



Oral Health Funding Requirements & Application

This document provides detailed information regarding Smile Train's Oral Health Through Prevention (STOP) program requirements and protocols, as well as the offline funding application. Prospective partners should review this information prior to applying for STOP funding and must abide by these protocols, if awarded.

1. PURPOSE OF SMILE TRAIN ORAL HEALTH FUNDING

- Smile Train oral health funding aims to support the implementation, improvement, and/or growth of oral health provision in the comprehensive cleft care continuum. Safety and Quality of the treatment is priority number one, Smile Train funding should support streamlining the process and strengthen your program for a proper provision of care.
- Oral health funding is not intended to replace or cover the costs of existing covered oral health care provision, nor support salaries.
- Prior to submitting an application, prospective Smile Train partners are encouraged to examine their current cleft care protocols to identify any changes necessary to improve access to and/or quality of care.

2. PRINCIPLES OF THE ORAL HEALTH THROUGH PREVENTION PROGRAM

All patients with Cleft Lip and/or Palate (CLP) should have regular dental care including consistent counseling and education, prevention routine, and treatment of oral disease. Most oral health conditions are largely preventable and can be treated at an early stage. CLP patients may see a dentist in infancy prior to the eruption of teeth for dentoalveolar molding or other procedures; prevention of oral disease should start early. For the purposes of this program, oral disease will refer to dental caries and gingival/periodontal disease. Ensuring optimal oral health and reducing oral disease is essential for CLP patients to achieve ideal surgical and clinical outcomes, as well as lead to higher quality of life and well-being.

The Smile Train Oral Health through Prevention (STOP) program is aimed at helping partner sites provide high quality, regular prevention and dental treatment to CLP patients. It is divided into three main areas:

1) Age-Appropriate Anticipatory Guidance: the provision of dental stage specific oral health counseling and prevention education. This can be provided by dental or non-dental staff and includes the caregivers who are responsible for their child's health. This does not have to take place in a dental clinic. It includes an oral health risk factor assessment to evaluate patients' nutrition habits, oral hygiene habits at home, and fluoride exposure.

2) Prevention and Minimally Invasive Treatments: utilizing dental materials and supplies to support prevention and minimally invasive treatments of dental caries. This is typically provided in a dental clinic environment by oral health professionals. Smile Train promotes evidence-based prevention and minimally invasive treatments.

3) Definitive treatment: the definitive restoration of teeth or extraction therapy provided by dentists in the dental clinic environment. Partner sites must have an orthodontic program to receive funding for this portion of the STOP program.

Optimal prevention and early treatment of oral disease is less costly and less stressful for patients, providers and the health care system. The STOP program was created to provide support to partner sites to help future generations of CLP patients experience minimal oral disease and may be cavity-free.

3. FUNDING APPLICATION AND BUDGET

A complete Smile Train oral health funding application includes:

- Oral Health Funding Application (below)
- Smile Train Oral Health Funding Budget Template

Supplies and activities that can be supported are varied and described more in detail in the requirements section below in this document.

4. REQUIREMENTS FOR ORAL HEALTH PARTNERS

4.1 General Requirements

The partner benefiting from oral health funding must:

- Use funding only for direct oral health program costs (instruments, supplies and/or activities described in the application).
- Be part or have strong coordination and communication with a comprehensive cleft care team.
- Provide oral health services to Smile Train patients free of charge.
- Maintain financial records of funding for audit purposes.
- Submit required documentation of patients benefiting from oral health funding to Smile Train Express (STX) database.
- Capture patients' stories showing impact of funding.
- Submit a Funding Report (FR) upon conclusion of funding period.
- Be available for site visits of Smile Train staff and advisors.
- Be responsive to emails, surveys, and inquiries regarding oral health care provision.

4.2 Specific requirements

Age-Appropriate Anticipatory Guidance Counseling	
All patients	
<i>Space</i>	<ul style="list-style-type: none">• No special facilities are required.
<i>Staff</i>	<ul style="list-style-type: none">• Patient/program coordinator to provide patient education, follow up and report on Smile Train Express (STX).• No specific credentials are required, preferably dental hygienist, dental student, dental assistant, dental nurse, dental therapist, health promoter, community health worker, or other authorized staff.

	<ul style="list-style-type: none"> • Must be trained in ST treatment protocols and STX reporting requirements.
<i>Equipment/Instruments</i>	<ul style="list-style-type: none"> • Screen, tablet, or computer to provide the information with visual aids • Mobile device to provide remote control and guidance • Cheek retractors and intraoral mirrors for photographic records
<i>Materials/Supplies</i>	<ul style="list-style-type: none"> • Prevention kit for each patient (finger brush, gauze, toothbrush, toothpaste, and disclosing tablets) • Educational materials for caregivers <ul style="list-style-type: none"> ○ ST-FDI Videos and one pager Oral health Smile Train ○ Other educational materials proposed by the partner
<i>ST funding can be used on:</i>	<ul style="list-style-type: none"> • Dental kits • Educational resources • Patient/program coordinator fee can be considered (only if required and amount prior agreement with Smile Train local contact, the cost may vary per country)

Prevention and Minimally Invasive Treatment	
<i>Patient Selection</i>	Patients with erupted teeth
<i>Space</i>	Dental office/clinic
<i>Staff</i>	General dentist or pediatric dentist.
<i>Equipment & Instruments</i>	<ul style="list-style-type: none"> • Dental chair • Air compressor • Air/water syringe, suction system • Autoclave • Dental curing light • High and low speed handpieces • Dental examination set • Prophylaxis set
<i>Materials & supplies</i>	<ul style="list-style-type: none"> • Prevention kit for each patient (finger brush, gauze, toothbrush, toothpaste, and disclosing tablets) • Dental Isolation (dental dam or other type) • Composite instrument set • Fissure Sealants (includes acid etch, prime, and bond materials) • Glass Ionomer Cement (GIC) • Silver Diamine Fluoride • Prophy cups and prophy paste

	<ul style="list-style-type: none"> Fluoride varnish (unit dose or multi-dose with microbrush and dental well/dappen dish)
<i>ST funding can be applied for</i>	<ul style="list-style-type: none"> Dental supplies and materials

Definitive Restorative Care	
<i>Patient Selection</i>	Prioritize patients that are about to receive orthopedic/orthodontic treatment supported by ST or have scheduled surgery.
<i>Space</i>	Dental office/clinic
<i>Staff</i>	A general dentist or pediatric dentist.
<i>Equipment & Instruments</i>	<ul style="list-style-type: none"> Dental chair Air compressor X- ray unit/Xray viewers Autoclave Dental curing light High and low speed handpieces Dental examination set Prophylaxis set Composite instrument set Extraction set (forceps and elevators) RCT set
<i>Materials and supplies</i>	<ul style="list-style-type: none"> Topical anesthetic, local anesthetic syringe, local anesthetic carpules (Lidocaine 2% + 1:100,000 Epi and Septocaine 4% + 1:100,000 Epi, and needle tips (30 gauge and 10mm, 30mm, 35mm lengths) GIC/Composite (includes acid etch, prime, and bond materials) Complete Stainless Steel Crown (both primary and permanent crowns) including cement
<i>ST funding can be applied for</i>	<ul style="list-style-type: none"> Dental supplies and materials

4.3 Required Documentation for Oral Health Funding Application

Requests must be supported by submitting the following documentation with your application:

Space	<ol style="list-style-type: none"> Description and photos of the physical area where the anticipatory guidance will be provided. Description and photos of the physical dental facilities available (i.e., waiting room, dental office, lab, x-ray room, record storage room). Include if your clinic is private or belongs to a public hospital or organization.
Staff	<ol style="list-style-type: none"> CV of the practitioner(s) that will deliver services

	<ol style="list-style-type: none"> 2. Describe her/his experience working with CLP patients. 3. Is the practitioner part-time, or full-time? 4. Is the practitioner volunteer or paid staff? 5. If paid staff, how is his/her salary currently funded? 6. Send the Certificate of completion of the Massive Open Online Course on “Oral Health in Comprehensive Cleft Care” 3. Log In Page Comprehensive cleft care for oral health professionals (easygenerator.com)
Equipment, Supplies, & Resources	Photographs documenting the presence of all required equipment for the program, reference the equipment, instruments, materials and supply lists mentioned above

4.4 Treatment Protocols

Please refer to the Oral Health treatment protocols document to learn more about patient selection, stages of treatment, goals, implementation, and records required for proper reporting.

4.5 Smile Train Express (STX) Reporting Requirements

- ST partner centers are required to submit documentation of all oral health treatments via the Smile Train Express (STX) medical records database.
- Medical documentation should be complete, accurate, and submitted in a timely manner.
- All practitioners should review the STX Documentation Guide for Oral Health to learn about Smile Train’s reporting policies and requirements, as well as appropriate techniques for collecting photos, x-ray, indexes and patient data.

4.6 Cleft Team Care & Referrals

ST strives to support all partner centers in providing high-quality comprehensive cleft care (CCC) services. Comprehensive cleft care requires an interdisciplinary Cleft Team composed of a variety of medical professionals working closely to provide essential care for patients with cleft. All areas of CCC should be considered when making evaluation and treatment decisions, and all Cleft Team providers (surgeon, nutritionist, speech therapist, etc.) should be actively involved in the correct implementation aware of the patient’s treatment plan and goals. All Smile Train materials and policies should be reviewed with the Cleft Team practitioners providing care with this funding.

4.7 Funding Completion & Renewal Requirements

- a. ST partner centers must submit a Final Funding Report (FFR) through the Smile Train Partner Portal, once 80% or more of the funds have been exhausted
- b. Partner centers are only able to apply for additional funding once a FFR has been submitted
- c. Refer to the **CCC Funding Renewal Instructions** for more information on funding renewal
- d. ST will allow partner centers to apply for additional funding before the end of the previous period, if all funds have been exhausted and an FFR has been submitted
- e. If additional time is needed to exhaust the funds, reach out to your local ST contact to request an extension of the funding period

5. AUDITS

- The entire program may be subject to medical and financial audits
- Funding may be discontinued at any time at the sole discretion of Smile Train without assigning any reasons



Oral Health Funding Application

This offline application will assist you in collecting the information required to apply for Smile Train funding. If your organization has never received funding before, additional legal documentation and wire transfer information may be requested. This application will be reviewed by Smile Train and feedback will be provided.

APPLYING ORGANIZATION INFORMATION	
Only complete if organization is new to Smile Train	
Organization Name	
Contact Information Address, phone, email, website	
Organization Type i.e., hospital, non-profit, university, individual	
Ownership i.e., private, government, religious	

PRIMARY CONTACT INFORMATION	
This should be completed for the individual overseeing the oral health funding	
Primary Contact Name	
E-mail Address	
Job Title & Profession	



FUNDING REQUEST	
Amount Requested in USD: or Smile Train accepted local currencies	
What percentage of the total project costs will Smile Train be supporting with this funding?	
From what other sources will your center receive financial support for this oral health project? Select all that apply.	<ul style="list-style-type: none"> • Government • Patient payments • Treatment center's own resources • Other cleft-focused non-profit organization • Other organization • None
Proposed start date of the funding period:	
Proposed end date of the funding period:	
Primary Geographic Area Served:	

PARTNER BACKGROUND	
On average, how many patients with clefts start oral health treatment per month at your center?	
In total, how many cleft-affected patients received surgical treatment at your center in the last 12 months?	

Does your center currently have all of the necessary materials and equipment to support a cleft oral health program, as stated in Smile Train's Oral Health Funding Requirements & Application?	<ul style="list-style-type: none"> • Yes • No
If not, please describe available resources in detail:	
How many patients with clefts are expected to benefit from this oral health funding during the proposed funding period?	
Please provide a one-sentence summary of your project:	

PARTNER NEEDS & OBJECTIVES	
<p>Please state the need for this funding:</p> <ul style="list-style-type: none"> • How will this funding resolve gaps in cleft oral health care provision at your center? • How will this funding improve the quality of oral health care provision and/or accessibility of services for patients with clefts at your center? • How will this funding help you increase the number of patients with clefts receiving oral health care at your center? • What objectives will this funding allow you to achieve? 	

<p>Please describe in detail how you plan to utilize Smile Train oral health funding, if awarded</p> <ul style="list-style-type: none"> • How will you recruit and select patients? • What stages of oral health care will be provided to patients? • How will you facilitate follow-up and compliance? • Describe the oral health protocol you follow at your center. Specify the age group, treatment techniques, and materials used. 	
<p>Please describe in detail the oral hygiene education program you will provide to patients and caregivers, including materials, educational resources, and tools.</p>	

SUPPLEMENTAL DOCUMENTS
<p>The following supplemental documentation is REQUIRED:</p> <p>Detailed Budget (in USD or local currency) Please complete the Smile Train Oral Health Funding Budget Template to provide a detailed breakdown of the funds you are requesting. The budget should demonstrate how the requested funding will be used to meet the oral health needs of patients with clefts in your program.</p> <p>Sample Cases All medical practitioners applying for Smile Train approval must submit three sample cases, including pre- and post-treatment photos of cleft-affected patients.</p> <p>Infrastructure Photos Prospective partners must submit photos of the facilities, equipment, and instruments available to provide oral health care at the center.</p> <p>Oral Health Treatment Protocols Prospective partners must submit a written, detailed description of the oral health treatment protocols carried out at the center.</p>