Gateway Oral Health Program

Sparkling futures start with a sparkling smile.

Gateway District Health Department | PO Box 555, Owingsville, KY 40360

MEMORANDUM OF AGREEMENT

August 1, 2025 to June 30, 2026

The Gateway District Health Department wishes to establish an agreement with the **Menifee County School District** to plan and deliver oral health services to elementary school children enrolled in the **Menifee County School District** during the school year.

Both parties, **Menifee County School District (MCSD)** and the **Gateway District Health Department (GDHD),** agree to the following:

1. GDHD will provide at least one (1) project specific Public Health Registered Dental Hygienist (PHRDH) and at least one (1) project-specific Dental Assistant (DA) (hereinafter referred to collectively as "dental staff") to plan and deliver oral health services at ECSD.

2. Dental staff will provide services in accordance with Chapter 313 of the Dental Practice Act and with the express written approval of the Kentucky Board of Dentistry.

   GDHD PHRDH and DA will provide professional services in accordance with the University of Kentucky Training Manual for *Standardized Oral Health Screening School Children* and the screening standards of the Association of State and Territorial Dental Directors Training Project – *"Basic Screening Surveys"*.

3. GDHD dental staff will provide the following services for the students at **MCSD**:
   A. Screening and assessment by the Public Health Registered Dental Hygienist in the oral health program at **MCSD**.
   B. With the assistance of a dental assistant, the hygienist will identify those patients who need to be referred for further dental care, refer them, and follow up with the parents and the dental office to ensure that the student gets where they need to be.
   C. The Hygienist will provide oral care to the students. This will include prophylaxis (dental cleanings), screenings, sealants, and Fluoride for the students.

D. Application of the dental sealant by the dental hygienist for students and follow-up screening for sealant retention in the following year to verify retention rate, practicing within the scope and practice of Public Health Registered Dental Hygienists in Kentucky.
E. Refer for further dental care to those children who need evaluation and treatment of oral/dental problems identified through the screening process.
F. Individual and group education will be provided to students and their families.
G. Services will be provided for all the above groups to include all 5th-PK students.

4. GDHD dental staff will complete a dental health record for each student seen in **MCSD**. The dental health record, in accordance with state laws and regulations, is the property of GDHD and is stored at GDHD. GDHD will maintain the records and all protected health information contained therein in a manner that complies with the rules and regulations concerning confidentiality as mandated by the Health Insurance Portability and Accountability Act (42 USC 1320d) and outlined in federal regulations at 45 CFR Parts 160 and 164. Release of information is restricted by KRS, KAR, and the federal HIPAA act. **MCSD** acknowledges that the dental health records and all protected medical information are confidential and will not seek access to the record or information therein.

   ***The exception is access to the KY School Screening forms for the students. **MCSD** will still follow appropriate HIPAA guidelines with these forms, but the chart would remain the property of the GDHD.

5. GDHD dental staff will complete documentation of services for patients seen at **MCSD** and submit documentation needed in order to bill third-party payers for their covered student patients (Medicaid and KCHIP). No student or parent will be billed for dental health services received at **MCSD**. Documentation for Medicaid billing will be according to the GDHD Policy and Procedure Manual and the Core Clinical Services Guidelines.

   *** **MCSD** and GDHD will provide any necessary information about the child including additional contact information, date of birth, and government identification to be able to establish the patient chart, provide resources, or follow-up with the families.

6. **MCSD** will provide a space for GDHD to be able to set up the clinic that will accommodate all the necessary equipment needed to provide dental care.

7. No payments shall be made by either party under the terms of this agreement.

II. Terms of Agreement

The duration of the Agreement shall be for a period of one (1) year from the date. or until terminated by a participating party upon thirty (30) days' written notice.

III. Approval

This Memorandum of Agreement shall become effective after approval and execution by both parties.

_____ Date _____

Tim Spencer, Superintendent | Menifee County School District

_____ Date _____

Greg Brewer, Director | Gateway District Health Department