

Children’s Oral Health Initiative: Value-Based Payment Technical Support

Appendix to Program Overview: Examples Care Delivery Models for Children’s Oral Health

State Medicaid/CHIP programs interested in applying for this IAP technical support opportunity must partner with a care delivery model that is already established at a site in the state and that has demonstrated results in improving children’s oral health. To assist states in identifying such care delivery models, IAP conducted an environmental scan to capture examples. The examples listed in this Appendix are a starting point for states and should not be considered an exhaustive list of existing care delivery models.

States may elect to reach out to a model in this table, or identify a model in their state that is not in this table. If you are interested in exploring the possibility of applying in collaboration with one of the models in this table, and you need information on whom to contact at the model site, email laurie.norris@cms.hhs.gov, subject line “Children’s Oral Health.”

Whether or not the model with which a state proposes to partner for this opportunity is listed in this table, the state will be required to submit, along with its Expression of Interest form, (a) information demonstrating that the model has a track record of improving the oral health of children it serves at the site with which the state proposes to partner and (b) a Letter of Commitment from the site indicating its willingness to partner with the state on this project.

Access to Baby and Child Dentistry (ABCD)

ABCD is a county-based collaboration to facilitate dental care and reduce risks for early childhood caries in very young children through outreach, linking to a dental home, case management, and clinical services. The model enrolls, trains, and financially incentivizes general dentists to provide young children with initial and periodic oral evaluations, family-level oral health education, anticipatory guidance, fluoride varnish applications (up to three times annually), and restorative services. Case management, outreach, and linking to a dental home are performed by local health departments.

City/State	Settings	Provider Types	Focus	Goals
<ul style="list-style-type: none"> WA: statewide 	<ul style="list-style-type: none"> Private dental offices 	<ul style="list-style-type: none"> Dentists 	<ul style="list-style-type: none"> Early childhood caries 	<ul style="list-style-type: none"> Improve oral health Increase utilization

Apple Tree Dental Pediatric Community Collaborative Delivery Model

The Apple Tree model is a community collaborative practice that delivers oral health services in partnership with community-based organizations (including Head Start Centers and schools) through the use of portable dental equipment. Services include screening and triage services, risk assessment, oral health education, topical fluoride, and age-appropriate dental sealants to all children in affiliated sites regardless of their insurance status. Apple Tree additionally provides comprehensive dental services to a subset of those children who are Medicaid beneficiaries and do not have an established dental provider. Services are provided by a range of dental professionals, including dental hygienists operating under collaborative practice and dental therapists.

City/State	Settings	Provider Types	Focus	Goals
<ul style="list-style-type: none"> • MN <ul style="list-style-type: none"> ○ Coon Rapids ○ Fergus Falls ○ Hawley ○ Mounds View ○ Rochester 	<ul style="list-style-type: none"> • Various community-based settings (e.g., Head Start Centers, schools) 	<ul style="list-style-type: none"> • Dentists • Dental hygienists • Dental hygienists operating in collaborative practice • Dental therapists 	<ul style="list-style-type: none"> • Early childhood caries • Outreach and services coordination 	<ul style="list-style-type: none"> • Improve oral health • Increase utilization

Clinica Family Health Integrated Dental Program

Clinica provides care in a patient-centered, integrated, medical-dental home. Two of its dental clinics are co-located within medical clinics and dental hygiene is integrated at all five of its medical well-child visit sites. Dental appointments are provided only to established medical patients. The dental clinics categorize patients based on caries risk and design individualized care plans with appropriate service intervals. The dentists and dental hygienists use a caries management protocol. Aspects of the care plan are carried out by dental hygienists in the primary care setting as appropriate. A data dashboard, including new caries noted at follow-up dental visits, is used to monitor and track quality and performance.

City/State	Settings	Provider Types	Focus	Goals
<ul style="list-style-type: none"> • CO <ul style="list-style-type: none"> ○ Adams County ○ Boulder County ○ Weld County 	<ul style="list-style-type: none"> • Federally Qualified Health Center dental clinics co-located within medical clinics • Federally Qualified Health Center medical well-child visit sites 	<ul style="list-style-type: none"> • Dentists • Dental hygienists 	<ul style="list-style-type: none"> • Early childhood caries • Evidence-based practice • Outreach and services coordination 	<ul style="list-style-type: none"> • Improve oral health

DentaQuest Early Childhood Caries (ECC) Collaborative (Phases I and II)

The ECC Collaborative was first developed at Boston Children’s Hospital. To address ECC, this model uses a chronic disease management that involves risk assessment, frequent recall for high-risk patients, family-level education, motivational interviewing, application of topical fluoride and remineralization agents, encouragement of dietary change through goal setting, and self-management care plans delivered by dentists, dental residents, and dental hygienists in collaboration with families. The intent of this approach is to address the underlying disease process and avoid the need for surgical repair.

City/State	Settings	Provider Types	Focus	Goals
<ul style="list-style-type: none"> • Boston, MA • Providence, RI • Oakland, CA • Columbus, OH • Seattle, WA • Aurora, NY 	<ul style="list-style-type: none"> • Federally Qualified Health Centers • Hospital-based pediatric dentistry residency programs • Private dental offices • Dental school clinics 	<ul style="list-style-type: none"> • Dentists • Dental hygienists 	<ul style="list-style-type: none"> • Early childhood caries 	<ul style="list-style-type: none"> • Improve oral health

DentaQuest Early Childhood Caries (ECC) Collaborative (Phase III)

The ECC Collaborative was first developed at Boston Children’s Hospital. The model uses a chronic disease management approach to address ECC. It involves risk assessment, frequent recall for high-risk patients, family-level education, motivational interviewing, application of topical fluoride and remineralization agents, encouragement of dietary change through goal setting, and self-management care plans delivered by dentists, dental residents, and dental hygienists in collaboration with families. The intent of this approach is to address the underlying disease process and avoid the need for surgical repair. Phase III expanded the first two phases to more sites in more states.

City/State	Settings	Provider Types	Focus	Goals
<ul style="list-style-type: none"> • CA <ul style="list-style-type: none"> ○ East Palo Alto ○ Los Angeles ○ Pomona ○ San Francisco • Bozrah, CT • Chicago, IL • Federalsburg, MD • Havre, MT • Dover, NJ • NY <ul style="list-style-type: none"> ○ Bronx ○ Sodus • PA <ul style="list-style-type: none"> ○ Harrisburg ○ Scranton • Pierre, SD 	<ul style="list-style-type: none"> • Federally Qualified Health Centers • Hospital-based pediatric dentistry residency programs • Private dental offices • Dental school clinics 	<ul style="list-style-type: none"> • Dentists • Dental hygienists 	<ul style="list-style-type: none"> • Early childhood caries 	<ul style="list-style-type: none"> • Improve oral health

DentaQuest Oral Health Center

The DentaQuest Oral Health Center uses evidence-based care protocols, including frequent recall for high-risk patients, caries risk assessment, application of topical fluoride and remineralization agents, encouragement of dietary change through goal setting, and self-management care plans so that parents get the opportunity to collaborate with the dental professional in preventing and managing the child’s disease and caries risk. Patients at high or moderate risk return more frequently for caries risk assessments and to receive preventative care to decrease their caries risk. Services are provided by dentists and dental hygienists.

City/State	Settings	Provider Types	Focus	Goals
<ul style="list-style-type: none"> • Westborough, MA 	<ul style="list-style-type: none"> • Private Dental Office 	<ul style="list-style-type: none"> • Dentists • Dental hygienists 	<ul style="list-style-type: none"> • Evidence-based practice 	<ul style="list-style-type: none"> • Improve oral health

From The First Tooth Initiative (FTFT)

The From the First Tooth (FTFT) Initiative aims to improve the oral health of young children by engaging, educating, and training primary care medical professionals and trainees in the provision of preventive oral health services to infants, toddlers, and preschool children as part of routine medical visits. Medical providers are trained to deliver oral health services, including oral screening, caries risk assessment, fluoride varnish application, parent and caregiver education, as well as fluoride supplement prescription and referral to a dentist as needed.

City/State	Settings	Provider Types	Focus	Goals
<ul style="list-style-type: none"> • FTFT operates in all six New England states at both medical practices (MPs) and health centers (HCs). • CT: 65 MPs and 2 HCs • ME: 114 MPs and 75 HCs • MA: 97 MPs and 22 HCs • NH: 12 MPs • RI: 16 MPs and 2 HCs • VT: 12 MPs 	<ul style="list-style-type: none"> • Medical offices • Federally Qualified Health Centers 	<ul style="list-style-type: none"> • Primary care medical professionals 	<ul style="list-style-type: none"> • Early childhood caries • Interprofessional care 	<ul style="list-style-type: none"> • Improve oral health

Health Partners Fluoride Varnish Program

This care delivery model encompasses pediatric oral health promotion and establishment of an ongoing fluoride varnish program through which primary care medical providers deliver preventive dental services to Medicaid beneficiary young children up to four times per year.

City/State	Settings	Provider Types	Focus	Goals
<ul style="list-style-type: none"> • The Health Partners Fluoride Varnish Program operates in 24 Health Partners dental clinics in MN 	<ul style="list-style-type: none"> • Primary care medical clinics 	<ul style="list-style-type: none"> • Primary care medical professionals • Dentists • Dental hygienists • Dental therapists 	<ul style="list-style-type: none"> • Interprofessional care 	<ul style="list-style-type: none"> • Improve oral health

Health Resources and Services Administration Maternal and Child Health Bureau-Funded School-Based Comprehensive Oral Health Services

The Maternal and Child Health Bureau has funded 11 demonstration projects aimed at integrating comprehensive oral health services into school-based health centers. Each of the 11 sites provides comprehensive oral health care either directly in school-based clinics or affiliated clinics. A variety of providers, clinical protocols, and data collection efforts are utilized across the individual sites. For information about the care delivery model at a specific site, please see the list of [Maternal and Child Health Bureau-Funded Projects](#).

City/State	Settings	Provider Types	Focus	Goals
<ul style="list-style-type: none"> Cooperstown, NY: Bassett Healthcare Network Oakland, CA: Center for Oral Health Minneapolis, MN: Children’s Dental Services Menands, NY: Health Research Inc/NY State Department of Health East Hartford, CT: Integrated Health Services Lemon Grove, CA: Lemon Grove Elementary School District Costa Mesa, CA: Share Our Selves Fairfield, CA: Solano Coalition for Better Health 	<ul style="list-style-type: none"> School-based health centers Dental clinics affiliated with school-based health centers 	<ul style="list-style-type: none"> Dentists Dental hygienists Dental students Dental therapists School nurses 	<ul style="list-style-type: none"> Interprofessional care Outreach and services coordination 	<ul style="list-style-type: none"> Improve oral health

City/State	Settings	Provider Types	Focus	Goals
<ul style="list-style-type: none"> • Frisco, CO: Summit Youth Service Center • Aurora, CO: University of Colorado Denver 	<ul style="list-style-type: none"> • School-based health centers • Dental clinics affiliated with school-based health centers 	<ul style="list-style-type: none"> • Dentists • Dental hygienists • Dental students • Dental therapists • School nurses 	<ul style="list-style-type: none"> • Interprofessional care • Outreach and services coordination 	<ul style="list-style-type: none"> • Improve oral health

Kool Smiles

The Kool Smiles delivery model places full-service dental clinics in low-income, underserved areas and provides outreach to families of Medicaid/CHIP beneficiaries through direct marketing and affiliation with Head Start Centers. Unlike most dental electronic health record and practice management systems, the Benevis-Kool Smiles system (Boomerang) incorporates patient risk-assessment reporting; supports provider-, practice-, and system-level performance analyses; and facilitates tracking and reporting on quality metrics that address age-appropriate children with dental sealants, children receiving a fluoride treatment, and child dental utilization measures. The clinical focus is on providing evidence-based preventive services and reducing the need for restorative care in the child population they serve.

City/State	Settings	Provider Types	Focus	Goals
<ul style="list-style-type: none"> • States interested in partnering with this model must have a fee-for-service Medicaid/CHIP dental delivery system: AR, CT, IN, MA, MD, OK, VA 	<ul style="list-style-type: none"> • Large-group dental clinics 	<ul style="list-style-type: none"> • Dentists • Dental hygienists • Dental assistants 	<ul style="list-style-type: none"> • Early childhood caries • Outreach and services coordination 	<ul style="list-style-type: none"> • Increase utilization at reduced cost

MySmileBuddy

MySmileBuddy is an early childhood caries prevention and management care model that engages community health workers (CHWs) with at-risk families in balancing risk and protective factors with the goal of instituting sustained oral health behaviors. MySmileBuddy uses principles of motivational interviewing and health behavioral theories to facilitate incremental behavior change through risk assessment, sequential goal setting, family-defined action planning, and family assistance by CHWs through a suite of iPad-based applications. CHWs who are trained to identify social, housing, environmental, and food security issues connect families to community and support services, and then focus the family’s attention on prevention, suppression, and arrest of active caries in their young children using the family-defined action plans. Participating children have dental homes at local pediatric dental practices where they receive regular check-ups and any needed treatment.

City/State	Settings	Provider Types	Focus	Goals
<ul style="list-style-type: none"> New York, NY 	<ul style="list-style-type: none"> Homes Community sites (e.g., libraries, parks, community-based organizations, health centers, clinics) By telephone and text 	<ul style="list-style-type: none"> Community health workers Pediatric dentists 	<ul style="list-style-type: none"> Early childhood caries 	<ul style="list-style-type: none"> Improve oral health

University of California at Los Angeles – First 5 LA 21st Century Community Dental Homes Project and Children’s Dental Care Program

These are two parallel endeavors aimed at improving community health center capacity, increasing dental and medical provider knowledge and participation in delivery of oral health care to young children, and improving access to quality dental care for children from birth through five years of age. Together, the two programs provide equipment and training, as well as support for quality improvement. Community Dental Home Coordinators facilitate care delivery to young children, provide oral health education, perform risk assessment, and perform outreach. Pediatric dentists perform advanced treatment and train medical and dental providers in pediatric oral health best practices.

City/State	Settings	Provider Types	Focus	Goals
<ul style="list-style-type: none"> Los Angeles, CA 	<ul style="list-style-type: none"> Federally Qualified Health Centers 	<ul style="list-style-type: none"> Dentists Medical Professionals Community Dental Home Coordinators 	<ul style="list-style-type: none"> Early childhood caries Evidence-based practice Interprofessional care Outreach and services coordination 	<ul style="list-style-type: none"> Improve oral health Increase utilization

University of California at Los Angeles – Infant Oral Care Project (IOCP)

Launched in 2010, UCLA’s Infant Oral Care Project (IOCP) aims to increase access to early and ongoing dental care among low-income and/or minority children from infants to age five years in community, primary care settings. By emphasizing disease prevention, management, and risk-based care that is sensitive to cultural, language, and oral health literacy challenges, IOCP seeks to reduce the incidence of early childhood caries and increase the incidence of white spot lesion remineralization among its patients. Ninety percent of the IOCP patient population is Hispanic, with Spanish as a primary language. In the community clinic primary care setting, pediatric dental residents are supervised by faculty and assisted by third- and fourth-year dental students to conduct six-step exams: (1) caries risk assessment, (2) positioning the child for a knee-to-knee exam, (3) age-appropriate tooth-brushing prophylaxis, (4) clinical exam, (5) fluoride varnish treatment, and (6) anticipatory guidance, counseling, and self-management goals. The IOCP is the child’s dental home until s/he moves on to a full service dental clinic at age three to five years. Because caries management by risk assessment (CAMBRA) is a key feature of the IOCP approach, the schedule of recall visits is based on individualized oral health risk. Patients who require restorations are referred to the community clinic’s dental clinic, and those requiring more extensive care, such as care under general anesthesia, are referred to university or hospital clinics, such as UCLA’s clinic.

City/State	Settings	Provider Types	Focus	Goals
<ul style="list-style-type: none"> Los Angeles, CA 	<ul style="list-style-type: none"> Federally Qualified Health Centers 	<ul style="list-style-type: none"> Pediatric dental residents 	<ul style="list-style-type: none"> Early childhood caries Evidence-based practice Outreach and services coordination 	<ul style="list-style-type: none"> Improve oral health Increase utilization

Virtual Dental Home

The Virtual Dental Home is a community-based oral health delivery system that uses telehealth technology to provide preventive and therapeutic dental services in community settings. This model connects community-based public health and registered dental hygienists in advanced practice and dental assistants in extended functions with offsite dentists who review patient records electronically to determine whether the patient requires additional services in local dental offices or more advanced clinical dental services from dental specialists at the University of California at San Francisco School of Dentistry. These allied dental providers keep the majority of patients healthy and cared for in the community by providing education, triage, case management, preventive procedures, and transitional fillings (“interim therapeutic restorations”).

City/State	Settings	Provider Types	Focus	Goals
<ul style="list-style-type: none"> CA: Multiple sites 	<ul style="list-style-type: none"> Head Start preschools Elementary schools Homes Long-term care facilities Multi-function Community Centers 	<ul style="list-style-type: none"> Dentists Registered dental hygienists in alternative practice Dental hygienists working in public health programs Registered dental assistants in extended functions 	<ul style="list-style-type: none"> Early childhood caries Outreach and services coordination 	<ul style="list-style-type: none"> Improve oral health Increase utilization

WIC Dental Days

The WIC Dental Days model incorporates three oral health components into WIC clinics: (1) caregiver nutrition classes, (2) preventive dental services for children, and (3) dental referrals and case management. WIC clients are required to attend quarterly nutrition classes that incorporate oral health education and are delivered by WIC staff. A Registered Dental Hygienist in Alternative Practice (RDHAP) provides preventive oral health services that include oral screening, toothbrush prophylaxis, fluoride varnish application, risk assessment, and review of a low-literacy homecare guide for children up to five years of age in a WIC dental clinic that is made available once a week. A community health worker enters the RDHAP’s findings into a data system and completes a child oral health report card for the family to retain. The report card serves as an educational resource and as a place to document plans for and progress on oral health behavioral improvement strategies. Information on the card is also used to validate fulfillment of the Head Start dental visit requirement.

City/State	Settings	Provider Types	Focus	Goals
<ul style="list-style-type: none"> • Sonoma, CA 	<ul style="list-style-type: none"> • WIC clinic 	<ul style="list-style-type: none"> • Registered dental hygienists in alternative practice • WIC staff • Community health workers 	<ul style="list-style-type: none"> • Outreach and services coordination 	<ul style="list-style-type: none"> • Improve oral health • Increase utilization