duplicate services or confuse the parent with differing consent forms.

Fees

- For those with Medicaid coverage, the Health Department must file Medicaid for services provided. WE MUST HAVE A SIGNATURE AND EITHER A MEDICAID OR SOCIAL SECURITY NUMBER.
- **There will be no charge to students families if the child has not been seen by a dentist within 6 months.**

Linda Poynter, RDH, BHS; 859-363-2035; fax: 859-578-3689; linda.poynter@nkyhealth.org

NKYHEALTH
NORTHERN KENTUCKY HEALTH DEPARTMENT

Dental Prevention Program

2020-2021 School Participation Form and Agreement

By returning this form you are stating that your school is interested in participating in the dental prevention program and that you will abide by the contents of this and the accompanying document.

Date:

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Principal's Name: _____

Contact Person: _____ Email: _____

Job Title: _____ Phone Number: _____

Number of students: Pre K____ K____ 1st____ 2nd____ 3rd____ 4th____ 5th____ 6th____

_____ Number of total students at the school. _____ The grades that are presently enrolled in your school.

_____ Current Free and Reduced Lunch Percentage.

_____ Earliest time of day the dental program can begin.

Are other dental mobile programs scheduling for your school? _____ If yes, when? _____
Please be aware we may not be able to service your school if outside groups are planned. Please call me to discuss further.

Your signature signifies that your school will do the following promotional activities in order to reach and educate the parents about the oral health program available:

- Announcement of dental program on your website, facebook, twitter
- Include the dates on the school calendar for parents to see
- Class/Grade/School Newsletters
- Distribution of reminders that the NKHD will provide both to parents and within the school

School contact's signature here is an agreement to abide by the contents of the accompanying Agreement, including promotion of the program and decay follow-ups. This form is also an agreement by the NKHD to abide by the same contents:

_____ Title:_____

Please return this form by mail, email or fax to:

Linda.Poynter , RDH, BHS
linda.poynter@nkyhealth.org
Phone: 859.363.2035 Fax: 859.578.3689

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NORTHERN KENTUCKY HEALTH DEPARTMENT

SCHOOL DENTAL PROGRAM

Consent Form and Patient Registration

No Cost Dental Services Available

Students receive a dental assessment, fluoride varnish and a dental cleaning.

Dental sealants are applied on permanent molars for those who need them (usually over age 6).

This program is not a replacement for your regular dentist and is ideal for children who have not seen a dentist in the last six months.

Patient Information: PLEASE PRINT **(All items refer to the child for whom you are consenting for dental services).**
If NO dental services are wanted: Circle NO here and print name and grade/teacher only.

CHILD'S NAME: LAST _____ FIRST _____ MIDDLE _____ SOCIAL SECURITY # ___-___-____

(MAILING) ADDRESS _____ CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

BIRTHDATE ___/___/___ SCHOOL _____ GRADE/TEACHER _____

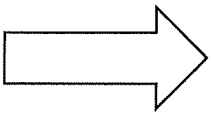
PARENT/GUARDIAN NAME _____ RELATIONSHIP TO CHILD _____

HOME PHONE _____ OR CELL PHONE _____ EMAIL _____

CONSENT FOR DENTAL SERVICES - YOU MUST SIGN FOR YOUR CHILD TO BE SEEN!

Of my own free will I consent to dental care which may include dental screening, fluoride, cleaning and sealants given to my child by NKY Health dental hygienists or agents of this health department. NKY Health registered nurses may provide dental screening and fluoride only. I understand that no guarantees are being made as to the effect of any exam or treatment on my child. I also understand my child may be tested for HIV infection, hepatitis B, or any other disease carried by blood or body fluids if a health care worker is exposed to my child's blood, body fluids or tissue. This form, when signed and filled in, contains protected health information and the information is to be protected according to the Health Insurance Portability and Accountability Act (HIPAA). My signature below acknowledges my receipt of Northern Kentucky Health Department's ***"NOTICE OF PRIVACY PRACTICES"*** which is available on www.nkyhealth.org or at the school's office.

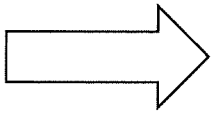
I understand that no dentist is present for the dental procedures, and the public health dental hygienists are working under the supervision of Jack Lenihan, DMD. These services do not take the place of regular dentist visits, and all children will be referred to their own dentist for a full exam. I also understand that my child might receive fluoride 2 times during the school year and may be checked for the retention of any sealants placed during the following school year.



_____ _____
Signature of Parent/Guardian or other Authorized Person ***Date***
(Expires 1 year from date signed)

IF YOUR CHILD HAS MEDICAID – ADDITIONAL SIGNATURE NEEDED!

ASSIGNMENT OF BENEFITS: I request that payment of authorized medical insurance benefits be made to Northern Kentucky Health Department on my behalf for services my child received. I also authorize the local health department to release medical information about my child to Medicare, insurance and other third party payors to determine payment for services. This constitutes permission to release medical information regarding sexually transmitted diseases, if applicable, to third party payors pursuant to KRS 214.420. **I have read the above and have had an opportunity to ask questions. I understand the above statement as it applies to me and my child. My signature below indicates I do consent, authorize or declare as stated.**



_____ _____
Signature of Parent/Guardian or other Authorized Person ***Date***

If your child is enrolled in Medicaid, it is your responsibility to provide a Medicaid number. We must file Medicaid for payment.

10 DIGIT MEDICAID NUMBER ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Circle your Medicaid type: AETNA WELLCARE PASSPORT HUMANA ANTHEM

****** TURN FORM OVER AND COMPLETE ******

CHILD'S NAME _____ **BIRTHDATE**_____

MEDICAL INFORMATION - ALL MUST BE FILLED OUT:

Child's medical doctor: _____ Phone number:_____

Child's dentist: _____ Date of any scheduled dental appointments: _____

Date of last dental visit (circle): NEVER 6 MONTHS OR LESS MORE THAN 6 MONTHS

Does your child have any allergies to food or medicine (circle)? Yes No If yes, list:_____

List ANY medication your child takes (include over the counter medication or herbal medication): _____

_____

Does your child have ANY illnesses, diseases, conditions including ADHD, asthma, heart conditions, diabetes or contagious diseases? Yes No
Please explain:

Has your child tested positive for COVID-19? Yes No If Yes, date:
Have any family members tested positive for COVID-19? Yes No If yes, date:
Is your child showing any symptoms of COVID -19? Fever, cough, trouble breathing, headache, loss of taste/smell Yes No
Comments:

DEMOGRAPHICS - ALL MUST BE FILLED OUT:

SEX (Check One)
- ☐ Female
- ☐ Male

RACE (Check one or more)
- ☐ W) White
- ☐ B) Black or African American
- ☐ N) American Indian or Alaska Native
- ☐ A) Asian
- ☐ H) Native Hawaiian or Other Pacific Islander

ETHNICITY (Check One)
- ☐ Y) Hispanic or Latino
- ☐ N) Not Hispanic or Latino

FINANCIALS - : ALL MUST BE FILLED OUT:

Is your child currently covered by Medicaid?	Yes	No
Is your child currently covered by private dental insurance?	Yes	No
Is your child enrolled in KTAP?	Yes	No
Is your child enrolled in the Food Stamp Program (SNAP)?	Yes	No

Number of Persons in Household _____ Yearly Household Income $_____

Medicaid – If your child is enrolled and eligible for Medicaid, it is your responsibility to provide a Medicaid number. We must file Medicaid for payment.

No Medicaid – Services will be provided to your child at no cost to you **IF** it has been at least **6 months** since their last dental visit.

Please return form to your child's classroom teacher, school nurse or family resource person.
Contact Linda Poynter at 859-363-2035 or linda.poynter@nkyhealth.org with any questions.
NKY Health has been providing dental services in our schools for 14 years.

No cost
Dental Services
at your child's school

The Northern Kentucky Health Department provides preventive dental services for Pre-K through 6th grade students at their school at no cost to you.

If your child is currently covered by Medicaid, NKY Health will file Medicaid for payment. We do not file private insurance, but are happy to see your child IF it has been at least 6 months since the last dental visit.

- NKY Health's dental program has provided convenient, preventive dental services for children since 2004.
- Our goal is for all children to have a dentist of their own. We provide referrals to a dentist complete with charts and photographs.
- We are not a replacement for your dentist. All services are performed by an NKY Health specially licensed public health dental hygienist.

WHY DENTAL SERVICES ARE NECESSARY:

- Cavities are the most common disease in children.
- Children cannot learn, pay attention or eat when they have cavities.
- 40% of the children seen in the program have cavities, many of which are urgent.

SERVICES PROVIDED:

- A dental assessment.
- Fluoride varnish to protect all the teeth.
- A dental cleaning (if needed).
- A completed Kentucky Dental Form for school entrance.
- Students will also receive dental sealants on their permanent molars (if needed).

QUESTIONS? Call Linda Poynter at 859-363-2035 or email linda.poynter@nkyhealth.org

INFORMATION REGARDING COVID-19

NKY Health follows strict guidelines for providing dental services in the safest way possible. All students will be pre screened and temperature tested before receiving care. Any student showing symptoms of COVID – 19 will not be seen and you will be contacted. CDC and OSHA recommendations are followed by our trained staff including the use of the highest level of sterilization, disinfection, physical barriers, and all manner of infection control.

In order for your child to participate, please fill out and sign BOTH SIDES of the attached consent form.

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