

2007-2009 Massachusetts Children with Special Health Care Needs Oral Health Action Plan

Overall Goal: Improve the oral health of children with special health care needs

Objective: Promote Oral Health in the Medical and Dental Home and within different systems of care and the community

National Significance	Strategy	Tools/Activity	Timetable	Outcome Measures	Collaborators	Comments/Notes
<ul style="list-style-type: none"> • Healthy People 2010 • MCHB National Agenda for CSHCN 	<p>Increase oral health awareness and knowledge among:</p> <ol style="list-style-type: none"> 1. Primary care providers 2. Pediatricians 3. Health care professionals 4. Non-dental health professionals, such as Early Intervention and other advocates 5. Parents 6. Older children/teens <p>Increase knowledge among dental professionals and student dental professionals on how to treat CSHCN and alternative practice settings</p> <p>Facilitate collaborations between doctors and</p>	<ol style="list-style-type: none"> 1. Oral health training sessions 2. Continuing education sessions 3. Educate/train non-dental health professionals utilizing “Neighborhood Smiles” Initiative 4. Write articles for professional association and consumer newsletters, websites or list serves 5. Develop multi-lingual information/education materials 6. Send informational material out with insurer EOB’s 7. Develop a dental referral source or guide for medical 	<ul style="list-style-type: none"> • Oral health training courses will be offered to primary care providers/pediatricians (09/07 and ongoing) • All Early Intervention sites will be offered oral health training via Neighborhood Smiles Initiative (3/07 and ongoing) • Con-ed course on providing oral health care to CSHCN will be offered at District Dental Society /Component Hygiene Meetings (09/07 to ongoing) • Articles will be written on pertinent oral health topics for professional newsletters or websites on a 	<p>By the end of Year 1:</p> <ul style="list-style-type: none"> • CSHCN Advisory group will be formed and will have convened at least 3 times • 20% of the Advisory group participants will be parents of CSHCN • Funding sources will be identified to develop and implement the tools and activities listed <p>By the end of Year 2:</p> <ul style="list-style-type: none"> • The CSHCN Advisory group will convene at least 3 times • 25% of the Advisory group participants will be parents of CSHCN • Funding opportunities will 	<p>All relevant agencies within the MDPH</p> <p>7 Disability Commissions under EOHHS</p> <p>Massachusetts DMR, DMH, DOE, DSS, EEC</p> <p>Massachusetts Medical Association</p> <p>Massachusetts Chapter of American Academy of Pediatrics</p> <p>American Academy of Pediatric Dentistry-Mass Chapter</p> <p>Healthy Partners</p> <p>Massachusetts Dental Society</p> <p>Massachusetts</p>	

	<p>dentists, especially those that treat children.</p> <p>Incorporate school-based oral health education at collaborative education schools</p>	<p>professionals</p> <p>8. Create Regional Oral Health Consultant positions</p> <p>9. Host a seminar for medical and dental professionals on oral health issues</p> <p>10. Develop collaborations for student dentists and hygienists to perform oral health screenings and provide anticipatory guidance in medical offices</p> <p>11. Develop student rotations at the State Hospital School and other hospital facilities that specialize in treating CSHCN</p> <p>12. Model “operation house call” through ARC, Federation and other organizations</p>	<p>quarterly basis (ongoing)</p> <ul style="list-style-type: none"> • Informational materials will be developed for use by Medical and Dental Professionals (ongoing) • Develop tip cards for parents (12/08) • Promote availability of student rotations at specialized facilities at Educator’s Forum (1/08 and ongoing) • Develop a data base of dental providers able and willing to treat CSHCN (6/08) 	<p>be identified for implementing regional oral health consultants</p>	<p>Dental Hygienists’ Association</p> <p>Massachusetts Consortium for CSHCN-New England SERVE</p> <p>Massachusetts Federation for CSN-Family TIES</p> <p>MASS Family Voices</p> <p>Massachusetts League of Community Health Centers</p> <p>All institutions of higher education with relevant programs (medical, nursing, PA, dental, dental hygiene, PT, OT, social work, etc.)</p> <p>Special Olympics</p> <p>Other advocacy organizations & associations</p>	
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Objective: Increase dental insurance coverage for children with special health care needs

National Significance	Strategy	Tools/Activity	Timetable	Outcome Measures	Collaborators	Comments/Notes
<ul style="list-style-type: none"> • Healthy People 2010 • MCHB National Agenda for CSHCN 	<p>Identify financial resources for CSHCN specifically for dental treatment</p> <p>Distribute informational material to providers and subscribers</p> <p>Extend policy guidelines for CSHCN (sealants, fluoride treatments, etc.)</p> <p>Institute policy to reimburse medical providers for performing oral health screenings & fluoride treatments</p> <p>Institute policy to mandate oral health coverage be included in medical coverage for all individuals with SHCN</p> <p>Educate insurance company reps on oral health, behavior and medical needs of CSHCN</p> <ul style="list-style-type: none"> • Med/dental intersect 	<ol style="list-style-type: none"> 1. Assess dental insurance info & benefits such as costs, out-of-pocket expenses, etc. 2. Create a publication/guide for parents on oral health insurance, including Medicaid 3. Schedule forums for medical/dental providers and insurance carriers 4. Formulate a task force to review and recommends policy changes regarding dental benefits for CSHCN 5. Collaborate with EOHHS-MassHealth to educate a customer care rep as an advocate to parents of CSHCN 	<ul style="list-style-type: none"> • Convene a CSHCN insurance task force (9/07) • Develop an insurance guide for parents (2/08) • Schedule a forum for medical and dental provider and insurance carriers (11/07) • Draft recommendations based on forum (2/08) • Task force will make recommendations for insurance policy, benefits, incentives etc. (10/08) • Meet w/ EOHHS to discuss modeling program at BC/BS (3/08) 	<p>By the end of Year 1:</p> <ul style="list-style-type: none"> • Insurance Task Force will meet at least 1 time <p>By the end of Year 2:</p> <ul style="list-style-type: none"> • Insurance task force will meet at least 3 times and present recommendation on policy changes • MassHealth will have instituted insurance advocates specifically to assist families of CSHCN 	<p>EOHHS-OAAC</p> <p>Medical Insurance Providers</p> <p>Dental Insurance Providers</p> <p>Massachusetts Consortium for CSHCN-New England SERVE</p> <p>MASS Family Voices</p> <p>Massachusetts Federation for CSN-Family TIES</p> <p>Massachusetts Dental Society</p> <p>Massachusetts Dental Hygienists' Association</p> <p>Health Care for All</p> <p>Catalyst Institute</p> <p>Other advocacy organizations & associations</p>	

	<ul style="list-style-type: none">• state insurance commission <p>Create an incentive program for treating special populations</p> <p>Promote the use of insurance advocates to assist families in understanding/ accessing benefits and providers</p>					
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Objective: Improved access for screening CSHCN for oral diseases and development problems

National Significance	Strategy	Tools/Activity	Timetable	Outcome Measures	Collaborators	Comments/Notes
<ul style="list-style-type: none"> • Healthy People 2010 • MCHB National Agenda for CSHCN 	<p>Increase the number of dental homes</p> <p>Develop EPSDT standards for oral health</p> <p>Educate parents and health care providers to recognize early disease (white spot lesions) and Early Childhood Caries</p> <p>Train all providers to teach basic toothbrushing and oral health care regimens (special adaptives)</p> <p>Educate on oral screening techniques using Neighborhood Smiles Program</p> <p>Promote oral screening in IEPs for initial placement in Early Intervention and other educational programs</p> <p>Placement of Regional Oral Health Consultants</p>	<ol style="list-style-type: none"> 1. Oral health training sessions for non-dental health providers 2. Design a simple uniform oral health screening form for all providers to utilize and referral form to increase communication between providers 3. Develop a campaign to promote oral health screenings by first birthday for parents and medical/dental providers by including <ul style="list-style-type: none"> • ABC Program- Washington State model • CEU's 5. Develop/distribute photo sheets and educational materials 6. Implement Neighborhood Smiles in EI sites 7. Convene a workgroup to investigate other states standards for an oral 	<ul style="list-style-type: none"> • Convene a workgroup to investigate/ make recommendations for dental EPSDT (9/07) • Promote Neighborhood Smiles Program (oral health training) with posters and informational flyers (6/07 and ongoing) • Investigate other states' programs promoting first birthday oral health screenings (9/07) and begin promotional campaign among providers and parents (2/08) • Distribute photo sheets/educational material to pediatricians, NP, PA's, school nurses and day-work programs with licensure renewals 	<p>By the end of Year 1:</p> <ul style="list-style-type: none"> • The EPSDT Workgroup will have met at least 1 time • Funding sources will be identified to develop and implement the tools and activities listed <p>By the end of Year 2:</p> <ul style="list-style-type: none"> • The EPSDT Workgroup will have met at least 3 times and provided recommendation on a dental EPSDT • Funding opportunities will be identified for implementing regional oral health consultants • Institute regular oral health screenings at collaborative educational sites 	<p>All relevant agencies within the MDPH</p> <p>7 Disability Commissions under EOHHS</p> <p>Massachusetts DMR, DMH, DOE, DSS, EEC</p> <p>EOHHS/MassHealth</p> <p>MSPCC</p> <p>MASS Family Voices</p> <p>Massachusetts Medical Association</p> <p>Massachusetts Chapter of American Academy of Pediatrics</p> <p>American Association of Pediatric Dentistry-Mass Chapter</p> <p>Non-dental health professional associations such as (PA, PT, OT)</p>	

	<p>Promote oral health training to outreach workers involved in home visits</p> <p>Extend oral health trainings to perinatal moms and families knowingly expecting a CSHCN or during hospital stays</p>	<p>health EPSDT</p> <p>8. Begin pilot program for regional oral health consultants</p> <p>9. Train parents and providers on “Lift the Lip”</p> <p>10. Develop incentive program for staff participating in oral health trainings, such as CEUs</p> <p>11. Collaborate with dental and dental hygiene schools for experiential learning rotations in alternative settings, such as early intervention, residential facilities, Collaborative Schools, etc.</p> <p>12. Develop/provide TA for school-based prevention programs that include school-aged CSHCN</p> <p>13. Provide information on special and adaptive aides to increase the management of oral hygiene regimens</p>	<p>or insurer EOBs (1/08 and ongoing)</p> <ul style="list-style-type: none"> • Investigate Regional Oral Health Consultant Model for Western and Southeastern Massachusetts (12/07 and ongoing) • Write articles for parent and non-dental health professional newsletters and websites (7/07 and ongoing) • Promote availability of student rotations at specialized facilities at Educator’s Forum (1/08 and ongoing) • Promote school-based prevention programs with collaborative educational programs (4/08) 		<p>Healthy Partners</p> <p>Massachusetts Dental Society</p> <p>Massachusetts Dental Hygienists’ Association</p> <p>Massachusetts Consortium for CSHCN-New England SERVE</p> <p>Massachusetts Federation for CSN</p> <p>Head Start Association</p> <p>Massachusetts Dental and Dental Hygiene Schools, Dental Residency Programs and AEGD Programs</p> <p>Special Olympics</p> <p>Community-based oral health programs (mobile, portable, fixed)</p> <p>Massachusetts League of Community Health Centers</p>	
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Objective: Promote the family’s role in the oral health of CSHCN

National Significance	Strategy	Tools/Activity	Timetable	Outcome Measures	Collaborators	Comments/Notes
<ul style="list-style-type: none"> • Healthy People 2010 • MCHB National Agenda for CSHCN 	<p>Educate parents/caregivers on oral health and home care strategies</p> <p>Train parents to be oral health partners or coaches for other parents and healthcare providers</p> <p>Develop materials for parents, older family members and children on oral health</p> <p>Educate parents and caregivers on the relationship between oral health and general health, medication use, etc.</p> <p>Partner with parent, advocacy and coalition groups</p> <p>Include families as critical partners in policy making</p>	<ol style="list-style-type: none"> 1. Create materials to promote oral health awareness in student intake information packets 2. Include oral health disease recognition and prevention as part of health education, nutrition, and/or obesity programs in schools, community health centers, health fairs, etc. 4. Utilize “family events” to include oral disease awareness and prevention strategies 5. Create opportunities for open communication within the dental, medical and parent communities 6. Develop oral health respite care programs for families of CSHCN who need daily assistance in self care 7. Empower parents to take responsibility for early assessment of their child’s needs through Neighborhood Smiles Program 	<ul style="list-style-type: none"> • Create a listing of regional health fairs, CSHCN organizational/family events, school programs held annually (2/08 and ongoing) • Convene a Parent Advisory Group to assist medical/dental providers (10/07 and ongoing) • Create a semi-annual newsletter column to include parent and provider Q & A section and advertise the availability of a parent advisory group (1/08 and ongoing) • Hold regional parent sessions at EI sites on oral health awareness and Neighborhood Smiles Program (ongoing) • Develop a resource guide for parents and older children on oral health needs, 	<p>By the end of Year 1:</p> <ul style="list-style-type: none"> • The Parent Advisory Group will have met at least once • Funding sources will be identified to develop and implement the tools and activities listed <p>By the end of Year 2:</p> <ul style="list-style-type: none"> • The Parent Advisory Group will meet at least 4 times 	<p>All relevant agencies within the MDPH</p> <p>7 Disability Commissions under EOHHS</p> <p>Massachusetts DMR, DMH, DOE, DSS, EEC</p> <p>Massachusetts Consortium for CSHCN-New England SERVE</p> <p>Massachusetts Federation for CSN-Family TIES</p> <p>MASS Family Voices</p> <p>Massachusetts Head Start Assoc.</p> <p>Special Olympics</p> <p>All institutions of higher education with relevant programs (medical, nursing, PA, dental, dental</p>	

		<p>8. Develop a resource guide for parents and older CSHCN to assist/involve medical providers in incorporating oral health into general health</p> <p>9. Develop parent advocacy group to provide technical assistance and support for dental providers on office practice, following AAP guidelines</p> <p>10. Develop a “Best Practices of Parents”...a strategy guide to promote oral health for parents and caregivers</p>	<p>including providers willing and capable of treating special populations (6/08)</p> <ul style="list-style-type: none"> • Develop/Distribute “52 Best Practices of Parents” (oral health strategies at home, school and work) (2/08) 		<p>hygiene, PT, OT, social work, etc.)</p> <p>New England INDEX</p> <p>Other advocacy organizations & associations</p>	
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Objective: Promote oral health for CSHCN during the transition to adulthood

National Significance	Strategy	Tools/Activity	Timetable	Outcome Measures	Collaborators	Comments/Notes
<ul style="list-style-type: none"> • Healthy People 2010 • MCHB National Agenda for CSHCN 	<p>Explore informational materials, adaptive aids that include visuals for the teen/young adult</p> <p>Develop tools to encourage independence with oral health skills for daily living</p> <p>Incorporate into IEPs oral health aides and techniques to encourage self –care</p> <p>Placement of Regional Oral Health Consultants</p> <p>Increase the number of dentists who provide treatment to teens and young adult CSHCN</p> <p>Increase the number of community health centers and hospital-based dental programs that provide dental services (or OR services)</p>	<ol style="list-style-type: none"> 1. Provide oral health materials to health and social service agency offices 2. Educate and train Personal Care Attendants on daily oral health care regimens 3. Utilize IEPs to include oral health care into daily routines 4. Provide an age appropriate oral health resource package to assist in the transitioning process to include referral list of general dentists, reporting document to keep track of dental treatments and future appointments, etc. 5. Develop a respite oral health program for individuals who require daily assistance in self-care 6. Model and implement national programs such as “Healthy Ready to Work” 7. Host a CEU course at 	<ul style="list-style-type: none"> • Convene a Transitional Workgroup (DOE, DPH, DMR, etc) to routinely incorporate oral health into IEPs (1/08) & investigate other state and national programs serving teens and young adults with SHCN (5/08) • Collaborate with DMR and other agencies to hold CEU courses for PCA and residential workers on oral health care (4/08 and ongoing) • Develop a resource guide for parents and older children on oral health needs, including providers willing and capable of treating special populations (6/08) • Collaborate with MDS and MDHA to host a con-ed course at Yankee on treating special populations as 	<p>By the end of Year 1:</p> <ul style="list-style-type: none"> • Collaborations will be formed w/ professional associations <p>By the end of Year 2:</p> <ul style="list-style-type: none"> • The Transitional Workgroup will meet at least 3 times • Regular oral screening programs will be instituted in 25% of the DMR residential facilities and day programs • Formal policy statements by professional associations concerning oral health for special populations will be developed 	<p>All relevant agencies within the MDPH</p> <p>7 Disability Commissions under EOHHS</p> <p>Massachusetts DMR, DMH, DOE, DSS, EEC</p> <p>Healthy Tomorrows</p> <p>Foundations</p> <p>Independent Living Centers</p> <p>Health Care for All</p> <p>Mass ARC</p> <p>Massachusetts Consortium for CSHCN-New England SERVE</p> <p>Massachusetts Federation for CSN</p> <p>EOHHS-OAAC and other 3rd party administrators</p>	

	<p>Expand existing state initiatives that increase dental providers treating older CSHCN</p> <p>Placement of Regional Oral Health Consultants</p> <p>Encourage policy statement on oral health for children and adults w/ SHCN within all state medical and dental professional associations</p>	<p>Yankee Dental Congress for dental professionals</p> <p>8. Promote/host oral screenings at worksites with other healthcare screenings</p> <p>9. Increase/advertise the availability of state loan repayment programs for dental providers treating special populations</p> <p>10. Develop “webcasts” as educational/training tools for providers</p>	<p>they age (1/09)</p> <ul style="list-style-type: none"> • Promote with DMR and other agencies oral screenings by dental hygienists and regional oral health consultants (9/08) • Advertise loan repayment programs for dental professionals (ongoing) • Host a webcast for providers (5/09) 		<p>Massachusetts Dental Society</p> <p>Massachusetts Dental Hygienists’ Association</p> <p>Special Olympics</p> <p>New England INDEX</p> <p>Other advocacy organizations & associations</p>	
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Massachusetts State Oral Health Action Plan Development for CSHCN Priorities	Objective: Promote oral health in the medical & dental home & within different systems of care	Objective: Increase dental insurance coverage for CSHCN	Objective: Improve access for screening CSHCN for oral diseases & developmental problems	Objective: Promote the family's role in the oral health of CSHCN	Objective: Promote oral health for CSHCN during transition to adulthood
Invite/Convene an Advisory Committee to oversee implementation of the CSHCN Oral Health Action Plan					
Include families w/ CSHCN in Advisory Group					
Research new & existing funding sources to implement the oral health action plan					
Develop oral health information and anticipatory guidance	*	*	*	*	*
Develop oral health training model/ curriculum for non-dental professionals	*	*	*	*	*
Initiate dialogue between medical and dental communities to collaborate in promoting oral health awareness, education, and disease prevention practices	*	*	*	*	*
Initiate dialogue between medical, dental and insurance providers to focus on obstacles to accessing services for CSHCN and their families		*			
Promote screening & oral health prevention practices/ treatment in alternative settings	*	*	*	*	*
Research development and funding for Regional Oral Health Consultants	*	*	*	*	*