



# A Guide to Improving Children's Oral Health Care



*Tools for the Head Start Community*

New Jersey  
**Smiles**

A Medicaid Quality Collaborative to Improve Oral Health in Young Kids

Produced by the Center for Health Care Strategies through the  
New Jersey Smiles initiative, a collaborative partnership with:

AmeriChoice ■ AMERIGROUP ■ Health Net ■ Horizon NJ Health ■ University Health Plans ■  
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## Acknowledgements

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### About New Jersey Smiles

The Center for Health Care Strategies launched *New Jersey Smiles: A Medicaid Quality Collaborative to Improve Oral Health in Young Kids* to improve the dental care of young children in New Jersey. This initiative comprises the state's five Medicaid managed care health plans, NJ FamilyCare/Medicaid, New Jersey Head Start, and other regional partners who are committed to improving access to oral health services for young children. *New Jersey Smiles*, an 18-month effort funded by the Robert Wood Johnson Foundation, is working closely with Early Head Start/Head Start (EHS/HS) staff to establish dental homes for children at risk for poor oral health.

### About the Center for Health Care Strategies

The Center for Health Care Strategies (CHCS) is a nonprofit health policy resource center dedicated to improving health care quality for low-income children and adults, people with chronic illnesses and disabilities, frail elders, and racially and ethnically diverse populations experiencing disparities in care. CHCS works with state and federal agencies and health plans to develop innovative programs that better serve Medicaid beneficiaries. For more information, visit [www.chcs.org](http://www.chcs.org).

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## Foreword

Dental caries (tooth decay) is the most common chronic disease of young children, disproportionately affecting those from low-income families. Fifty percent of all preschoolers suffer from tooth decay by age 5; and rates exceeding 60% have been recorded among children in some Head Start programs. Unfortunately, tooth decay in preschoolers often goes untreated, despite federal Medicaid/EPSDT guidelines that recognize the benefits of early oral health care and provide coverage for comprehensive dental services.<sup>1</sup>

Head Start and Early Head Start program directors, training and technical assistance providers, and Administration for Children and Families officials have reported that poor access to oral health services, particularly treatment services, continues to be the number one health issue impacting Head Start and Early Head Start children. In response, efforts such as the American Academy of Pediatric Dentistry (AAPD) Head Start Dental Home Initiative and *New Jersey Smiles* are addressing and making impressive strides toward improving dental care access for Head Start children.

*A Guide to Improving Children's Oral Health Care: Tools for the Head Start Community* was produced by *New Jersey Smiles* to support the role of Medicaid as a critical partner in improving dental care for this population. As the health insurer for most high-risk, low-income children — including those enrolled in Head Start and Early Head Start — NJ Medicaid and its contracted managed care organizations (MCOs) are integral to improving access to comprehensive dental care, including diagnostic, preventive and treatment services beginning in early childhood.

This guide provides strategies and supporting resources for New Jersey Head Start programs to work with Medicaid, MCOs, community dental providers, families and children to improve oral health care and establish dental homes for young children. It also serves as a useful model for Head Start programs in other states where Medicaid MCOs serve this high-need, under-served population.

I commend *New Jersey Smiles* for this achievement and for being among a group of forward-thinking organizations undertaking innovative, collaborative approaches to oral health care for young children.



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<sup>1</sup> Schneider, Rossetti, and Crall, National Oral Health Policy Center, *Assuring Comprehensive Dental Services in Medicaid and Head Start Programs: Planning and Implementation considerations*. October 2007.

## Using this Toolkit

*A Guide to Improving Children's Oral Health Care: Tools for the Head Start Community* was written to help Early Head Start/Head Start (EHS/HS) staff work with NJ Family Care/Medicaid, health maintenance organizations (HMOs), and community dental providers to ensure continuous and comprehensive dental care for New Jersey's low-income children.

Local EHS/HS staff played a large role in creating this toolkit. As a result, it contains practical information to coordinate and promote oral health care for EHS/HS children in a format that is easy to use. Included are resources to support EHS/HS children's use of dental exams and treatment, and their practice of healthy dental habits at home and in the classroom.

The toolkit is arranged as follows:

- Section I:** Provides an overview of oral health problems in young children, and discusses low rates of dental care in high-risk children such as those in NJ FamilyCare/Medicaid.
- Section II:** Explains the meaning of a "dental home," and offers guidelines and resources to help EHS/HS staff enroll children in NJ FamilyCare/Medicaid and establish dental homes for them.
- Section III:** Suggests ways that EHS/HS staff can educate families about the importance of oral health, and help them to overcome barriers to prevention, evaluation, and treatment.
- Section IV:** Offers ways to include prevention, examination, and oral health education, along with dental safety, in the EHS/HS classroom to teach children healthy habits. Included are step-by-step instructions for organizing on-site limited dental exams.



Please look for the **Action Step** symbol throughout the toolkit for easy-to-follow tips.

## I. Overview of Oral Health in EHS/HS Children

### Tooth Decay in Young Children

Dental caries — or tooth decay — is the most common chronic disease in children. Affecting about half of U.S. children by age 9,<sup>2</sup> it wears away tooth enamel and causes dental caries. In infants, toddlers and preschool-age children, it is called early childhood caries (ECC) or baby bottle caries. Dental caries is contagious, and often passes from mother to child through contact with saliva.

Children attending EHS/HS are at higher risk of dental caries than others. These conditions can lead to:

- Pain, infection, and decaying teeth and gums;
- Being teased by peers for their appearance;
- Problems with school attendance and performance; and
- Delayed overall development in young children with severe cases.

Minority and low-income children have the highest rates of dental caries, with severe cases seen in 25% of the highest-risk, low-income group.<sup>3</sup> Children in households below 200% of the federal poverty level — about half of children in the U.S. — have three-and-a-half times more tooth decay than those in wealthier families.<sup>4</sup> Unfortunately, the majority of children in NJ FamilyCare/Medicaid are at a higher risk of dental caries and poor oral health.

### Low Rates of Dental Care in High-Risk Children

While dental caries can be prevented and treated, dental care is the most common unmet treatment need in children.<sup>5</sup> Consider:

- In 2007, only 22% of all eligible NJ FamilyCare/Medicaid children ages 1-5 received any dental service, and only 20% received preventive dental care.<sup>6</sup>
- Low-income children, in particular, often only access dental care when they have a problem, such as pain or swelling from decayed teeth.<sup>7</sup>
- Close to 80% of decayed teeth in preschool-age children who live in households below 100% of the federal poverty level go untreated.<sup>8</sup>

### EPSDT Requirements for Young Children

Given its important role in reducing barriers to dental care for many EHS/HS children, NJ Family/Care Medicaid published the *New Jersey Dental Periodicity Table* (see *Appendix A*). With recommended dental services for children at specific ages, the table follows Medicaid Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements and American Academy of Pediatric Dentistry recommendations. It is a useful resource for community dentists, EHS/HS workers, families and caregivers. Highlights include:

- Children should see the dentist for the first time at the eruption of their first tooth, but no later than age 1.
- After their first dental visit, children should see their dentist at least twice a year for preventive services.
- Once treatment needs are identified by the dentist, necessary follow-up care must be provided.

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<sup>2</sup> U.S. Department of Health and Human Services, Administration for Children and Families. Guide to Children's Dental Care in Medicaid (October 2004).

<sup>3</sup> *Ibid.*

<sup>4</sup> *Ibid.*

<sup>5</sup> *Ibid.*

<sup>6</sup> Division of Medical Assistance and Health Services, State of New Jersey. CMS-416: Annual EPSDT Participation Report (March 2008).

<sup>7</sup> U.S. Department of Health and Human Services, *op cit.*

<sup>8</sup> National Oral Health Policy Center (October 2007). Assuring comprehensive dental services in Medicaid and Head Start programs: planning and implementation considerations.

## II. Establishing Dental Homes for EHS/HS Children

### Your Role in Children's Oral Health

Within 90 days of a child's entry into the EHS/HS program, the local EHS/HS site is required to:

- Determine if the child has an ongoing source of continuous, accessible dental care;
- Help the family to find a dental home if they do not have one;
- Record the results of dental visits; and
- Make sure the child has a dental plan that includes return visits and follow-up treatment.

### What is a Dental Home?

A dental home is a source of continuous, comprehensive, and compassionate oral health care delivered or directed by a licensed dentist. It is the one practice a family goes to over time for all their dental health needs.

A dental home should be:

- Familiar with a child's health history and have a relationship with him or her;
- Able to benefit children at highest risk for oral health disease through early intervention and a full range of oral health services;
- Easy to get to in a child's community; and
- Family-centered – reminding families when they are due for visits, working with them when appointments are broken, and helping them to establish preventive oral health “home care.”



#### **Action Step:** *Determine if a Child Has a Dental Home*

Ask families the following questions:

- Does your family have a dentist?
- If yes, does the dentist treat all of your children, including the child enrolled in EHS/HS?
- When was the last time your child went to the dentist? Was this for an exam or a problem?
- How many times in the last year has your child seen the dentist?
- When is the next time you plan to take your child to the dentist?

## Connecting Children to a Dental Home

NJ FamilyCare/Medicaid, the HMOs that serve Medicaid families, and community dental providers are three resources for linking eligible EHS/ HS children to dental homes.

### 1. NJ FamilyCare/Medicaid

NJ FamilyCare/Medicaid is a health insurance program that helps New Jersey's low-income children and certain parents and guardians to have affordable health coverage (see *Appendix A*). It serves most EHS/HS families.

**Benefits** – NJ FamilyCare/Medicaid is committed to helping its child beneficiaries get comprehensive dental care. Once a family is enrolled, NJ FamilyCare/Medicaid will provide them with a Health Benefits Identification (HBID) card, and link them to one of six participating HMOs. The HMOs offer the following dental benefits to most children:

- Preventive dental care;
- Dental evaluation and diagnostic services; and
- Comprehensive and emergency dental treatment.

**Enrollment** – While many EHS/HS children are eligible for NJ FamilyCare/Medicaid, some eligible families do not enroll because they are unaware of or do not understand the program.



#### Action Step: Help Families Enroll in NJ FamilyCare/Medicaid

- During the EHS/HS intake process, ask families if they have insurance. If they are enrolled in NJ FamilyCare/Medicaid, ask to see their HBID card to confirm (see *Appendix A*).
- If a family is uninsured, explain the NJ FamilyCare/Medicaid program and provide enrollment materials (see *Appendix A*). Note that benefits may take up to three months to go into effect. Tell the family that NJ FamilyCare/Medicaid will not pay for any dental care that is provided before benefits are in place.
- If families choose not to apply for NJ FamilyCare/Medicaid, try to find out why and attempt to remove any barriers.
- Follow up with families to see if they have submitted an application and are enrolled.
- If a child is not enrolled within 90 days of entering EHS/HS, try to get free dental treatment for the child through a local community health center or social service agency that provides dental care to uninsured children.
- For additional information, contact NJ FamilyCare/Medicaid at **1-800-701-0710**, Monday – Friday, 8 a.m. to 5 p.m.; Mondays and Thursdays until 8 p.m. Applications in English and Spanish are available online at: [www.njfamilycare.org](http://www.njfamilycare.org).



## 2. Health Maintenance Organizations

Once families are enrolled in NJ Family Care/Medicaid, they must join one of the six participating HMOs:

- AmeriChoice
- AMERIGROUP
- Healthfirst NJ
- Horizon NJ Health

The HMOs can help to find dental homes for EHS/HS children by:

- Linking families to local dentists who are accessible and available to see young children;
- Giving EHS/HS staff the names of providers to contact directly; and
- Coordinating the dental care children receive.



### Action Step: Explain to Families the Benefits Offered by HMOs

All of the HMOs offer:

- Access to general dentists and pediatric specialists through member self-referral;
- Coverage for diagnostic and preventive services, including limited and comprehensive exams, fluoride treatment, and dental sealants;
- For the majority of children, coverage for comprehensive treatment such as fillings, cleanings, and extractions; and
- Emergency dental treatment for pain within 48 hours (sooner for a more serious condition), and urgent care appointments within three days of request.



### Action Step: Determine a Child's HMO Membership

If a family is already enrolled in an HMO, determine which one that is. To find this out:

- Ask the family to look at their HMO membership card, or ask to see the card yourself.
- If a family does not have a card, show them pictures of each HMO's card to help them identify their plan (see *Appendix A*).
- Ask your grantee to look up this information in the NJ FamilyCare/Medicaid eligibility database; this requires a consent form signed by the parent/guardian (see *Appendix A*). Guidelines for explaining this form are included in *Appendix A*.
- If the above steps are not successful, help the family contact the Medical Assistance Customer Center Hotline, which will provide information about participating HMOs, at **1-800-356-1561**.



**Action Step: Work with HMOs to Link Each Child to a Dental Home**

HMOs and EHS/HS staff should work together in the following ways:

HMO Activity	EHS/HS Staff Support Activity
Provide multilingual and culturally sensitive family education materials (via mail, web, and/or telephone).	<ul style="list-style-type: none"> <li>■ Connect families with culturally competent EHS/HS staff.</li> <li>■ Meet with families to review materials and to offer positive reinforcement.</li> </ul>
Help families find dental providers and make appointments.	<ul style="list-style-type: none"> <li>■ Talk to families about visiting the dentist and keeping scheduled appointments.</li> <li>■ Help families contact their HMO to find a local provider.</li> <li>■ Confirm if appointments have been made.</li> </ul>
In special cases, arrange transportation.	<ul style="list-style-type: none"> <li>■ Determine if transportation problems will affect visiting the dentist.</li> <li>■ Give families community transportation contact information and/or help them to schedule a ride.</li> <li>■ Contact HMO for support in hardship cases (e.g., children with special needs).</li> <li>■ As a last resort, determine if EHS/HS can provide transportation, and arrange for it.</li> </ul>
Set up “work around” plans with families to help them keep appointments.	<ul style="list-style-type: none"> <li>■ Ask families why they missed appointments, and set up plans to work around the issues.</li> <li>■ Work with families and HMOs to avoid broken appointments.</li> <li>■ Follow up with families to confirm if appointments are rescheduled and provide appointment reminders.</li> </ul>

### 3. Community Dental Partners

EHS/HS staff should contact local dental providers identified by the HMOs to see if they are willing to provide dental homes for EHS/HS children. Building relationships with these providers can help keep them committed to meeting the children's dental needs.



#### Action Step: Meet with Local Dentists

To have effective meetings with local dentists, EHS/HS staff should:

- Review the site's oral health plan, including EHS/HS intake procedures, and determine which local providers (participating in the Medicaid HMOs) to approach.
- Invite both the dentists and their office managers to the meeting, and be available to meet after dental office hours.
- Bring lunch to the dental office or meet at a nearby restaurant.
- Explain the EHS/HS program, and how the site will help them serve the children.
- Ask for an overview of the practice, including how many patients can be seen each day, and which HMOs serve the practice.
- Offer to provide transportation for office visits, a translator, name tags, consent forms, and a brief medical history for children as needed.
- Tell them about the American Academy of Pediatric Dentists' (AAPD) NJ Head Start Dental Home Initiative, which will be training teams of dentists and EHS/HS staff in optimal oral health practices, and providing parents, caregivers and EHS/HS staff with information and resources to support oral health.

#### A good EHS/HS dental provider has:

- A child-friendly office with a clean, inviting waiting room, and chairs and equipment sized for children;
- Staff who are child-friendly and multilingual;
- Willingness to schedule group appointments for exams;
- Availability of evening and weekend hours;
- Policies that allow exams without a parent present (but with parental consent); and
- Willingness to visit the EHS/HS site to provide limited exams and/or fluoride varnish.



### **Action Step: Organize On-Site Limited Dental Exams**

Limited dental exams at EHS/HS sites do not replace a comprehensive exam at a dental office, and do not meet the requirement of a dental home. Instead, they serve to identify children's dental needs and refer them to a dentist for regular care.

Following are steps to organizing limited dental exams at the EHS/HS site:

#### **1. Contact providers who perform on-site limited exams far in advance of the desired exam date.**

Use the *NJ Smiles Provider Directory* to find a nearby dentist who will perform limited dental exams at your site. If one cannot be found, ask HMO representatives to help identify dentists in your community who see young children.

Schedule a time to talk to the dentist (face-to-face or over the phone) to discuss:

- Number of children to be examined, and transportation needed for any office visits;
- Whether the dentist will bring other staff and/or require EHS/HS staff assistance;
- Whether the exams will be done in groups and, if so, the group size;
- Whether the dentist will provide preventive services, such as fluoride treatments or dental sealants;
- Date(s) for the exam visit;
- How each child's HMO will be identified;
- Parental outreach and education prior to the visit;
- Forms required by the provider, and whether those are needed in advance;
- Referral process for follow-up treatment; and
- Tracking of procedures performed, for the parents and EHS/HS records.

#### **2. Have parents complete consent forms for on-site limited exams** (see *Appendix A* for example).

Consent, or "Authorization for Release of Information," forms should include:

- Types and any cost of services that will be provided;
- Name of family's HMO;
- Parent's daytime contact information; and
- A note that parents will be contacted if the child needs additional treatment.

#### **3. Ensure that a follow-up dental care plan is in place for each child after the on-site exam, and help the family to follow through on that plan.**

- The dentist will provide the exam results and an overview of treatment needed.
- Give each parent the names of available dentists and HMO contact information (see *Appendix A*), so an appointment can be made.
- Work with families and HMOs to ensure the child sees a dentist for an exam.
- As required, track the results of children's limited dental exams and future visits (see *Appendix A*).

### III. Strategies for Engaging Families in Oral Health Care

Providing education, support, and assistance directly to EHS/HS families can help improve children’s oral health and use of dental care. EHS/HS staff can do this in a number of ways.

#### Helping Families Overcome Barriers to Better Oral Health Practices

Below are some challenges EHS/HS staff may face when encouraging healthy family dental practices, and ways to help get past them:

Challenge	Possible Solutions for EHS/HS Staff
<p><b>Financial:</b> Family is unsure if they can afford dental services and/or transportation to appointments.</p>	<ul style="list-style-type: none"> <li>▪ Tell family that NJ FamilyCare/Medicaid benefits are usually free.</li> <li>▪ Remind parents to reenroll annually.</li> <li>▪ If family is not eligible, reach out to local community-based clinics and FQHCs to provide a dental home.</li> <li>▪ Inquire if EHS/HS has funds for dental treatments.</li> <li>▪ Assist with transportation needs by contacting social services agencies. If they cannot meet the family’s need, contact their HMO.</li> </ul>
<p><b>Time:</b> Multiple jobs, other siblings, and/or ailing relatives prevent family from visiting the dentist.</p>	<ul style="list-style-type: none"> <li>▪ Help family schedule a babysitter or find a clinic that sees children on weekends and evenings.</li> <li>▪ Secure treatment consent from parents, allowing EHS/HS staff to take child to dentist.</li> </ul>
<p><b>Language:</b> English is not family’s first language, which prevents them from accessing oral health education and services.</p>	<ul style="list-style-type: none"> <li>▪ Connect family with EHS/HS staff member who can communicate in family’s primary language.</li> <li>▪ Refer family to their health plan’s multilingual services.</li> <li>▪ Use multilingual materials included with this toolkit (see <i>Appendix B</i>) and at EHS/HS.</li> </ul>
<p><b>Cultural:</b> A family’s cultural background affects oral health attitudes and behaviors.</p>	<ul style="list-style-type: none"> <li>▪ Establish EHS/HS “cultural champions” — staff members from families’ racial and ethnic groups — who can communicate effectively with parents.</li> <li>▪ Show children pictures of kids from similar backgrounds brushing their teeth or visiting the dentist.</li> <li>▪ Encourage family to visit local dental providers who have similar cultural backgrounds.</li> </ul>

## Family Role Playing

Following are some uncomfortable or difficult situations that EHS/HS staff may encounter when trying to help families to access dental care or information, with suggested responses. EHS/HS staff can “act out” these situations to improve their ability to talk with family members about oral health. Staff may take the role of the EHS/HS worker or of the family member.

### Role Play Situations

**Situation 1:** *Parents' fear of dental treatment prevents child from going to the dentist. Solution should include:*

- Description of the dental provider team, including the:
  - » Pediatric dentist
  - » General dentist
  - » Hygienist
- Discussion of what happens at the first dental visit.
- Explanation of how early preventive care can reduce risk of later painful problems.

**Situation 2:** *Family misses scheduled dentist appointment. Solution should include:*

- Knowing the specific dentist's rules for a missed appointment.
- Identifying the family “barriers” to keeping the appointment.
- Asking caregiver how EHS/HS can help the child make up the dental visit.

**Situation 3:** *Parent refuses to sign consent form for EHS/HS on-site dental exam. Solution should include:*

- Discussion of the barriers and possible solutions, including:
  - » Undocumented parents.
  - » Fear of dentists and/or “big bills.”
  - » Other priorities overwhelm family.
- Discussion of how oral health impacts overall health.
- Description and pictures of untreated caries (see *Appendix B*).
- Explanation of EHS/HS health mandates.
- Explanation of Early Periodic Screening, Diagnosis, and Treatment (EPSDT) screening requirements.
- Referral to a Federally Qualified Health Center (FQHC) for evaluation.
- Gentle suggestion of child “neglect” concerns.

**Situation 4:** *Parents believe that “baby teeth” don't require care from a dentist. Solution should include:*

- Discussion of the need to see a dentist as soon as baby teeth come in.
- Steps for cleaning and checking baby teeth, including explanation of how fluoride protects teeth.
- Description of the dangers of putting a baby to bed with a bottle.
- Encouragement of “water-only” bottles before sleep.
- Encouragement of eating fruits and vegetables instead of unhealthy snacks.

## Family Workshops

EHS/HS staff can present dental workshops to parents, covering topics including:

- Need for dental visit when first tooth comes in;
- Importance of good oral habits starting at an early age;
- Benefits of using products with fluoride and taking fluoride supplements; and
- Information about EHS/HS activities that will include dental education.



### Action Step: *Creating Family Workshops*

- Involve your site's health advisory committee in developing the workshops.
- Invite local dental hygienists to participate as health educators.
- Schedule workshops with other activities already on your calendar, such as parent orientation.

## Handouts for Families

*Appendix B: Resources for Family Education* references materials that are on the CD-ROM included with this toolkit. These can be copied and shared with families to support their practice of recommended oral health habits.

## IV. Activities for the EHS/HS Classroom

There are many ways that EHS/HS staff can help improve children's oral health through: 1) prevention of dental disease; 2) checking mouths and teeth; 3) educational activities that encourage good dental habits at home; and 4) practicing dental safety in the classroom.

### Prevention

#### Help children to clean their teeth.

EHS/HS staff should help children brush their teeth using the guidelines below:

- **For children under age 1: Brush once daily**
  - » Wash hands (staff).
  - » Cover a finger with gauze or soft cloth to gently wipe infants' gums.
- **For children between ages 1 and 2: Brush once daily, after a meal**
  - » Brush children's teeth with soft-bristled toothbrush and a smaller than pea-sized amount of toothpaste with fluoride.
- **For children age 2 or older: Brush once daily, after a meal**
  - » Help children brush teeth using pea-sized amount of toothpaste with fluoride.

#### Encourage healthy eating habits.

- **Avoid fruit drinks and sodas at snack and meal time**
  - » Serve water or milk instead.
  - » Children ages 1 to 6 should have only  $\frac{1}{2}$ - $\frac{3}{4}$  cups of juice a day.
  - » Dilute juice with water.
- **Focus on nutrition**
  - » Avoid serving starchy, sticky, sugary foods.

#### Keep children's toothbrushes separate from one another.

- **Label each one with a permanent marker.**
- **Store toothbrushes vertically, with their bristles on top. To store them (see Appendix C):**
  - » Have children save their lunch milk carton to decorate. Cut a hole in the top and insert the toothbrush.
  - » Punch holes through an egg carton.
  - » Decorate a shoe box; cut holes in the lids and insert toothbrushes.



## Checking Mouths and Teeth

### Daily Health Checklist

- Look for signs of dental caries or infections.
- Listen for complaints when brushing teeth, eating, or drinking hot/cold beverages.
- Feel for fever or swelling around mouth, cheeks, and jaws.
- Smell for bad breath odor, which could be sign of cavity/infection.

### Monthly Check-Ups

- After brushing, use a flashlight and look in each child's mouth for chalky, white, or brown spots, which are early signs of tooth decay.
- If there are signs of decay, tell the child's parent or caregiver.

## Educational Activities

### Healthy Habits Discussion

Talk to children about the difference between baby and adult teeth, and how it feels to lose a tooth. Children can participate by telling you how to care for teeth. Points to emphasize are:

- Brush teeth in the morning and before bed (at least).
- Brush teeth after meals (when possible).
- Brush teeth, or at least rinse mouth, after eating sweet or sticky foods.
- Eat more foods that are good for teeth, and avoid bad foods:

Good for teeth	Bad for teeth
Raw vegetables (carrots, peppers, celery, etc.)	Cookies and cakes
Fruits (apples, pears, berries, etc.)	Candy
Water or milk	Ice cream
Cheeses	Sugary drinks
Yogurt	Sticky foods (raisins, gummy treats, etc.)

### Healthy Smiles Collage

Cut out magazine pictures of smiles, and have children glue them on paper.

### Healthy Smiles Songs

Sing songs with children to encourage and reinforce healthy dental behaviors (see *Appendix C*).

## Dental Safety

Be aware of safety guidelines for the classroom, and what steps to take in a dental emergency (see *Appendix C*).

## Appendix A: Resources for Ensuring Dental Homes

### Periodicity of Dental Services for Children in NJ FamilyCare/Medicaid



**State of New Jersey**

DEPARTMENT OF HUMAN SERVICES  
 DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
 P.O. Box 712  
 Trenton, NJ 08625-0712  
 Telephone 1-800-356-1561

CHRIS CHRISTIE  
*Governor*

JENNIFER VELEZ  
*Commissioner*

KIM GUADAGNO  
*Lt. Governor*

JOHN R. GUHL  
*Director*

### Periodicity of Dental Services for Children in NJ FamilyCare/Medicaid

#### The New Jersey Division of Medical Assistance and Health Services Recommended Dental Services for Children to be Provided by a Dental Professional

Dental Service	0-12 mos.	13-24 mos.	2-6 yrs.	7-20 yrs.
A. Oral Evaluation (comprehensive/periodic)	yes	yes	yes	yes
B. Fluoride Supplements	yes	yes	yes	yes
C. Fluoride Varnish		yes	yes	
D. Prophy with Fluoride		yes	yes	yes
E. Sealants (Permanent teeth)			yes	yes
F. Radiographs (non-emergency)			yes	yes
G. Oral Hygiene Instructions	yes	yes	yes	yes
H. Dental Treatment	yes	yes	yes	yes

- A. Oral Evaluation should occur as early as one year of age. It should include risk assessment and can be provided twice a year or more frequently for Children with Special Health Care Needs (CSHCN).
- B. This is based on level of water fluoridation in child's community.
- C. Fluoride varnish can be applied up to 4 times in a rolling calendar year through 6 years of age.
- D. Prophylaxis with fluoride can be provided twice a year or more frequently for CSHCN.
- E. Sealants can be placed on permanent molars and premolars.
- F. Routine diagnostic radiographs can be taken as well as additional films needed to treat or diagnose a problem. Films on younger patients (0-12 & 13-24 months) can be taken as needed for treatment and diagnostic purposes.
- G. Oral hygiene instructions (OHI) and education on dental disease and prevention should be provided to parent/guardian/caregivers. OHI to children can begin at age 2.
- H. Your dentist can explain and discuss any of the services noted here or treatment needed.

## Confirming NJ FamilyCare/Medicaid and HMO Enrollment

The following are pictures of identification cards that families should have if they are enrolled in NJ FamilyCare/Medicaid and/or one of the participating HMOs:

### Health Benefits Identification (HBID) Card

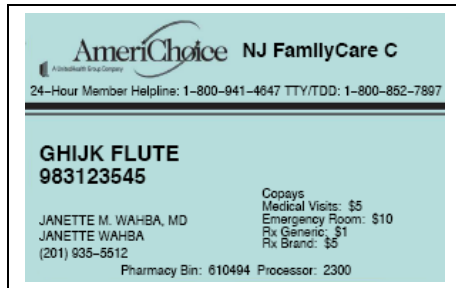
Once a family is enrolled in NJ FamilyCare/Medicaid, they receive a Health Benefits Identification (HBID) Card, with a membership number. Since the card does not list an eligibility or expiration date, eligibility may not be current.



### HMO Cards

If families do not have an HMO card with them, show them the card pictures below to help them identify their plan:

#### AmeriChoice:



#### AMERIGROUP:



#### Horizon NJ Health:



#### Healthfirst NJ:





## Talking Points to Review

### "Authorization to Disclose Information" Form

---

Your signature on the authorization form gives permission for designated Head Start staff to gain limited access to information about your child's NJ FamilyCare/Medicaid eligibility.

- Head Start staff will be able to look at your child's current NJ FamilyCare/ Medicaid eligibility and health plan information, and share it with you and your dentist.
- If your dentist does not have your correct insurance information, he or she will not know which health plan to bill for your child's treatment, may not continue to see your child, and may bill you for services.
- This consent is only for the child named on this form, and is good for 120 days from the date of your signature.
- Once you give your consent, you can change your mind at any time by making a written request to Head Start.
- By signing this form, you are NOT giving permission for Head Start to get information related to substance abuse treatment.

Produced by the Center for Health Care Strategies through the  
New Jersey Smiles initiative, funded by the Robert Wood Johnson Foundation.

**NAME of HEAD START ORGANIZATION** \_\_\_\_\_

**AUTHORIZATION TO DISCLOSE INFORMATION**

I understand that my information, which is retained by the **New Jersey State Department of Human Services or one of its divisions**, may not be disclosed to another person without my express written authority. I hereby give authority to the New Jersey State Department of Human Services to disclose any and all information regarding:

**\*Individual's Name (Print):** \_\_\_\_\_

**\*Date of Birth:** \_\_\_\_\_

To the following individual: **(Head Start Site Name, Address, and Staff should be designated)**

\_\_\_\_\_  
**\*Name**

\_\_\_\_\_  
**\*Telephone Number**

\_\_\_\_\_  
**\*Name of Organization**

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
**\*Address**

\_\_\_\_\_  
**\*City/State/Zip**

This authorization expires on   120 days from date of authorization   or one year from the date signed, below, which ever is less. I understand that upon this expiration date, the New Jersey State Department of Human Services will no longer provide my information to the person stated above, and that if I wish for this person to continue to receive information, I must execute another authorization.

I understand that if the above-named person is not a health care provider or part of a health plan covered by federal privacy regulations, my **health** information may be re-disclosed by the person I have named above and will no longer be protected by these regulations. However, the person named above may be prohibited from disclosing substance abuse information under the Federal Substance Abuse Confidentiality Requirements.

I understand that if I refuse to sign this form, the New Jersey State Department of Human Services will not disclose my information to the person named above.

I understand I may revoke this authorization at any time, in writing, except to the extent the New Jersey State Department of Human Services has taken action in reliance on this authorization. The written request to revoke this authorization must be provided to the New Jersey State Department of Human Services employee who received this Authorization. The revocation will be effective on the date that the New Jersey State Department of Human Services employee who received this Authorization receives the revocation.

**Substance Abuse Information Only:** Further, I understand that if I am authorizing the New Jersey State Department of Human Services to disclose information about **substance abuse**, I must state the purpose of the disclosure. My purpose in allowing the Department to disclose this information is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**\*Signature (or mark) of Individual, Parent of Minor Child, Legal Guardian or Attorney-in-Fact:**

\_\_\_\_\_  
**\*Date of Signature:** \_\_\_\_\_ **\*Telephone Number:** \_\_\_\_\_

Name of Parent of Minor Child, Legal Guardian or Attorney-in-Fact (if applicable):  
\_\_\_\_\_

Copy of Valid Appointment of Guardianship or Power of Attorney must be attached.

If a mark is provided in place of a signature, above, the mark must be witnessed:

Witness Signature (if applicable): \_\_\_\_\_

Witness Name/Title: \_\_\_\_\_

**\*Division(s) Individual Receives Services From (circle all that apply):**

- Youth & Family Services (DYFS)    Developmental Disabilities  
Blind & Visually Impaired    Medical Assistance & Health Services (Medicaid)  
Family Development (Welfare, etc)    Deaf & Hard of Hearing  
Mental Health Services    Office of Education    Disability Services

**\*Denotes information that is required.**

**Please FAX to Dr. Bonnie Stanley, DMAHS: (609) 588-7942**

## HMO Contact Information For Head Start Staff and Families

Plan name	Contact Information
<b>AmeriChoice</b> <a href="http://www.americhoice.com">www.americhoice.com</a>	Member Services: 1-800-941-4647(available 24/7) 1-800-852-7857( <i>Hearing Impaired - TTY/TDD</i> )  HMO Data Liaison: Crystal Brown, Community Outreach Coordinator <a href="mailto:crystal_m_brown@uhc.com">crystal_m_brown@uhc.com</a> (973) 565-5191
<b>AMERIGROUP</b> <a href="http://www.amerigroupcorp.com">www.amerigroupcorp.com</a>	Member Services: 1-800-600-4441  HMO Data Liaison: Nina Stuke, Quality Management Coordinator RN <a href="mailto:nstukey@amerigroupcorp.com">nstukey@amerigroupcorp.com</a> (732) 452-6059
<b>Healthfirst NJ</b> <a href="http://www.healthfirstnj.org">www.healthfirstnj.org</a>	Member Services: 1-888-464-4365  HMO Liaison: Anna Enriques, Director of Outreach <a href="mailto:AEnriquez@HealthFirst.org">AEnriquez@HealthFirst.org</a> (212) 209-6493  HMO Data Liaison: Lisa Spruell-Knowles, Regulatory Manager, NJ Medicaid <a href="mailto:LKnowles@HealthFirst.org">LKnowles@HealthFirst.org</a> (212) 209-6477
<b>Horizon NJ Health</b> <a href="http://www.horizonnjhealth.com">www.horizonnjhealth.com</a>	Member Services: 1-877-765-4325 (available 24/7) ( <i>English and translation service requests</i> )  HMO Data Liaison: Brian J. Bastecki, DMD, Dental Director <a href="mailto:Brian_Bastecki@horizonNJhealth.com">Brian_Bastecki@horizonNJhealth.com</a> (609) 718-9564

### For Assistance with HMO Services Contact:

#### NJ FamilyCare/Medicaid Office of Quality Assurance Hotline

If families are having trouble obtaining dental services through their HMOs, they may report their problem and seek assistance through NJ Family Care/Medicaid's Office of Quality Assurance hotline at **1-800-356-1561**.

### For Assistance with NJ FamilyCare/Medicaid Eligibility and Enrollment Contact:

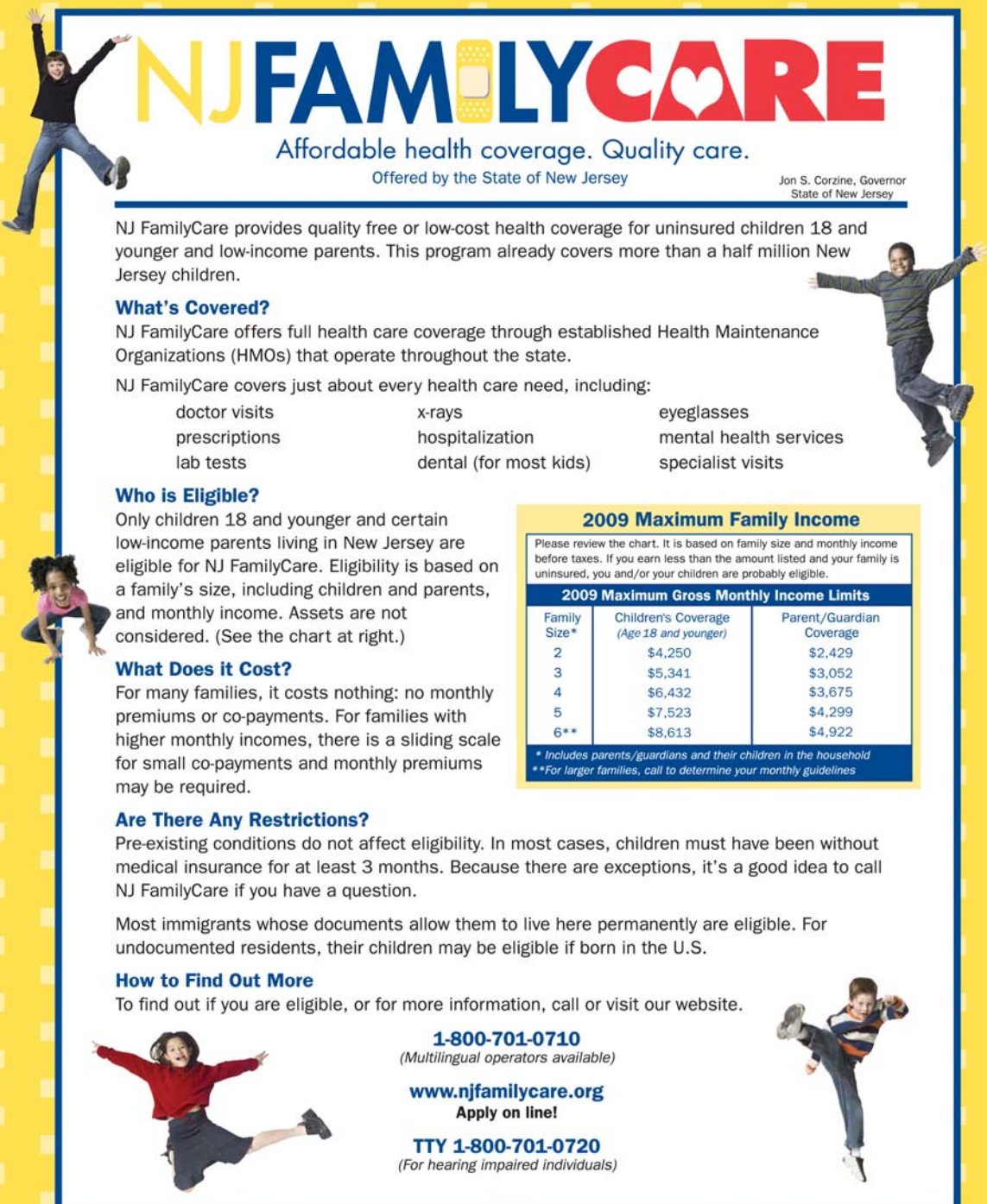
#### Medical Assistance Customer Centers at:

<http://www.state.nj.us/humanservices/dmahs/info/resources/macc/index.html>

#### New Jersey County Welfare Agencies and Boards of Social Services at:

<http://www.state.nj.us/humanservices/dfd/programs/foodstamps/cwa/>

## NJ FamilyCare/Medicaid "Using Your Benefits" Fact Sheet<sup>9</sup>



**NJ FAMILY CARE**

Affordable health coverage. Quality care.  
Offered by the State of New Jersey

Jon S. Corzine, Governor  
State of New Jersey

NJ FamilyCare provides quality free or low-cost health coverage for uninsured children 18 and younger and low-income parents. This program already covers more than a half million New Jersey children.

**What's Covered?**  
NJ FamilyCare offers full health care coverage through established Health Maintenance Organizations (HMOs) that operate throughout the state.  
NJ FamilyCare covers just about every health care need, including:

doctor visits	x-rays	eyeglasses
prescriptions	hospitalization	mental health services
lab tests	dental (for most kids)	specialist visits

**Who is Eligible?**  
Only children 18 and younger and certain low-income parents living in New Jersey are eligible for NJ FamilyCare. Eligibility is based on a family's size, including children and parents, and monthly income. Assets are not considered. (See the chart at right.)

**What Does it Cost?**  
For many families, it costs nothing: no monthly premiums or co-payments. For families with higher monthly incomes, there is a sliding scale for small co-payments and monthly premiums may be required.

**Are There Any Restrictions?**  
Pre-existing conditions do not affect eligibility. In most cases, children must have been without medical insurance for at least 3 months. Because there are exceptions, it's a good idea to call NJ FamilyCare if you have a question.  
Most immigrants whose documents allow them to live here permanently are eligible. For undocumented residents, their children may be eligible if born in the U.S.

**How to Find Out More**  
To find out if you are eligible, or for more information, call or visit our website.

**1-800-701-0710**  
(Multilingual operators available)

**www.njfamilycare.org**  
Apply on line!

**TTY 1-800-701-0720**  
(For hearing impaired individuals)

**2009 Maximum Family Income**

Please review the chart. It is based on family size and monthly income before taxes. If you earn less than the amount listed and your family is uninsured, you and/or your children are probably eligible.

2009 Maximum Gross Monthly Income Limits		
Family Size*	Children's Coverage (Age 18 and younger)	Parent/Guardian Coverage
2	\$4,250	\$2,429
3	\$5,341	\$3,052
4	\$6,432	\$3,675
5	\$7,523	\$4,299
6**	\$8,613	\$4,922

\* Includes parents/guardians and their children in the household  
\*\* For larger families, call to determine your monthly guidelines


NJFC-FS-0209

<sup>9</sup> NJ FamilyCare. Available online at: [http://www.njfamilycare.org/pages/using\\_benefits.html](http://www.njfamilycare.org/pages/using_benefits.html)



# NJ FamilyCare/Medicaid Enrollment Form

This form can be found on the CD-ROM included with this toolkit, as well online at, [www.njfamilycare.org/pages/apply\\_njfc.html](http://www.njfamilycare.org/pages/apply_njfc.html).



**NJ FAMILYCARE**  
A Medicaid health coverage. Quality by design.

www.njfamilycare.org NJ FamilyCare / P.O. Box 8367 / Trenton, NJ 08650 1-800-701-0710 (TTY 1-800-701-0720) WE SPEAK 150 LANGUAGES

NJ FamilyCare does not discriminate against anyone because of race, age, color, religion, sex, national origin, marital status, disability or political belief.

---

**1. Household Information**

Home Address: \_\_\_\_\_ Apt. #/Floor: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

**List ALL Parents/Guardians and Children UNDER THE AGE OF 21 Living in Your Household**

Parent/Guardian First Name	Last Name	Sex M/F	Do you want NJ FamilyCare? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number (Required for most applicants)	Race/Ethnicity (only for those applying) **See codes below	Birth Date MM/DD/YYYY	US Citizen? (see instructions)	Full-time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other health insurance now? (see instructions)	Other health insurance within the past 3 months? (see instructions)	Parent/Guardian Marital Status			
											Single	Married	Separated	Divorced
Are your children currently enrolled in NJ FamilyCare? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the NJ FamilyCare policy number: _____													
Children First Name	Last Name		<input type="checkbox"/> Yes <input type="checkbox"/> No			/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other
			<input type="checkbox"/> Yes <input type="checkbox"/> No			/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other
			<input type="checkbox"/> Yes <input type="checkbox"/> No			/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other

How is this child related to the 1<sup>st</sup> parent/guardian listed above?  Child  Stepchild  Other

How is this child related to the 2<sup>nd</sup> parent/guardian listed above?  Child  Stepchild  Other

If you need to write about more children, use another piece of paper

Is anyone listed above pregnant?  Yes  No If yes, write name(s) and due date(s): \_\_\_\_\_

Does anyone have unpaid medical bills for the last 3 months? Yes  No  If yes, please write name(s), see instructions: \_\_\_\_\_

---

**2. Income Information for Parents/Guardians and Children under 21: see instructions**

Name of person receiving income, including children *Proof is required, see instructions	Employer Name *If self-employed write "self-employed", or *If owner, write "owner"	Employer telephone number	Date job started	Full-time or Part-time?		How often paid? Every 2 Weeks Once a Month	Work income before taxes per pay period Amount	Other income such as child support, alimony, cash support, social security benefits, unemployment, rental income, etc. Indicate Type of Income	If this person PAYS day care for a child or disabled adult, list monthly amount	If this person PAYS child support or alimony, list monthly amount
				FT	PT					
				<input type="checkbox"/>	<input type="checkbox"/>	Every 2 Weeks	\$	\$	\$	\$
				<input type="checkbox"/>	<input type="checkbox"/>	Once a Month	\$	\$	\$	\$
				<input type="checkbox"/>	<input type="checkbox"/>		\$	\$	\$	\$

Employer address: \_\_\_\_\_ Date job ended: \_\_\_\_\_  
 Former employer: \_\_\_\_\_

---

**3. HMO SELECTION: You must pick an HMO to be enrolled. Please see HMO flyer for available HMOs.**

Choose an HMO: \_\_\_\_\_ Who is your doctor? \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Is anyone applying? Taking prescription medicines? Yes  No  Receiving any medical treatment? Yes  No  Using any special medical equipment? Yes  No

By signing this form, I represent that I have read and understood the Privacy Notice and the NJ FamilyCare program "Rights and Responsibilities", and that I will obey the law and regulations of the program. I understand that I am giving the NJ FamilyCare program permission to release my medical records and those of any of my family members who enroll in the program, to the program's HMOs and its providers. I also authorize the NJ Division of Taxation to release my tax return information to NJ FamilyCare program. In addition, I hereby authorize any educational institutions or school district to release my medical records or those of my child(ren) to the NJ FamilyCare program for the purpose of determining eligibility and billing the Program. I certify under penalty of law that everything on this application is true.

Sign your name here: \_\_\_\_\_ Date: \_\_\_\_\_

Jon S. Corzine  
Governor  
State of New Jersey

For Official Use Only  
Enrollment State: \_\_\_\_\_  
Policy #: \_\_\_\_\_



Affordable health coverage. Quality care.

1-800-701-0710 (TTY 1-800-701-0720 for hearing impaired)

NJ FamilyCare does not discriminate against anyone because of race, age, color, religion, sex, national origin, marital status, disability, or political belief.

Complete ONE application per family.  
DO NOT LEAVE ANY SPACES BLANK.  
PRINT CLEARLY.

## Instructions for Completing the NJ FamilyCare Application

### Section 1

#### Household Information:

- **Address:**  
List your home address.  
If your mailing address is different from your home address, also write your mailing address in the space provided.
- **Telephone Numbers:**  
Write your home telephone, cell phone numbers or another telephone number where we can reach you. Include area codes.  
**We must have a way to reach you.**

#### List all Parents/Guardians and all children under the age of 21 living in household:

- **Name:**  
The first adult listed will be considered the head of the household. It is important to list both parents, stepparents or guardians of the children, if they are living in the household. It is not necessary to list other adults who live in the household.
- **Social Security Number (SS#):**  
You must provide a SS# for each person applying for NJ FamilyCare. Parents of newborns must supply the SS# as soon as it is available.
- **Race/Ethnicity:**
  - If your child is a Native American Indian or Alaskan Native, please submit his/her tribal card.
- **Citizenship: To be eligible for NJ FamilyCare, applicants must be a US citizen or qualified immigrant admitted for permanent residence.**
  - If you checked "yes", send any available documentation which proves the person requesting NJ FamilyCare is a U.S. citizen.
  - If you checked "no", you must send proof of immigration status.  
Examples of acceptable proof include:
    - The front and back of a Resident Alien Card
    - The Temporary I-551 stamp on a passport or Form I-94
    - Documentation indicating refugee or asylee status.
    - Documentation indicating a parent's US military service.
- **Health Insurance:**
  - If you checked "yes", you must send a copy of the front and back of the insurance card with the application. **Note: You may still qualify for NJ FamilyCare even if you have other insurance.**
  - **Health Insurance within the last 3-months:**
    - If you checked "yes", you must send proof that the insurance was terminated.
- **Relationship:**  
List how each child is related to the 1st and 2nd parents/guardians listed in Section 1. An example of "Other" would be a niece, nephew or grandchild.
- **Unpaid medical bills:**
  - If you checked "yes", submit proof of all household income for the last three months.

### Section 2

#### Income Information for parents/guardians and children under 21:

- **Name of person receiving income:**  
It is important to include the names of all parents, stepparents, guardians and children between the ages of 16-20 in the household who are working.
- **Employer Name:**  
List all jobs and employers for each working person in the household.
  - If you are self-employed or the owner of a business, you must submit a **signed** copy of your last 1040 (including Schedule C, Form S1120, Form 1065, Schedule E, and all the other related schedules) or your last profit and loss statement.
- **Full-time or Part-time:**  
Part-time employment is less than 30 hours per week.
- **Work income per pay period before deductions:**
  - Send in one check stub that best shows your pay or other proof showing **gross** income (before deductions) for the most recent month. **Be sure to send copies of check stubs for every job listed for each working person.**
- **Other Income (not from work):**  
Indicate the **type** of other income such as:
  - Supplemental Security Income (SSI);
  - Social Security survivors/retirement;
  - Social Security disability benefits;
- **Other income types (continued):**
  - Veteran's benefits;
  - Unemployment;
  - State disability;
  - Workers' compensation;
  - Pension or annuity;
  - Interest or dividends;
  - Alimony you receive \*;
  - Child support you receive \*;
  - Cash from friends or family \*;
  - Income from rent (not what you pay); and
  - All other income.
- Send in copies of check stubs from the most recent month, award letters, or some proof of each kind of income received.
- **\*No proof required**

### Section 3

#### HMO Selection:

For you and your child(ren) to be enrolled in NJ FamilyCare, you must pick an HMO

- **Choose an HMO:**  
See the HMO flyer in the application package for HMOs in your county.
- **Who is your Doctor?**  
If you or your child(ren) see a doctor, please list his or her name and address.
- **Signature:**
  - Read the Privacy Notice and the NJ FamilyCare Rights and Responsibilities prior to signing the application. Make sure you **SIGN** and **DATE** the application before sending it to NJ FamilyCare.

### Remember to:

1. Sign the application.
2. Send proof of income (the most recent month) for each job and for all other income, including self-employment and rental income.
3. Citizens: Send documentation proving US citizenship for anyone applying for NJ FamilyCare.  
Non-Citizens: Send a copy of the Resident Alien Card or other immigration documentation for anyone applying for NJ FamilyCare.
4. Send proof of any other health insurance, or the letter you received if your health insurance ended.

#### If you wish to contact NJ FamilyCare:

- ✓ Call 1-800-701-0710  
(TTY 1-800-701-0720 for hearing impaired)  
Mondays and Thursdays 8 a.m. to 8 p.m., and on Tuesdays, Wednesdays and Fridays 8 a.m. to 5 p.m.  
We speak 150 languages.
- ✓ Write to us: NJ FamilyCare  
P.O. Box 8367  
Trenton, NJ 08650; or
- ✓ Visit us online at: [www.njfamilycare.org](http://www.njfamilycare.org)

• Documentation must be sent.

NJFC-INS-0906

## Sample Consent to Release Health Records Form

EHS/HS staff can use the form below as a model for creating their own:

**NEWARK PRESCHOOL COUNCIL, INC.**  
Head Start Program  
10 Park Place – 4th Floor  
Newark, New Jersey 07102

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby give permission to release all medical/dental  
**Name of Parent/Guardian**

Information Laboratory reports, evaluations results, etc. from \_\_\_\_\_  
**Agency**

**To: Newark Preschool Council, Inc. Head Start Program  
Attn Health Services  
10 Park Place – 4<sup>th</sup> Floor  
Newark, New Jersey 07102**

for use in behalf of my child, \_\_\_\_\_  
**Child's Name**

DOB: \_\_\_\_\_ Insurance: \_\_\_\_\_ ID: \_\_\_\_\_

Classroom: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**                      **Home Address**

\_\_\_\_\_  
**Witness:**    **Position:** \_\_\_\_\_

**Please send the following, if available:**

<input type="checkbox"/> Classification Data & Reports	<input type="checkbox"/> Lab Results	<input type="checkbox"/> Neurological Evaluation
<input type="checkbox"/> Basic Plan of I.E.P.	<input type="checkbox"/> Implementation Guidelines	<input type="checkbox"/> Psychological Evaluation
<input type="checkbox"/> Audiological Report	Speech Reports	<input type="checkbox"/> Dental Reports
<input type="checkbox"/> Medical Reports (Please include any restrictions and/or medications)	<input type="checkbox"/> Insurance Information	
<input type="checkbox"/> Other (Specify) _____		

**Please send information to:**                      **Velda Front-Morris, Health Services Manager  
Newark Preschool Council, Inc.  
10 Park Place – 4th Floor  
Newark, New Jersey 07102**

VFM/php 3/2009                      White Health                      Yellow: Master File                      Pink: Classroom Copy

## Dental Visit Tracking Form

This tracking form can be found on the CD-ROM included with this toolkit.

Page 1

Grantee		Child		Total Funded Enrollment		Site Address		Name of Person Completing Form		
Child First Name	Child Last Name	Child DOB	Head Start Entry Date	Head Start Entry Date	Head Start Withdrawal Date	Gender (M/F)	Medicaid ID Number	HMO	Private Insurance	Parent's Address

Page 2

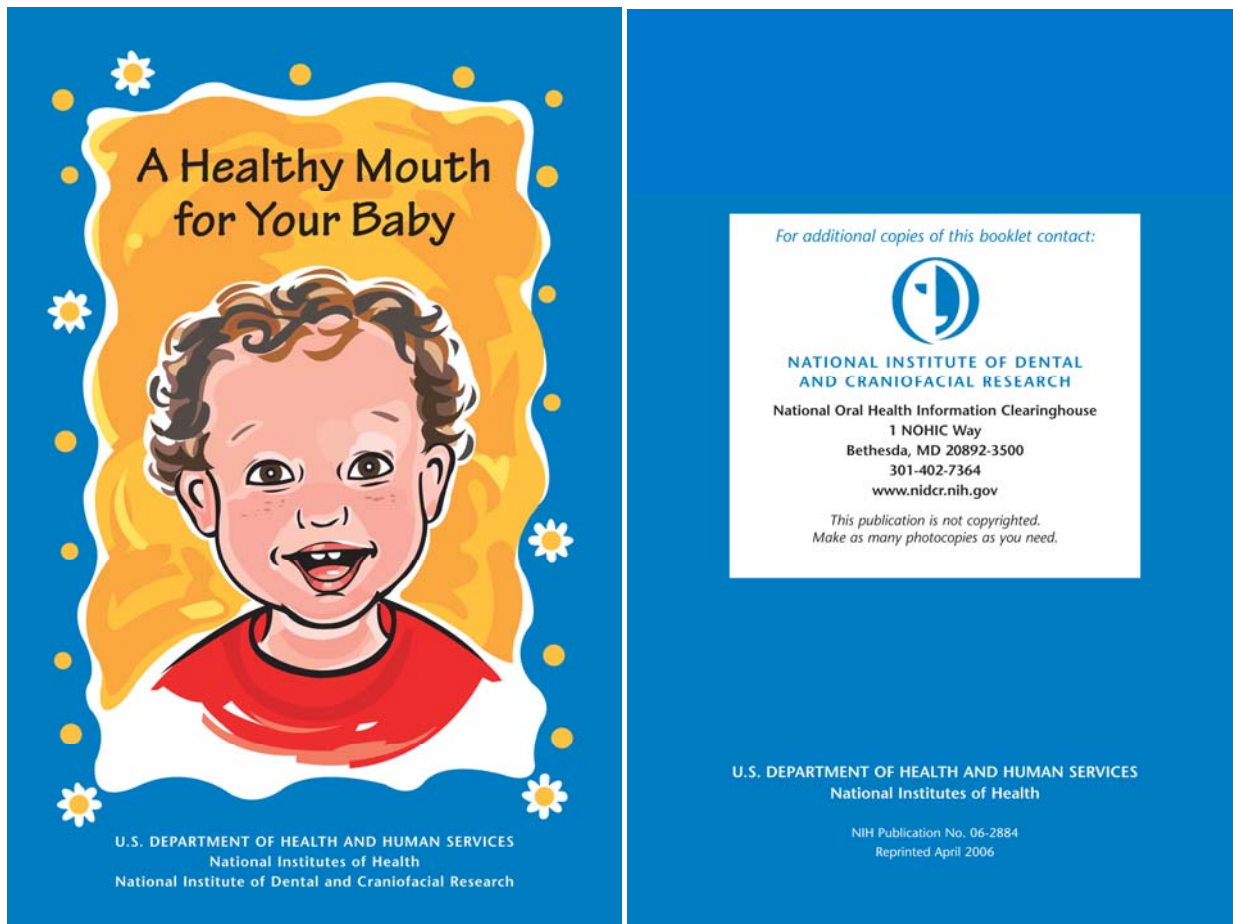
EHS/HS Contact Telephone		EHS/HS Contact E-mail Address				Date of Dental Screening or Evaluation			
Parent Last Name	Parent First Name	Established Medical Home (Y/N)	Medical Home Practice	Established Dental Home (Y/N)	Dental Home Practice	FU Dental Treatment Needed (Y/N)	Date that FU Dental was completed	Date Oral Health Parental Education	

## Appendix B: Resources for Family Education

This section includes materials that may be provided to families. These materials can also be found on the CD-ROM included with this toolkit.

### A Healthy Mouth for Your Baby<sup>10</sup>


Free copies of the booklet “A Healthy Mouth for Your Baby” can be ordered online at: <https://www.nidcr.nih.gov/OrderPublications/default.aspx>.



<sup>10</sup> National Institute of Dental and Craniofacial Research, U.S. Department of Health and Human Services. Available at: <http://www.nidcr.nih.gov/OralHealth/Topics/ToothDecay/AHealthyMouthforYourBaby.htm>.












## Self-Management Goals<sup>11</sup>



### Self-management Goals

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

 Regular dental care	 Eat more fruits, vegetables, milk and cheese	 Brush with fluoride toothpaste
 Drink tap water	 Keep germs to yourself	 Don't put baby to bed with a bottle
 Wean baby off of bottle	 Only water in a sippy cup	 Drink more water, less juice and soda

**What I want to do** (my goals)

1. \_\_\_\_\_

2. \_\_\_\_\_

When will I do this: \_\_\_\_\_

How often will I do this: \_\_\_\_\_

How confident I am that I can accomplish this goal?    1   2   3   4   5   6   7   8   9   10

Not likely Definitely

My promise: I agree to these goals and understand that at future appointments I may be asked how I am doing with these goals.

Signed by: \_\_\_\_\_ Witnessed by: \_\_\_\_\_

Copy given to the patient     Yes    No    Staff Initials: \_\_\_\_\_

Review Date: \_\_\_\_\_    Comments: \_\_\_\_\_    Staff Initials: \_\_\_\_\_

Review Date: \_\_\_\_\_    Comments: \_\_\_\_\_    Staff Initials: \_\_\_\_\_

<sup>11</sup> Caring for Colorado Foundation, Cavity-Free at Three initiative. Available at: <http://www.cavityfreeatthree.org/docs/assets/725self-managementgoalsheet.pdf>.

## Images of Serious Tooth Decay in Children

As soon as a baby's first teeth appear, they can begin to decay. To help caregivers understand how serious dental caries can be, show them these pictures of serious tooth decay. "A picture is worth a thousand words" and can help families understand how important it is for their children to see the dentist regularly and practice good oral health habits.



## Keeping Your Teeth Healthy: Information for Pregnant Women and New Mothers



### Good Dental Care at Home

- Brush your teeth thoroughly at least twice a day (after breakfast and before bed) with toothpaste that has fluoride. Do not rinse after brushing – the remaining toothpaste provides additional protection against decay.
- Floss daily.
- Rinse at night with a non-alcoholic mouthwash that has fluoride.

### Dental Visits

- Visit the dentist for an exam, and have dental care done as soon as you can during your pregnancy.
- Changes in your body due to pregnancy can cause gums to become red, swollen and bleed easily. If this occurs, talk to the dentist.

Produced by the Center for Health Care Strategies through the  
New Jersey Smiles initiative, funded by the Robert Wood Johnson Foundation.



## Taking Care of Baby's Teeth: Information for Parents and Caregivers of Infants



### Good Dental Care at Home

- After each feeding, clean the baby's teeth and gums with a clean, damp cloth or toothbrush, using plain water.
- Use the smallest, soft-bristled toothbrush you can find.
- Do not share toothbrushes among children.
- If the baby has teeth, lift the lip and brush the gums and teeth on the front and back surfaces with a small (less than pea-sized) amount of fluoride toothpaste.
- Never put the baby to bed with juice or milk. Only water should be given after brushing at bedtime.
- For teething pain, give the baby a clean teething ring, or a cold, wet washcloth to chew on.
- Use soap and/or water to clean the baby's bottle nipple, pacifiers or teething toys. **DO NOT PUT THEM IN YOUR MOUTH** or you will give the baby bacteria from your mouth that can cause tooth decay.

### Dental Visits

- Make an appointment with the dentist within six months of seeing the baby's first tooth or no later than age 12 months.
- Be sure to schedule the next dental exam before leaving the office.
- For babies with high risk for decay, dentists recommend using a small (less than pea-sized) amount of toothpaste with fluoride.
- The dentist or physician may prescribe fluoride supplements to reduce the risk of dental caries.

Produced by the Center for Health Care Strategies through the  
New Jersey Smiles initiative, funded by the Robert Wood Johnson Foundation.

## Taking Care of Children's Teeth: Information for Parents and Caregivers of Young Children



### Good Dental Care at Home

- Start brushing your child's teeth with a small (less than pea-sized) amount of fluoride toothpaste at least twice a day as soon as you see the first tooth, usually around the age of 6 months. At age 2, use a pea-sized amount of toothpaste, and make sure it isn't swallowed, as this could upset the stomach. Do not rinse, because the remaining toothpaste will protect their teeth.
- Lift the lip and brush the gums and teeth on the front, back and chewing surfaces. Once a month, while doing this, check your child's teeth and gums. Become familiar with your child's mouth so you can identify problems quickly. When children are age 7 or 8, they should be able to brush their own teeth with supervision by an adult.
- To help with teething pain, you can give your child a clean teething ring or cold, wet washcloth. **DO NOT PUT THESE ITEMS IN YOUR MOUTH** to clean them because you will give the child bacteria that can cause tooth decay.
- Sucking is a natural reflex that provides comfort, but oral habits (sucking fingers, thumbs or pacifiers) can move teeth. Children should be encouraged to reduce these habits by age 4, and stop them entirely by the time their first permanent teeth start to come in around age 6.
- Do not allow constant drinking of milk, juice or soda with a bottle or "sippy cup," because constant exposure to these liquids will increase the chance of tooth decay. After brushing at bedtime, only give children water to drink.

### Dental Visits

- If your child has not yet seen the dentist, make an appointment as soon as possible.
- Ask the dentist about any oral habits your child may have (such as thumb-sucking or pacifier use), and about fluoride supplements, topical fluoride, fluoride varnishes and dental sealants to prevent tooth decay.
- Be sure to schedule the next dental exam before leaving the office.

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New Jersey Smiles initiative, funded by the Robert Wood Johnson Foundation.

## Information on Dental Safety for All Children



### Protection from Injuries

- Do not allow children to have anything in their mouths while running.
- Make sure children always wear a helmet when they are on riding toys, e.g., scooters, bicycles.
- Secure children with safety belts when riding in shopping carts and strollers.

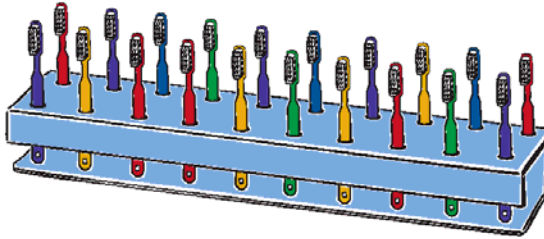
### Treatment for Injuries

- Take your child to the dentist or physician when injuries occur to the mouth or teeth.
- With falls, baby teeth are usually not broken, but knocked out. If they are not knocked out, they may be loosened and need to be removed. At first, they may look fine, but with time, they may change color. Your dentist may suggest additional treatment.
- If facial injury results in a cut, your child may need stitches to control the bleeding.
- Use an ice pack or an ice popsicle to control swelling.

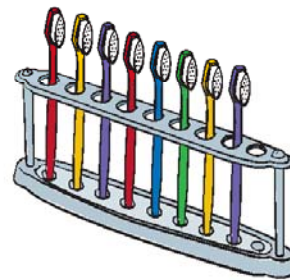
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## Appendix C: Resources for the Classroom

### Toothbrush Storage<sup>12</sup>



Store toothbrushes in open air, so bristles will dry out.



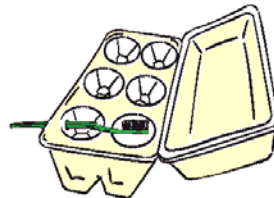
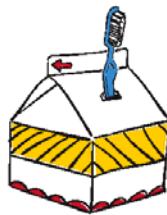
Toothbrushes should be stored vertically, with the bristles on the top.



Space them so that toothbrush bristles do not touch or drip on each other.

Change brushes every 3 months or when worn.

Label toothbrushes and storage rack with children's names.



Use a commercial storage rack or make your own.

<sup>12</sup> University of California San Francisco School of Nursing, Department of Family Health Care Nursing, *California Childcare Health Program*. Available online at: [http://www.ucsfchildcarehealth.org/pdfs/posters/oral\\_health/BrushStorage\\_EN0808.pdf](http://www.ucsfchildcarehealth.org/pdfs/posters/oral_health/BrushStorage_EN0808.pdf).

## Oral Safety Tips for EHS/HS Sites and Family Homes<sup>13</sup>

0 - 12 months	12 - 36 months	3 - 5 years
<ul style="list-style-type: none"> <li>■ Post signs indicating dental first aid and contact information of emergency providers.</li> <li>■ Check for child-proofing, especially related to falls.</li> <li>■ Never leave infants alone on changing tables, chairs or any other high surface.</li> <li>■ Emphasize to caregivers the need to use up-to-date, secured car safety seats.</li> <li>■ Check that parent contact numbers and alternate numbers to call in case of emergency are current.</li> <li>■ Be aware of signs of child abuse or neglect.</li> </ul>	<p>Same as for infants (0-12 months), plus...</p> <ul style="list-style-type: none"> <li>■ Do not use walkers or other walker-type equipment.</li> <li>■ Make sure toddler gates are installed on stairways.</li> <li>■ Show children how to climb up and down stairs.</li> <li>■ Remove sharp-edged furniture from frequently used areas.</li> </ul>	<p>Same as for infants (0-12 months), plus...</p> <ul style="list-style-type: none"> <li>■ Check and maintain playground equipment and environment.</li> <li>■ Use specifically approved surface materials for areas under play equipment.</li> </ul>

<sup>13</sup> Adapted from, "Promoting Children's Oral Health: A Curriculum for Health Professionals and Child Care Providers." University of California San Francisco School of Nursing, Department of Family Health Care Nursing, *California Child Health Program*. Available online at: [http://www.ucsfchildcarehealth.org/pdfs/Curricula/oral\\_health\\_11\\_v6b.pdf](http://www.ucsfchildcarehealth.org/pdfs/Curricula/oral_health_11_v6b.pdf).

## What to Do in a Dental Emergency<sup>14</sup>

Condition	What should child care provider do?
Knocked out tooth	<ol style="list-style-type: none"> <li>1. Retrieve the tooth and hold it by the crown. If the tooth is dirty, gently rinse it, preferably in the child's saliva. Do NOT scrub it or remove any tissue.</li> <li>2. Put the tooth in a cup of cool whole milk. Use water as a last resort.</li> <li>3. Contact parent to take child to a dentist immediately.</li> </ol>
Broken tooth	<ol style="list-style-type: none"> <li>1. Have child rinse mouth with warm water to keep the area clean.</li> <li>2. If broken piece is found, place in a clean container for dentist for examination purposes only.</li> <li>3. Use cold compresses on the area to keep swelling down.</li> <li>4. Contact parent to take child to a dentist immediately.</li> </ol>
Bitten tongue or lip	<ol style="list-style-type: none"> <li>1. Apply direct pressure to the wound with a clean cloth to stop any bleeding.</li> <li>2. Place a cold compress to swollen pieces.</li> <li>3. If bleeding does not stop within reasonable time, call parent to take child to the emergency room or their health care provider.</li> </ol>
Object caught between teeth	<ol style="list-style-type: none"> <li>1. If child can hold still, carefully guide dental floss between the teeth to remove object.</li> <li>2. If object is not readily removable, call parent to take child to a dentist.</li> </ol>
Toothache	<ol style="list-style-type: none"> <li>1. Have child rinse mouth with warm water and floss to remove any food that might be trapped.</li> <li>2. Call parent to explain situation and recommend that child see a dentist immediately.</li> </ol>
Trauma to jaw/ broken jaw	<ol style="list-style-type: none"> <li>1. Tie a scarf, handkerchief, necktie or towel around the jaw and over the top of the head to hold the jaw in place.</li> <li>2. Apply cold compress to swollen areas.</li> <li>3. Contact parent to take child to a dentist or an emergency room immediately.</li> </ol>

<sup>14</sup> Adapted from the "Emergency Care and Dental First Aid" webpage, Florida Dental Association. Available online at: <http://floridadental.org/public/care/emergency.html>.

## Songs to Sing with Children to Promote Oral Health<sup>15</sup>

### My Dentist

*Sung to: "Are you sleeping?"*  
Oh my dentist  
Always tells me,  
Brush your teeth  
Brush your teeth.  
Brush them in the morning  
And again at bedtime.

### Are Your Teeth Clean and White?

*Sung to: "Do Your Ears Hang Low!"*  
Are your teeth clean and white?  
Do you brush them every night?  
Do you brush them in the morning?  
Do you brush them right?  
Do you brush them side to side?  
Are your teeth clean and white?  
Do you floss them good  
To remove the bits of food?  
Do you floss them every day?  
Like you know you should?  
Do you take good care of  
The teeth that are there?  
Do you floss them good?

### Brush Your Teeth

*Sung to: "Row, Row, Row your Boat"*  
Brush, brush, brush your teeth.  
At least two times a day.  
Cleaning, cleaning, cleaning, cleaning,  
Fighting tooth decay.  
Floss, floss, floss your teeth.  
Every single day.  
Gently, gently, gently, gently,  
Whisking plaque away.  
Rinse, rinse, rinse your teeth  
Every single day.  
Swishing, swishing, swishing, swishing,  
Fighting tooth decay.  
Brush, brush, brush your teeth.  
Keep them clean each day.  
then you'll have a pretty smile,  
And healthy teeth all day.

### Got My Toothpaste

*Sung to: "Twinkle, Twinkle, Little Star"*  
Got my toothpaste, got my brush,  
I won't hurry, I won't rush.  
Making sure my teeth are clean,  
Front and back and in between.  
When I brush for quite a while,  
I will have a happy smile!

### I've Been Brushing

*Sung to: "I've been working on the railroad"*  
I've been brushing with my toothbrush,  
Brushing everyday.  
I've been brushing with my toothbrush,  
It's how I fight decay.  
All my teeth are gonna sparkle,  
How proud I will be.  
Every time I want to smile, my  
Teeth will shine for me!  
Always brush your teeth,  
Every single day.  
Keep those cavities away!  
Use your brush and paste,  
Just the way you should,  
Keep your smile a looking good!

### Sparkle

*Sung to: "Twinkle, Twinkle"*  
Sparkle, sparkle, little teeth,  
Some above and some beneath.  
Brush them all at every meal,  
Clean and fresh they'll always feel.  
Sparkle, sparkle, little teeth,  
Some above and some beneath.  
Floss them, floss them, in between.  
Cavities will not be seen!  
See your dentist twice a year,  
You will grin from ear to ear.  
Floss them, floss them, in between,  
Cavities will not be seen!  
Snacking, snacking, it's okay.  
Try it in the proper way.  
Eat raw veggies, fruit and cheese.  
They will make your mouth say "Please!"  
Snacking, snacking, it's okay.  
Try it in the proper way.

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<sup>15</sup> University of California San Francisco School of Nursing, Department of Family Health Care Nursing, *California Childcare Health Program*. Available online at: [http://www.ucsfchildcarehealth.org/pdfs/Curricula/oral%20health\\_11\\_v8.pdf](http://www.ucsfchildcarehealth.org/pdfs/Curricula/oral%20health_11_v8.pdf).

## Glossary of Oral Health Terms

Word	Definition
<b>“Baby teeth”</b>	See “primary teeth.”
<b>“Bottle Mouth”</b>	Destruction of upper front teeth caused by giving a bottle to babies to help them sleep.
<b>Cavities</b>	Destruction or holes in teeth due to acid from mouth bacteria.
<b>Community dental partner</b>	Dental professional working in the EHS/HS community who provides dental and educational services for EHS/HS children and their families.
<b>Continuous feeding</b>	Use of bottle or “sippy” cup throughout the day, which puts a child at risk for dental problems.
<b>Data</b>	Information collected to understand if progress has been made in improvement goals, such as increasing the number of EHS/HS children who have an established dental home.
<b>Data tracking form</b>	Electronic spreadsheet that organizes data.
<b>Dental caries</b>	A disease where acid and bacterial processes damage the hard tooth structure – sometimes called dental cavities or tooth decay.
<b>Dental crown/cap</b>	A metal or tooth-colored shape that is placed over a damaged tooth.
<b>Dental emergency</b>	Pain or uncontrolled bleeding of the mouth or teeth, or swelling caused by infection or injury.
<b>Dental exam</b>	Evaluation of the mouth, gums and teeth by a dental professional.
<b>Dental fillings</b>	Material used to replace damaged and decayed teeth.
<b>Dental floss</b>	String used to remove material that gets in between teeth. Floss with wax works best.
<b>Dental home</b>	A continuous and accessible source of comprehensive dental care.
<b>Dental images</b>	Computer-generated views of teeth and supporting bone.
<b>Dental periodicity schedule</b>	Published table of recommended dental services at age-specific intervals (see page X). Valuable to share with families and caregivers.
<b>Early childhood caries (ECC)</b>	Multiple teeth destroyed due to caries at an early age. Sometimes referred to as “nursing bottle decay” or “baby bottle decay”.
<b>EHS/HS dental requirements</b>	Within 90 days of enrollment, EHS/HS sites are required to: <ol style="list-style-type: none"> <li>1. Determine if a child has an ongoing source of accessible dental care;</li> <li>2. Ensure that a child is up-to-date according to the EPSDT dental schedule;</li> <li>3. If necessary, arrange for a child to have a dental exam; and</li> <li>4. Track follow-up and treatment of conditions identified in the exam.</li> </ol>
<b>EHS/HS family workshops</b>	Orientation meetings organized by EHS/HS staff and their health advisory committee to introduce families to good oral health practices.
<b>EHS/HS role play exercise</b>	A learning activity where EHS/HS staff “act out” situations to improve their ability to talk with family members about oral health. Staff may take the role of the EHS/HS worker or the role of the family member.
<b>EPSDT Program</b>	Early & Periodic Screening, Diagnosis, and Treatment (EPSDT): Medicaid’s child health benefit program that provides for initial and periodic examinations and medically necessary follow-up care, including dental services. EHS/HS performance standards require that school sites must incorporate the EPSDT required schedule of well child care.
<b>Fluoridated mouth rinses</b>	Mouthwash with fluoride in it.
<b>Fluoridated toothpaste</b>	Toothpaste with fluoride in it.



<b>Fluoridated water</b>	Water with fluoride in it.
<b>Fluoride</b>	A mineral that combines with teeth to protect them from acid.
<b>Fluoride supplements</b>	A liquid, an individual pill, or an ingredient that is combined with vitamins.
<b>Fluoride varnishes</b>	Thick fluoride product that is painted on all teeth.
<b>Follow-up dental treatment</b>	Dental visits to perform treatment identified during the dental exam.
<b>Gum disease</b>	Infection of the gums, causing them to look swollen and to bleed easily.
<b>Health Benefits Identification (HBID) Card</b>	Plastic card from the State of New Jersey with a 16-digit number, issued to any child enrolled in NJ FamilyCare/Medicaid. The number never changes and can be used to look up current eligibility.
<b>Health maintenance organization (HMO)</b>	Health plan that manages members' health care and provides services covered by NJ FamilyCare/Medicaid.
<b>HMO Membership</b>	NJ FamilyCare/Medicaid beneficiaries become members of an HMO. HMO members can choose from among many physicians and other medical professionals who are part of the HMO's network of health care providers.
<b>New Jersey Medicaid</b>	Provides health insurance to over 1,000,000 low-income parents, children and people who are aged, blind or disabled.
<b>NJ FamilyCare/Medicaid</b>	A health insurance program for children whose family's income is too high to qualify for "traditional" New Jersey Medicaid, but too low to afford private health insurance.
<b>On-site dental visits</b>	Dental providers visit the EHS/HS location to provide a limited exam. This is different from a comprehensive exam, which must take place at the dental office.
<b>Oral habits</b>	Habits using the mouth, e.g., sucking thumb, finger or pacifier.
<b>Oral health</b>	State of oral well being — including teeth that are clean, and without decay or cavities; gums that do not hurt or bleed; and no mouth odor.
<b>Permanent teeth</b>	Adult teeth that begin to come in at the back of the mouth around age 6. Baby teeth fall out (first in the front) to make room for permanent teeth.
<b>Plaque</b>	Soft food material that sticks to teeth and is removed with brushing.
<b>Preventive oral health care</b>	Services to keep gums and teeth healthy. Usually include tooth polishing and fluoride treatment, and review of how to brush.
<b>Primary teeth</b>	The first set of teeth, which usually begin to come in at 6 months.
<b>Prophy</b>	Polishing of teeth to remove plaque.
<b>Protocol for missed appointments</b>	What a dental office does with patients who miss their appointments without calling to cancel.
<b>Pulpotomy/pulpectomy</b>	Removing the soft nerve tissue inside of the baby tooth.
<b>Quality assurance</b>	A way to understand how agencies can improve their performance.
<b>Root canal</b>	Removing the nerve tissue inside the permanent tooth, and then filling the space to seal the tooth.
<b>Sealant</b>	Plastic coating placed on the chewing surface of a back tooth.
<b>Secondary teeth</b>	See "permanent teeth."
<b>Soft-bristled toothbrush</b>	Tooth brushes are made and labeled with different kinds of bristles. Soft brushes are recommended because they are gentler on teeth and gums.
<b>Sticky foods</b>	Foods that stick to teeth, e.g., candy, gummy snacks, dried fruits.
<b>Teeth cleaning</b>	Removal of plaque from teeth.
<b>Tooth decay</b>	Destruction of the outer surface of the tooth (the enamel) from acid and bacterial processes.