

Dakota Smiles Site Partner Information



• STEP 1

Determine if there is a need for dental services in your community.

Identifying the Patients

The Delta Dental Dakota Smiles Mobile Dental Program's purpose is to provide needed dental care to underserved children ages 0 through 21 who do not have a dentist. The Dakota Smiles staff will rely heavily on you (the site partner/sponsor) to correctly identify and recruit eligible patients.

The Dakota Smiles Program will treat children who meet the following requirements:

Age Range: Children ages 0 through 21.

Access to Care: *The Dakota Smiles' program mission is to treat children without access to dental care, which includes those children who have not seen a dentist within the past two years and/or those that live more than 85 miles from a dentist. Children who are currently seeing a dentist in their local area should continue their care with their dentist.*

Children with Special Needs: Please let us know of any child who may need special assistance so that we can best accommodate him or her.

Insurance Reimbursement: Although Medicaid/SCHIP eligibility is not required for treatment, the Dakota Smiles Program will bill Medicaid and/or private dental insurers where applicable. The Dakota Smiles Program will treat patients without dental insurance. No child will be turned away for inability to pay. When possible, all patients should be evaluated for Medicaid/SCHIP eligibility.

• STEP 2

Designate a primary contact person involved in a local organization that will be the site partner and/or sponsor for the Dakota Smiles Program. That person will promote, coordinate and assist with the Dakota Smiles visit.

Who is a site partner?

Local site partners should be those agencies that have a connection to underserved children who may have oral health needs. Partners should have the ability to promote, identify and recruit patients who would otherwise have difficulty in accessing dental care in your community. Examples of potential site partners are: Head Start, Boys & Girls Clubs, United Way, rural community health centers, hospitals, churches, local social service agencies, community action programs, schools (school nurses), etc.

Who is a site sponsor?

Local site sponsors are those organizations that assist in funding the Dakota Smiles visit to the community. Examples of potential site sponsors are: service clubs, i.e., Lions, Rotary, Kiwanis, Exchange Clubs; local businesses, local community foundation, banks, chamber of commerce/economic development, Parent Teacher Organizations, churches, hospitals/hospital foundations and other local community groups like PEO, sororities, Jaycees, etc.

Note: In some communities the site partner may also be the site sponsor. In other communities, one or more site sponsors will be the funding source(s).

- **STEP 3**

Start to identify the potential funding to bring the Dakota Smiles Mobile Dental Program to your community.

The fee to bring the program to a community is \$2,500 per week per visit. It will be the responsibility of the site partner/site sponsor to secure funding from either within the organization itself, or from selected “site sponsors” within the community. Upon completion of the visit, Delta Dental will provide an invoice to the designated site partner or site sponsor.

The average weekly cost to operate the Dakota Smiles Program is approximately \$18,000. Anything site partners/sponsors can do to help reduce expenses like lodging, food, gas, etc. enables the program to reach more kids.

- **STEP 4**

Scheduling one of the Dakota Smiles mobile dental vehicles.

Contact Carrie Mikkonen, program manager of the Dakota Smiles Program, for available dates. To secure a week on the Dakota Smiles schedule(s), a site partner agreement (attached) with the Delta Dental Philanthropic Fund (DDPF) must be signed and returned. Any return visits to your community need to follow this same procedure.

- **STEP 5 (One month prior to visit)**

Promoting the Dakota Smiles Mobile Dental Program

The sample promotional piece (Does Your Child Need Dental Care?) is enclosed. Site partners/sponsors can display this within your community to inform parents about the program. Places to display flyers are dollar stores, community banquets, churches, gas stations, free newspaper or community billboards. You may also want to contact your local media.

Patient recruitment.

The site partner/sponsor contact person is responsible for recruiting patients to be seen by the Dakota Smiles program.

Enclosed is a sample form (The Dakota Smiles Dental Program is Coming to Town!) explaining the program to parents/caregivers. This form can be sent home with children in schools, day cares, church groups, etc. The site partner/sponsor can use this form as a signup sheet for interested parents.

The Dakota Smiles Program can see approximately 40-50 children per week. The site partner/sponsor is responsible for recruiting up to 75 children who have been identified as possibly needing care.

Please note: Examinations and treatment planning are typically done Monday afternoon and Tuesday morning. The number of children the program can see during a week depends on the severity and extent of the childrens’ needs. Approximately 25-30 children need to be available throughout Monday afternoon for exams. Children in pain should be considered a priority. Two children should be scheduled every 15 minutes starting at 1:00 p.m. until 4:45 p.m. on Monday. The Dakota Smiles staff will schedule appointments from Tuesday to Friday. A typical week’s schedule is as follows: Monday 1:00-4:45 p.m. screenings; Tuesday 8:30 a.m.-noon screenings/treatments, 1:00-4:45 p.m. treatments; Wednesday and Thursday 8:30 a.m.-noon and 1:00 -4:45 p.m. treatments; and Friday 8:30-noon treatments.

Paperwork

The site partner/sponsor must ensure that each child has a completed set of signed forms before being seen by the Dakota Smiles Program. These forms will include:

- Dakota Smiles Patient Information Form (A)
- Dakota Smiles Treatment Consent and Agreement Form (B)

The forms (A) and (B) should be copied front and back. **It is important that Form (B) is signed by the parent or guardian in order for treatment to begin.**

Also included for parents/guardians are two information sheets for them to keep:

- Patient Rights and Information
- Notice of Privacy Practices

Please copy front and back of any insurance card for each patient (Medicaid and/or private dental insurance). The Dakota Smiles Program works with the State Health Department to record immunizations. **The parent/guardian is required to provide a copy of their child's immunization record.**

● **STEP 6**

Physical site requirements for the Smile Mobile and the Care Mobile.

MUST PROVIDE

Lot/parking space:

- The trucks are approximately 40' long, 8'6" wide and 12'10" high (for a visual reference think of a semi trailer without the cab or a large RV). The trucks weigh 26,000 - 29,000 lbs.
- A LEVEL surface is a necessity.
- The ideal location is a concrete surface, but asphalt and gravel are acceptable. Grass areas are not recommended.
- During freezing weather an accessible outside outlet is needed for the truck head bolt heater.

Watch out for...TLC = Trees, low overheads (wires and canopies) and curbs

Registration Area:

Covered area or room in a building for patient registration

One folding table (6' or 8')

At least 10 folding chairs (for volunteers and patients)

Handicapped accessible restrooms (for patients/parents)

Site partners should have a staff person or volunteer available to assist Dakota Smiles staff with check-in, paperwork, escorting children to the dental truck from the school, clinic, etc. In some cases, site partners recruit outside organizations like Jr. League, Parent Teacher Organizations, high school groups, etc., to volunteer for these duties. If volunteers are used for this purpose, the site partner should ensure that any necessary background checks have been completed.

Portable Dental Unit Area:

A private room in a building close to the dental truck or registration area is needed for portable dental equipment. The room size should be a minimum of 10' x 15' with a number of electrical outlets. A table (6' or 8') will be needed for supplies. Portable dental units will be set up in this room to assist with dental exams and dental hygiene.

Security

A secure site, preferably with restricted access at night, is needed. It is helpful to request that local law enforcement add additional surveillance in the area during the Dakota Smiles visit to the community.

Approximately two weeks prior to the visit, the site partner should provide the following information to Donna Mullett at Delta Dental:

- Address and location of where the Dakota Smiles dental truck will be parked
- The exact name of the site partner or organization
- The name(s) of the site sponsors

CONTACT INFORMATION

Carrie Mikkonen
Dakota Smiles Program Manager
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605-224-7345 (office)
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Delta Dental of South Dakota
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The attached checklist may be helpful in preparing for the Dakota Smiles visit to the community.

Dakota Smiles Mobile Dental Program

Site Partner Checklist

- _____ Upon confirmation of visit date, we have returned the Site Partner Letter of Agreement to Delta Dental.
(send to: Delta Dental Philanthropic Fund, 804 N. Euclid, Ste. 101, Pierre, SD 57501)
- _____ We have secured the requested funding through our organization or through other community site sponsors.
- _____ We have identified up to 75 children who may be in need of treatment.
- _____ We have provided to Delta Dental the name and contact information of a site partner/sponsor to assist with the Dakota Smiles visit.
- _____ We have identified a secure, level location to park the truck.
- _____ We have secured a 10' x 15' minimum private room for portable equipment.
- _____ We have provided to the parent/legal guardian the following forms for each child:
- 1) Dakota Smiles Patient Information Form (A) (1 page front and back)
 - 2) Dakota Smiles Treatment Consent and Information Form (B) (1 page front and back)
 - 3) Patient Rights and Information/Responsibilities (1 page - for information) parent keeps
 - 4) Patient Notice of Privacy Practices (2 pages - for information) parent keeps
- _____ Upon the Dakota Smiles Program's arrival to our community we will provide the required patient paperwork (**signed** by the parent/legal guardian) to the Dakota Smiles staff:
- 1) Dakota Smiles Patient Information Form (A)
 - 2) Dakota Smiles Treatment Consent and Information Form (B)
 - 3) Copy of patient's immunization record
 - 4) Front and back copy of patient's insurance card if applicable.

Program Contacts

For general information: Carrie Mikkonen, program manager, 605-280-7345 or e-mail: carrie.mikkonen@deltadentalsd.com
Donna Mullett, 605-224-7345, FAX 605-224-0909 or e-mail: donna.mullett@deltadentalsd.com
Connie Halverson, 605-224-7345 or e-mail: connie.halverson@deltadentalsd.com

Sample Fundraising Letter

Dear (*organization*):

The Dakota Smiles Mobile Dental program is coming to (*community*)! Access to oral health care is a significant problem for many underserved South Dakota children, including many in (*community*). The Dakota Smiles program has been brought to South Dakota by Delta Dental of South Dakota, together with their partners, to provide comprehensive oral health care to children ages 0-21. The Dakota Smiles mobile dental trucks are 40-foot-long, state-of-the-art dental offices on wheels.

(*Organization*) has agreed to be the local community site partner when the Dakota Smiles program comes to (*community*). We will assist the Dakota Smiles staff in scheduling patients, promoting the program, etc.

The cost to bring the Dakota Smiles program to (*community*) is \$2,500 per week (the total average cost of operating the program for a week is \$18,000). We are looking for site sponsors to partner with us in this important endeavor. Please consider donating (*amount*) to help bring smiles to (*community's*) kids.

I will contact you in the next few weeks to answer any questions you may have about the Delta Dental Dakota Smiles Mobile Dental Program. Should you have questions in the meantime, you can reach me at (phone and/or e-mail address).

If you are able to donate, checks should be made payable to (*person/organization*) and should be sent to me at the following address: (*site partner's address*).

Thank You,

Name

Title

Site Partner Agency