

TO: District of Columbia Dental Providers

FROM: DC Department of Health

SUBJECT: New Oral Health Assessment Form

DATE: March 25, 2019

The Oral Health Assessment Form (OHAF) is used to implement DC Law 6-66, Student Health Care Act of 1985, which mandates periodic dental examinations and submission of certificates of dental health for students attending the pre-kindergarten through grade 12 in public, public charter, private, and independent schools in the District of Columbia (§38-602).

DC Health recently released a new OHAF for immediate use. The new OHAF was redesigned to reduce the response burden on both providers and families and to improve data accuracy and reliability. Key revisions providers will notice in the new OHAF are 1) the use of an Intelligent Character Recognition survey software design, which allows for the scanning of written numbers and letters in paper forms to aggregate data and 2) inclusion of case definitions for eight (8) oral health indicators to be assessed during the dental visit. **The new OHAF has been included in the 2019-2020 school year enrollment packet and is [available now on the DC Health website](#).**

Below are instructions for providers to complete the new OHAF.

Instructions for Providers

Please review the following provider instructions carefully before filling out Part 2 of the new OHAF.

- 1) Check each box and write numbers clearly.

Good example: Good example:

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- 2) Examine the condition of student's teeth visually under good lighting to answer Questions 1-8. Taking radiograph images is not necessary.
- 3) Examine if the student has any tooth (either primary or permanent) with **untreated caries (Q1)**, which includes
- Obvious breakdown of enamel surface
 - Cavitated lesion
 - Retained roots as a result of tooth decay

Teeth with the following conditions should **NOT** be considered to have untreated caries:

- Stained pits and fissures with no enamel breakdown
- Demineralized enamel lesion without loss of enamel (i.e. white spot lesion)
- Broken or chipped tooth (occurred as a result of trauma) that does not have caries
- Temporary filling
- Broken fillings without secondary caries

- 4) Examine if the student has any tooth (either primary or permanent) with **treated/filled caries (Q2)**, which includes
- Amalgam and composite restorations
 - Crowns
 - Temporary restorations (i.e. IRM, glass ionomer)

Teeth with the following conditions should **NOT** be considered to have treated caries:

- Crowned tooth because of trauma
 - Teeth extracted for orthodontics
 - Missing tooth for unknown reasons
- 5) Examine the student's permanent molars for **partially or fully retained sealant (Q3)**
- Check **Yes** if **at least one permanent molar** has either full or partial coverage of pits and fissures with sealant;
 - Check **No** if **none of the four molars** have sealants.
- 6) Examine the student for **dental care needs (Q4 & Q5)**
- If the student has untreated caries and/or other oral conditions (i.e. soft tissue lesions) but no symptoms, check **Yes** for Question 4 indicating the need for **early care**
 - If the student has oral symptoms (i.e. pain, abscess, swelling), check **Yes** for Question 5 indicating the need for **urgent care**
- 7) Count the total number of **primary teeth with caries experience (untreated or treated caries)***, and enter the summative number **(Q6)**

*Due to the complexity of determining the reasons for missing primary teeth in children with mixed dentition, you do not need to count missing primary teeth due to caries for Question 6.

- 8) Count the total number of **permanent teeth with caries experience (untreated or treated caries or missing due to caries)**, and enter the summative number **(Q7)**

EXAMPLES:

A student of 8 years of age has one **stainless steel crown** on tooth #K, **amalgam restoration** on tooth #T, **untreated caries** on #30, and **partially retained sealants** on teeth #3, 14, 19, and 30.

- Provider should check "Yes" for **Q1, Q2, Q3** and enter "2" for **Q6** and "1" for **Q7**.
- If the student has no symptoms (i.e. pain or abscess), then provider should check "Yes" for **Q4** (early care for tooth #30) and "No" for **Q5**.

- 9) Check the appropriate box to indicate the student's **dental insurance**. Check the box for Medicaid if the student has either FFS Medicaid or a MCO Health Plan.

If you have any questions or require further assistance related to obtaining a copy of, or completing the new OHAF, please contact Hiroko Iida, DDS, MPH, DC Health's Oral Health Program Manager, at hiroko.iida@dc.gov.

Thank you for your assistance in ensuring the oral health and school readiness of students in DC.