



# Orthodontic Funding Requirements & Application

*This document provides detailed information regarding Smile Train's Orthodontic Program requirements and protocols, as well as the offline funding application. Prospective partners should review this information prior to applying for orthodontic funding and must abide by these protocols, if awarded.*

## 1. PURPOSE OF SMILE TRAIN ORTHODONTIC FUNDING

- Smile Train orthodontic funding aims to support the implementation, improvement, and/or growth of orthodontic care 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.
- Orthodontic funding is not intended to replace or cover the costs of existing covered orthodontic 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 ORTHODONTIC CARE PROVISION

Patients born with cleft lip and palate present alterations in the teeth and maxillofacial bones regarding shape, structure, number, and position that can also affect the periodontal tissues. They commonly develop conditions at a craniofacial level that can go from a mild malocclusion to a severe dental and maxilla-mandibular discrepancy. High quality and timely manner Orthopedic/Orthodontic interventions should prevent or minorize the severity of these malocclusions and their impact on overall oral health and well-being.

It is extremely important to inform and educate the patients and families on the importance of comprehensive cleft care, and the possible interventions through their growth to help them prepare and assure compliance with the treatment.

A proper diagnosis with the required records is fundamental to planning the treatment in accordance to growth to offer efficient and impactful care. Proper communication with the rest of the comprehensive team is important to coordinate the treatment flow to avoid overtreating and reduce the burden of care.

### Presurgical Orthopedics

During the first months of life, a diversity of active and passive devices such as plates may help narrow the cleft by guiding the growth of the palatal and alveolar processes to a more physiological position, it is important to avoid collapsing the palate segments, this device can support babies to feed properly. In addition, nasal conformers stimulate the tissue to improve the columella length, the shape of the nostril, and the position of the deviated septum in preparation to receive primary lip surgery.

### **Mixed Dentition**

Between 6-12 years old, it is necessary to monitor the orofacial patients' growth to identify the need to apply support stimulation by using expanders and a face mask (in indicated cases) to assure a balanced growth of the facial bone structures. In addition, fixed appliances may be placed to align the teeth and offer a proper shape of the maxillary alveolar arches in preparation to receive the alveolar bone graft.

### **Permanent Dentition**

Once permanent teeth are visible in the mouth, brackets and other appliances can be placed to align the teeth in a horizontal, transversal and vertical plane to offer a functional and aesthetic bite. In severe cases, this treatment can be provided to prepare the patient for future orthognathic surgery. It is important to work closely with the surgical team to analyze when the patient is ready for surgery and properly follow up after the surgical procedure to finalize the orthodontic treatment.

Given the vulnerability of oral health in cleft-affected patients, a multidisciplinary evaluation is necessary before starting an orthodontic treatment, performing a periodontal evaluation, mainly of the teeth close to the cleft, the state of caries, and the need for rehabilitation prior to any fixed appliance placement. A preventative model should be implemented prioritizing education on feeding habits, oral hygiene, and application of no invasive or minimally invasive treatment to improve oral health and reduce treatment costs and burden of care.

## **3. FUNDING APPLICATION & SERVICES COVERED**

A complete Smile Train orthodontic funding application includes:

- Orthodontic Funding Application (below)
- Smile Train Orthodontic Funding Budget Template

Supplies and activities that can be supported are varied and depends on the needs identified by the applicant to implement orthodontic care or improve the quality-of-care provision currently offered to patients with cleft lip and palate. Funding may be justified to cover costs of instruments, costs of supplies such as acrylic, screws, wire, etc; costs of X-ray pre and post-op records (if not in-house), costs of educational materials, etc. If one-time support for equipment is needed, the applicant may reach out to the Smile Train representative to discuss potential additional equipment funding.

## **4. REQUIREMENTS FOR ORTHODONTIC PARTNERS**

### **4.1 General Requirements**

The partner benefiting from orthodontic funding must:

- Use funding only for direct cleft orthodontic 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 cleft orthodontic services to Smile Train patients free of charge.
- Maintain financial records of funding for audit purposes.
- Submit required documentation of patients benefiting from orthodontic 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 orthodontic care provision.

#### **4.2 Smile Train Express (STX) Reporting Requirements**

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

#### **4.3 Infrastructure Requirements**

The center applying for orthodontic funding must have the following:

- Dedicated space/dental office to provide Presurgical orthopedics and/or orthopedic/orthodontic care.
- Laboratory (if devices are done in-house) and space for record-keeping, dental casts, etc.
- All applicants should send photographs of the different areas (dental office, waiting room, laboratory, etc)

#### **4.4 Equipment, Instruments and Supplies**

It is important to have the necessary equipment and supplies to provide safe, high-quality care:

- Dental Operatory with dental chair
  - ✓ Suction
  - ✓ Micro-motor low frequency handpiece
  - ✓ High frequency handpiece
  - ✓ Air and water syringe
  - ✓ SS instrument tray
  - ✓ Dental operator's stool
- Air Compressor
- Autoclave / ultrasonic cleaners for sterilization /sterilization equipment
- Orthodontic plier sets (weingart, 139 light wire, 139 heavy wire, heavy wire cutter, distal end cutter, ligature cutter, artery, module placer, debonding plier, etc.)
- Bonding set (cheek retractor all sizes, bonding agents, bracket holding tweezer, etc.)
- Basic dental examination kit
- Micromotor handpiece/ Dental freedom and required trimming burs for acrylic
- Kit for clinical photographic records: Intraoral mirrors, intraoral retractors, ring lights, solid backgrounds, etc.)
- Cephalometric, Panoramic, Periapical X-Ray (in-house or with an external provider)

#### **4.5 Staff Requirements**

All orthodontists and/or PSIO providers must be approved by ST through the practitioner application process. All applying practitioners must submit the following documentation:

- CV including:
  - ✓ Contact information
  - ✓ Dental training information and license number
  - ✓ Orthodontic training and license number

- ✓ Cleft related education
- ✓ Cleft work experience
- ✓ Publications
- ✓ Research work
- Orthodontic Cleft Cases: Power Point, PDF or Word Document with 3-5 completed cleft cases, description of the management, should include good quality pre and post photos (please reference to the Orthodontic Photographic Records Document), the photos should make it possible to evaluate final outcomes and management of the cases.
- Include cases of the stage treatment they are asking funding for (i.e. PSIO, Mixed Dentition and/or Permanent Dentition)

Please reach out to your local Smile Train contact with questions about the practitioner approval process or requirements.

#### **4.6 Treatment Protocols**

Describe in a document the patient orthopedic/orthodontic pathway currently carried out at your center. Please refer to the Global Orthodontic Treatment Guidelines document that includes patient selection, stages of treatment, goals, length of treatment, and records required for proper reporting.

#### **4.7 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 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.

#### **4.8 Funding Completion & Renewal Requirements**

Given that some treatments take longer than others, (i.e. permanent dentition takes longer than PSIO) there is a possibility to ask for funding to support new patient's treatments with only the "start of treatment" and "intermediate assessment" records uploaded in the platform of those cases whose treatment is still in progress.

Partners benefiting from funding must submit a Funding Report (FR) through the Smile Train Partner Portal, due 30 days after the end of the awarded budget period. The funding period can be adjusted if needed. Partners should reach out to their local Smile Train contact to request a change in the funding period.

No further funding will be considered when:

- A Funding Report has not been completed and submitted through the Smile Train Partner Portal
- Information provided in the Funding Report does not reflect information collected in the STX database
- STX records are missing or incomplete
- Analyses of STX records show poor quality of care and/or no improvement in quality of care

Further funding can be considered if key targets of quality care provision are met and the need for additional funding is justified. The process for requesting additional funding is similar to the initial funding request, however the partner must justify why further funding is necessary.

## 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



## Orthodontic 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 orthodontic 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 orthodontics project? Select all that apply.	<ul style="list-style-type: none"> <li>• Government</li> <li>• Patient payments</li> <li>• Treatment center's own resources</li> <li>• Other cleft-focused non-profit organization</li> <li>• Other organization</li> <li>• None</li> </ul>
Proposed start date of the funding period:	
Proposed end date of the funding period:	
Primary Geographic Area Served:	

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PARTNER BACKGROUND	
<p><b>On average, how many patients with clefts initiate orthodontic treatment per month at your center?</b></p>	
<p><b>In total, how many cleft-affected patients received surgical treatment at your center in the last 12 months?</b></p>	
<p><b>In total, how many Alveolar Bone Graft surgeries were carried out at your center in the last 12 months?</b></p>	
<p><b>One or more cleft surgeons must be affiliated with all Smile Train funded orthodontic programs to ensure that treatments align with quality cleft surgery. Please state the name(s) of the cleft surgeon(s) affiliated with this cleft orthodontic program:</b></p>	



<p><b>Does your center currently have all of the necessary materials and equipment to support a cleft orthodontic program, as stated in Smile Train's Orthodontics Funding Requirements &amp; Application?</b></p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<p><b>If not, please describe available resources in detail:</b></p>	
<p><b>How many patients with clefts are expected to benefit from this orthodontic funding during the proposed funding period?</b></p>	
<p><b>Please state the amount of funding requested from Smile Train PER PATIENT for each of the following stages of care.</b></p> <p><b>The rate stated below should match the rate being requested within the submitted budget:</b></p>	<ul style="list-style-type: none"> <li>• Presurgical Infant Orthopedics (PSIO):</li> <li>• Mixed Dentition:</li> <li>• Permanent Dentition:</li> </ul>
<p><b>Please provide a one-sentence summary of your project:</b></p>	

## PARTNER NEEDS & OBJECTIVES

**Please state the need for this funding:**

- How will this funding resolve gaps in cleft orthodontic care provision at your center?
- How will this funding improve the quality of orthodontic 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 orthodontic treatment at your center?
- What objectives will this funding allow you to achieve?

**Please describe in detail how you plan to utilize Smile Train orthodontic funding, if awarded:**

- How will you recruit and select patients?
- What stages of orthodontic care will be provided to patients?
- How will you facilitate follow-up and compliance?
- Describe the orthodontic/orthopedic protocol you follow at your center. Specify the age group, treatment techniques, devices used, and length of the treatment.

**Please describe in detail the oral hygiene education program you will provide to patients and caregivers during their orthopedic/orthodontic treatment, including materials, educational resources, and tools.**

## ORTHODONTIC TREATMENT PRACTITIONERS

Please include all practitioners who will be responsible for any of the three stages of cleft orthodontic treatment (Pre Surgical Infant Orthopedics/Mixed Dentition/Permanent Dentition). If new practitioners are added at a later time, their information must be sent to the Smile Train manager for approval and registration in Smile Train Express.

**Practitioner's name:**

**\*Provides the following orthodontic care (select all that apply)**

- Pre Surgical Infant Orthopedics
- Mixed Dentition
- Permanent Dentition

**Is this person a full time staff member at this center?**

**If yes, how long has she/he worked?  
If no, how many days and hours per week will she/he be available to dedicate to cleft patients?**

**Type of Medical Professional**

Orthodontist  
Surgeon

Dentist  
Other

**Highest Degree Awarded**

**Notes on experience with cleft palate patients**

**If there is more than one orthodontist in charge of the cleft orthodontics treatment program at this center, please fill out this section for each separately, below.**

## SUPPLEMENTAL DOCUMENTS

**The following supplemental documentation is REQUIRED:**

**Detailed Budget** (in USD or local currency)

Please complete the Smile Train Orthodontic 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 orthodontic needs of patients with clefts in your program.

**Sample Cases**

All orthodontic practitioners applying for Smile Train approval must submit three sample cases, including pre- and post-treatment photos of cleft-affected patients, for each of the treatment stages for which funding is being requested.

**Infrastructure Photos**

Prospective partners must submit photos of the facilities, equipment, and instruments available to provide orthopedic/orthodontic treatment at the center.

**Orthodontic Treatment Protocols**

Prospective partners must submit a written, detailed description of the orthodontic treatment protocols carried out at the center.