# Logo  Description automatically generatedText  Description automatically generated with medium confidenceSauk CountyHealth DepartmentSeal-A-Smile

# A picture containing text  Description automatically generatedMemorandum of Understanding

The Baraboo School District and the Sauk County Health Department intend by this agreement to set forth the mutual goals, objectives, and scope of the Seal-A-Smile preventative dental health program for the duration of the 2021-2022 school year term. The parties agree as follows:

**definitions**
SCHD: Sauk County Health Department BSD: Baraboo School District
SAS: Seal-A-Smile RDH: Registered Dental Hygienist

**mission**
SAS is a collaborative effort between the Children’s Health Alliance of Wisconsin, Wisconsin Department of Health Services, and Delta Dental of Wisconsin. The program’s mission is to improve the oral health of Wisconsin children by providing dental sealants. The SAS program seeks to provide oral health education, preventative care, and referrals that sustain life-long oral health and well-being.

**eligible students**Dental disease is commonly found in individuals who are economically disadvantaged as they tend to have reduced access to dental care. To ensure that all students are provided the opportunity to access dental care, it is most effective to offer these services to all students, regardless of income and/or insurance status. Furthermore, providing sealants only to children on the free and reduced meal program or to those on Medicaid can be viewed as stigmatizing and is therefore unacceptable in many schools.

Therefore, all students, regardless of financial means or insurance coverage, are invited to participate in the SCHD SAS program. SAS’s services will be provided to ALL students who have an updated, completed parental consent form. No family or individual will be billed for services rendered by SAS.

To ensure equal access and prevent stigmatizing children, SAS programs may not single out children on Medicaid or that participate in the school’s Free and Reduced Meal Program or charge fees for services rendered. Once a school is selected to receive school-based sealant program services, all children MUST have the ability to participate in the program and receive the same services regardless of insurance type or access to insurance. SAS grant funding is used to cover costs associated with treating children without insurance. No bills or fees will be charged to any child or their family for services provided by a Wisconsin SAS program.

**services rendered**
SCHD will obtain a health history from each student whose parent/guardian has consented to treatment. SDHD shall then conduct essential preventive dental services such as oral health assessment and screening of the student, and as appropriate apply dental sealants and fluoride treatment. After each student visit, a letter will be sent home to student/parent/guardian outlining the care provided. If such examination reflects that further treatment is necessary, SCHD will assist in providing the student/parent/guardian with dental resources who can assist in providing the appropriate dental treatments.

The application of dental sealants is an evidence-based approach to preventing dental decay. A 60 percent decrease in tooth decay has been shown when sealants are provided through a school-based program.

All services will be provided by RDH licensed in the State of Wisconsin, with the assistance of dental assistants and visit coordinators. SCHD certifies that oral health personnel are duly licensed, certified, possess all appropriate training, education, and experience in their field, and are competent and fit to perform the contracted or referred services.

**identified partner roles**Identified partner roles in this project include:

* BSD will seek to provide the most appropriate space within the school for mobile dental services rendered to ensure the highest level of infection control practices can be achieved for the health and safety of all students, staff, and visitors. SCHD staff will coordinate with individual BSD administrators to identify the most ideal location for services rendered.
* SCHD staff will coordinate with BSD staff to obtain mutually agreeable dates and times services can be provided during days of the week when school is in session.
* SCHD staff and BSD staff, if possible, will identify potential parent or other volunteers to assist on the date of SAS service delivery at BSD schools.
* BSD staff will ensure the SAS online consent form is accessible to all families in whatever formats are most applicable for successful enrollment.
* SCHD RDH and public health technicians will assist SAS in service delivery, clinic setup and documentation at BSD.
* If further dental care is recommended by the RDH, SCHD staff will provide information and referrals to local dental clinics to the student’s parent/guardian and ensure any urgent dental work is completed.

**target population**The target population will be all BSD K4-8th grade students and any students in need of retention checks from prior year placements.

SAS is a community-based dental program. A community-based dental program is one that concentrates on bringing prevention and dental care to a local community. With a community-based approach, students have a better chance of finding a dental home to receive ongoing comprehensive dental care. Community-based programs establish working relationships with local dental clinics and use a team approach when caring for children within that community. This community approach is important for families who are uninsured or underinsured. Ideally, all children should establish a dental home to receive comprehensive dental care. The dental home should be established within the community and available to care for children year-round for dental visits, comprehensive care, and in the case of emergencies. If children already have a dental home, SAS will encourage families to continue that relationship.

**financing plan**Funding: SCHD shall provide the funds required to deliver the program. No student or family shall ever receive a bill or be charged for services provided by SAS.

Staffing: Clinical staff shall be SCHD employees. As employees of SCHD, all staff are covered under the county’s Public Entity Liability Insurance. This policy has a liability limit of $10,000,000 per occurrence inclusive of the amount of the deductible.

Billing: SCHD will bill and collect for the preventative dental health services provided. Any costs not covered through Medicare billing will be covered through SCHD SAS grant funds.

**infection control plan and administrative controls**
All SAS programs are required to adhere to the Center for Disease Control’s (CDC) Guidance for Dental Settings, CDC’s Considerations for School Sealant Programs, and Occupation for Safety Asepsis and Prevention’s Infection Prevention and Control Guide for School Sealant Programs During COVID-19. To ensure the utmost safety of our schools, students, and staff, the Sauk County SAS program has developed a detailed Infection Control Plan (ICP) and Respiratory Protection Plan (RPP). All SAS staff are required to undergoing annual ICP and RPP, Basic Life Support, bloodborne pathogen, and Health Insurance Portability and Accountability Act of 1996 (HIPAA) training, be up to date on immunizations and carry the appropriate professional insurance liability coverage.

**student records**
Per the SAS Consent Form, student visits are entered into the DentaSeal Dental Sealant Registry to provide a repository for a continuum of care throughout their schooling. All data entered is considered protected health information under HIPAA. SAS follow rules set forth by the Wisconsin Administrative Code Chapter DE-8. Clinical notes and copies of patient consent forms and health histories are maintained and retained according to DE-8. If more detailed information is required by an outside dental provider, SAS will only release student records upon receipt of a written release of records signed by a student’s legal parent or guardian.

**disclosure of student records to school nurses**
BSD represents that a nurse employed by the school may, in certain reasonable circumstances, request a copy of a student’s DentaSeal record or follow-up letter for the limited purpose of treatment of the applicable student or communication with parent or guardian. All health information shared will be done so in accordance with the HIPAA unless a parent or guardian has specifically requested that student health information and records is not disclosed to the school nursing staff.

At the closure of each dental program visit, SAS will provide the school nurse on site with a quantitative list of services that were delivered to the student body (for example, 100 children received 300 dental sealants).

**hipaa compliance and confidentiality**Both Parties shall maintain the privacy and confidentiality of all information regarding the personal facts and circumstances of students. SCHD and BSD expressly acknowledge their respective obligations under the HIPAA and FERPA rules.

**cooperation with the secretary of health and human services**
SCHD will make its internal practices, books, and records relating to the use and disclosures of protected health information available to the Secretary of Health and Human Services, or its designee, for the purpose of determining SCHD's compliance with HIPAA.

**modifications**No modification, expansion or amendment of this Agreement shall be of any force or effect unless it shall be in writing and signed by the parties hereto. All additions and future program developments and curriculum design must be approved by all parties and reviewed by the appropriate administration to ensure the safety, security and protection of the students and the school district.

IN WITNESS WHEREOF, the parties agree to be bound by the terms and conditions in this agreement and by the terms and conditions in the Attached Exhibit A.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2021.

BARABOO SCHOOL DISTRICT SAUK COUNTY HEALTH DEPARTMENT

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Print Name: Michelle Yates-Wickus Print Name: Brent Miller
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*Sauk County Seal-A-Smile Wisconsin Mobile Dentistry Registration Number 15115*