

PA 161 PROGRAM

GUIDELINES FOR COMPLETING THE PA 161 APPLICATION, UNDERSTANDING PA 161 AND SUGGESTIONS TO CONSIDER BEFORE APPLYING FOR PA 161

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GUIDELINES FOR COMPLETING THE PA 161 APPLICATION

What is PA 161?

Public Acts of 2006 (Act No. 161) was approved by the 93rd Legislature to determine rules in which a dental hygiene may provide preventive dental hygiene services to underserved patients. The law, in particular, regulates the supervision requirements for a hygienist practicing under PA 161. Under PA 161 a “dental hygienist may perform dental hygiene services under the *supervision* of a dentist as part of a program for dentally underserved populations in this state conducted by a local, state, or federal grantee health agency for patients who are not “*assigned by a dentist.*” In other words, the patient provided services by a PA 161 hygienist can not be a “*patient of record*” of a dentist.

Definitions:

- *Patient of record:* A patient who has been examined and diagnosed by a licensed dentist and whose treatment has been planned by a licensed dentist.
- *Supervision:* The overseeing of or participation in the work of any other individual by a health professional licensed under this article in circumstances in which 1 or more of the following exist:
 - The continuous availability of direct communication in person or by radio, telephone, or telecommunication between the supervised individual and a licensed health professional.
 - The availability of a licensed health professional on a regularly scheduled basis to review the practice of the supervised individual, to provide consultation to the supervised individual, to review records, and to further educate the supervised individual in the performance of the individual’s functions.
 - The provision by the licensed supervising health professional of predetermined procedures and drug protocol.
- *Assigned by a dentist:* “Assignment” means that a dentist has designated a patient of record upon whom services are to be performed by an assistant, registered dental assistant or registered dental hygienist and has described the procedure to be performed. The dentist need not be physically present in the office or in the treatment room at the time the procedures are being performed.

Who can or must complete a PA 161 application?

Any hygienist performing preventive dental hygiene services without general supervision in a school, nursing home, prison, community center, or other venue on ***unassigned, underserved*** children must apply for and be approved for PA 161. Employment by a community public health dental clinic, Federally Qualified Health Center, prison or other entity serving the underserved ***does not preclude*** the requirement to obtain PA 161 status prior to services being performed.

Completing the PA 161 application:

The line number on the form corresponds to the instructions on how to complete the line. The application and instructions are organized into sections.

Section I General Information:

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PUBLIC HEALTH DENTAL DISEASE PREVENTION PROGRAM
Request for Operation as Defined in MCL. 333.16625 (2005 PA 161)**

¹AGENCY/ENTITY _____

²CONTACT PERSON _____

³ADDRESS _____

_____ FAX NUMBER _____

City _____ Zip Code _____
⁴TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

⁵NON-PROFIT TAX ID # _____

⁶AGENCY/ENTITY DESIGNATION: : ^{6a}Entity Type 2 National Provider Indicator (NPI#): _____

- Public Health Agency/FQHC/Community Dental Clinic
- School of Dentistry or Dental Hygiene
- Prison System or Juvenile Detention Center
- School-Based or School-Linked Health System or Clinic
- Unaffiliated* Registered Dental Hygienist
- Long-Term Care Facility
- Non-Profit Agency
- Other: _____

*unaffiliated = a hygienist that is not employed by a public health agency, dental/dental hygiene school, state or federal agency and has his/her own tax ID number.

Section I General Information Instructions:

¹AGENCY/ENTITY: This is the formal title of the agency. An entity is a local, state, or federal health agency that cares for patients who are unassigned to a dentist. **The agency or entity must have a non-profit Tax ID number.**

• Who can apply for PA 161?

- A public or non-profit “entity” or a school or nursing home that administers a program of dental care to a dentally underserved population.
- Definitions: *Public or non-profit “entity”*: Entities that provides public health services such as a Federally Qualified Health Center or a Local Health Department are good examples of a public or non-profit entity. Hygienists or foundations that have a Non-Profit Tax ID number are considered entities eligible for PA 161.

• Who is not eligible to apply for PA 161?

- A for-profit agency that provides services is not eligible for PA 161. However, a for-profit agency that utilizes a non-profit foundation arm or component to provide services is eligible for consideration for PA 161 status. Documentation must be included in the application to ensure MDCH that PA 161 hygienists will only provide services to the underserved under the non-profit arm of the agency and that no profit will be made by serving these children above recuperation of expenses.

For example, if a classroom of 30 children is scheduled for services, the PA 161 hygienist can only provide services to those children who are Medicaid or uninsured and are not required to pay any additional fees.

- In circumstances that a dentist has completed an examination and described the procedures to be performed or completed a treatment plan, a PA 161 is not eligible to provide treatment on these patients. The patients are now considered “patients of record”. PA 161 does not apply to “assigned” or “patients of record”. In this circumstance, the hygienist would be required to perform services outlined in the Administrative Rules of the Michigan Board of Dentistry *General and Direct Supervision*. A link to the Administrative Rules is:
http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&Admin_Num=33811101&Dpt=CH&RngHigh=

An exception is made when the patient is seen in a community clinic on an occasional basis and “not” assigned to a dentist. A dentist may have completed an examination and treatment plan, however, the patient is not a patient of record of the assigning dentist and usually must wait for the next volunteer dentist to receive treatment. In this scenario, a PA 161 can provide preventive services to the patient.

It is also prudent to determine before service which children or adults are “assigned” by asking for this information from the caregiver or on the patient record information you obtain.

²CONTACT PERSON: The name of the person who can answer questions about the PA 161 application should be listed on this line. The PA 161 application, if approved, will be sent to this person.

³ADDRESS: The best address for correspondence should be listed here. The MDCH Oral Health Program should be notified within 30 days of any change in address. Although not guaranteed, every attempt will be taken to provide correspondence within 2 months of the expiration of a PA 161 application. Having a correct address and contact person will assist in the expiration notification process.

⁴TELEPHONE NUMBER, FAX NUMBER and E-MAIL ADDRESS: The correct phone number, FAX number and e-mail address should be listed on the application. Please be certain the e-mail address is legible. The MDCH Oral Health Program should be notified within 30 days of any change in telephone number, FAX or e-mail address information.

⁵NON-PROFIT TAX ID #: A non-profit tax ID number must be provided. To obtain a non-profit tax ID number refer to legal council and/or visit the websites listed below.

<http://smallbusiness.findlaw.com/business-structures/non-profit>
www.irs.gov

⁶AGENCY/ENTITY DESIGNATION: Check the box that most closely identifies the parent organization or setting for the PA 161 program. If more than one box applies, check all relevant

boxes and describe the circumstance under “other”.

^{6a} ENTITY TYPE 2 NATIONAL PROVIDER INDICATOR (NPI#): This is the number used to bill for Medicaid Services through the Agency/Entity. Put NA if this number does not pertain to your agency. This is a different number than the Type 1 service provider number.

Section II License Information:

Supervising Dentist(s) and Registered Dental Hygienist(s)

All supervising dentists and dental hygienists must hold current MI licenses:

Supervising Dentist⁷: _____ License # _____

Supervising Dentist: _____ License # _____

R.D.H. Name⁸: _____ License # _____

R.D.H. Name: _____ License # _____

R.D.H. Name: _____ License # _____

R.D.H. Name: _____ License # _____

You are required to notify the MDCH Oral Health Program of any changes in staff or supervision listed on the original application within 30 days⁹. The supervising dentist must formally sign the change notification stating that he/she agrees to supervise additional staff or state any changes to the original application. An original signature must be submitted, no faxes or e-mails. Names and license numbers are required for additional staff.

If more space is needed, attach an additional page to the application.

Section II License Information Instructions:

⁷Supervising Dentist: List the supervising dentist’s name on this line along with the dentist’s license number. The dentist must hold a current Michigan Dental License. Note: a retired dentist cannot bill for services.

⁸R.D.H. Name: List the dental hygienist’s name that will be practicing under the PA 161 legislation.

The dental hygienist must hold a current Michigan Dental Hygiene License. If additional space is needed, an addendum page can be added.

⁹You are required to notify the Oral Health Program of any changes in staff listed on the original agreement within 30 days.

Section III Supervision Circumstance:

¹⁰**Supervision circumstance:** You must satisfy 1 or more of the following:

- Continuous availability of direct communication in person or by radio, telephone, or telecommunication between the supervised individual and a licensed dentist.
- The availability of a licensed dentist on a regularly scheduled basis to review the practice of the supervised individual, to provide consultation to the supervised individual, to review records, and to further educate the supervised individual in the performance of the individual’s functions.
- The provision by the licensed supervising health professional of predetermined procedures and drug protocol.

Section III Supervision Circumstance Instructions:

¹⁰The applicant must select at least 1 of the listed supervision circumstance. The applicant may select more than 1 method of supervision. The method of supervision must be clearly defined in the required written documents accompanying the application.

Section III Program Overview:

Program Overview: NEW PROGRAM ¹¹ RENEWAL ¹²

A PA 161 provider may practice in a public health setting as defined as being located within hospitals, schools, correctional facilities, jails, community clinics, long-term care facilities, nursing homes, home health agencies, group homes, state institutions under the Michigan Department of Community Health, public health facilities, Head Start Centers, and homebound settings.

¹¹NEW PROGRAM – Check this box if you, your organization or your clinical facility have not been a PA 161 provider previously.

¹²RENEWAL- Check this box if you or your organization or your clinical facility have been previously awarded PA 161 status.

Describe the dental underserved population(s) to receive preventive services: (check all that apply)

- ¹⁵Patients of a Public Health Agency/FQHC/Community Dental Clinic
- ¹⁶Long-term care facility residents that are dentally underserved
- ¹⁷Early Head Start ²⁴Head Start
- ¹⁸Migrant Farm Workers ²⁵Native American Reservation
- ¹⁹Prison System ²⁶Juvenile Home
- ²⁰Persons with Developmental Disabilities
- ²¹“Unassigned” adults who are dentally underserved
- ²²School-based/school-linked program with at least 20% of students participating in a free and reduced lunch program **and** students treated do not have an assigned dentist
- ²³Other (please explain) _____

Describe the clinical setting(s) in which the service is to be provided: (check all that apply)

- ¹⁵Public Health Clinic ²⁷Public Health Mobile Clinic ²⁶Juvenile Home
- ¹⁶Long-Term Care Facility Setting ²⁸Mobile Dental Clinic ¹⁹Prison System
- ²⁰Home for Residents with Developmental Disabilities
- ²²School-based/school-linked program ²⁹School of Dentistry or Dental Hygiene Outreach Program
- ²³Other: Please describe: _____

Services to be Provided: (check all that apply)

- ³⁰**Diagnostic Screening** ³¹**Preventive (Check all that apply)**
- Radiographs Prophylaxis Oral Health Education
- Other Services: _____ Fluoride Varnish Topical Fluoride
- _____ ³²Pit and Fissure Sealants

Section IV Program Overview Instruction:

Underserved Population and Clinical Setting:

¹⁵Patients of a Public Health Agency/FQHC or Community Clinic – Check this box if the clinical facility is a local public health department, Federally Qualified Health Center, Community Clinic or school of dentistry or dental hygiene.

¹⁶Long term care facility residents that do not have a dentist of record – Check this box if the population to be served is a nursing home or extended living facility. Clients seen must not be “assigned” by a dentist

¹⁷Early Head Start – Check this box if the population to be served is Early Head Start (Ages 0-2)

¹⁸Migrant Farm Workers- Check this box if the population to be served is migrant farm workers and their families

¹⁹Prison - Check this box if the clinical facility is a prison

²⁰Persons with Developmental Disabilities - Check this box if the population is developmental disabled

²¹“Unassigned” adults who are dentally underserved – if the population is homeless, is in some other institution or setting not fitting other categories provided on this application, check this box

²²School has >25% of students participating in a free and reduced lunch program **and** students treated do not have an “assigned” dentist – Check this box if the school that a PA 161 hygienist provides services in has a minimum of 25% of the children in a free or reduced lunch program and the children are not “assigned” by a dentist. The following website lists Michigan schools and their Free and Reduced Lunch participation rate: http://www.michigan.gov/cepi/0,1607,7-113-21423_30451_36965---,00.html. A list of schools that PA 161 hygienists are providing services must be provided upon request to the MDCH Oral Health Program to ensure compliance with this rule.

²³Other (please explain) _____

²⁴ Head Start - Check this box if the population to be served is Head Start (Ages 3-5)

²⁵ Native American Reservation – Check this box if the population to be served is located on a Native American reservation

²⁶Juvenile Home – an agency or home providing care/supervision for incarcerated juveniles.

²⁷Public Health Mobile Clinic – Check this box if the setting is a mobile dental facility operated by a local public health department, school of dentistry or dental hygiene, community clinic or Federally Qualified Health Center

²⁸Mobile Dental Clinic- Check this box if the setting is a mobile dental facility not operated as a for-profit or mixed (part non-profit/part profit); not affiliated with a local public health department, community clinic or Federally Qualified Health Center or Federally Qualified Health Center.

²⁹School of Dentistry or Dental Hygiene Outreach Program

Services:

³⁰Diagnostic Screening
Radiographs
Other Services: _____

³¹Preventive – If these services are anticipated to be performed, they should be checked.
Prophylaxis
Oral Health Education

Fluoride Varnish
Topical Fluoride
³² Pit and Fissure Sealant – retention checks must be completed and a protocol for retention checks must be included in the application.

Written Documents Required:

Protocols: All of the following must be submitted with the PA 161 application:

- | | |
|--|--|
| <input type="checkbox"/> ³³ Patient Registration/Application Form | <input type="checkbox"/> ³⁹ Infection Control Procedures |
| <input type="checkbox"/> ³⁴ Health History Review Form | <input type="checkbox"/> ⁴⁰ Supervision Protocol |
| <input type="checkbox"/> ³⁵ HIPAA Privacy Notice | <input type="checkbox"/> ⁴¹ Parent Permission Slip (if in a school setting) |
- ³⁶If sealants are performed, provide the evaluation measures that will be taken to ensure long-term retention of the sealants
- ³⁷Patient Referral Protocol. Documentation must indicate how the patient will be referred for emergency dental services, how the patient will be counseled to seek an annual examination by a licensed dentist and describe the follow-up mechanism that is in place to determine if the patient has received dental services following referral.
- ³⁸If the population is dentally underserved “unassigned” adults, provide a brief description explaining how the population is dentally underserved.

Data Collection: The data form must be submitted to the MDCH Oral Health Program quarterly on the 1st day of the month of January, April, July, and October.

- ⁴³I have reviewed the required Data Collection Form and will submit the required form on the date specified. Incomplete forms or forms not submit on a timely basis will be cause to revoke or not renew the PA 161 status.

Section V Written Documents Instructions:

All written documents listed above must be included with the PA 161 application.

³³Patient Registration/Application Form

- A standard registration or application form utilized in a dental office for services is acceptable.

³⁴Health History Review Form

- The health history should be comprehensive and appropriate for the clientele to be seen. For example, a medical history form for a clientele in a nursing home setting would be expected to be more comprehensive than a medical history form for a child in Early Head Start.

³⁵HIPAA Privacy Notice

- A standard HIPAA Privacy Form for clients to complete is acceptable. A HIPAA Privacy Notice is not required if client information is not sent electronically (over the phone, fax, provided through an insurance form, etc.) If a HIPAA form is not included please note that it is not required as no information is sent electronically.

•

³⁶Sealant Evaluation

- If sealants are performed, the evaluation measures that will be taken to ensure long-term retention of the sealants must be documented.

³⁷Referral Procedures

- The ultimate goal should be to establish a “dental home” for each client. A “dental home” is considered to be a dental provider who can provide a comprehensive examination and meet the restorative needs of the patient. All efforts should be made to find a dentist or dental clinic that can provide the necessary comprehensive dental examination and restoration. **The application should not just list local dentists or public health dental clinics in the area, but should list local dentists or dental clinics that have agreed to accept the clients seen by the PA 161 hygienist. Support Letters or statements from dentists agreeing to be referral sites should be included with the application.**

³⁸Describe how the population is dentally underserved and note in your comments how you ascertain that the client is “unassigned”.

³⁹Infection Control Procedures

- A good resource in developing infection control procedures is the Centers for Disease Control website: <http://www.cdc.gov/OralHealth/infectioncontrol/>
- The infection control procedures should be comprehensive and well-defined. CDC does recommend that instruments utilized in an offsite clinic be cleaned in an ultrasonic and bagged prior to transporting the instruments to a sterilizer located in a secondary location.

⁴⁰Supervision Protocol

- This document should describe the supervision protocol that will be followed. The document should be detailed. A contract or statement of supervision must be signed and dated by the supervising dentist(s) and PA 161 hygienist(s).

⁴⁰Parent Permission Slip - This document is needed if the PA 161 provides services on children

Section VI Notes:

Please Note: Please check the box and initial next to the statement denoting that the statement has been read by the supervising dentist and that the supervising dentist has discussed all points with the PA 161 hygienist(s) he/she is supervising.

____ If special populations are the focus of care, PA 161 providers are encouraged to have current continuing education regarding the provision of dental care for these populations (i.e. geriatrics and special needs populations for long-term care facilities; behavioral management and sealant placement courses for school settings, etc.).

____ A hygienist can only administer anesthesia and nitrous oxide analgesia or perform soft tissue curettage under the direct supervision of a dentist.

____ PA 161 will be monitored for quality assurance and compliance. The MDCH Oral Health Program may conduct record audits, perform site visits, request other quality assurance data such as sealant retention data and patient referral documentation, and notify the Michigan Board of Dentistry of the findings.

_____ The MDCH Oral Health Program must be notified of any information changes within 30 days of the change.

_____ PA 161 must be renewed every 2 years. While the MDCH Oral Health Program will attempt to notify each PA 161 agency/entity at least 1 month prior to expiration of the PA 161, renewal notification is not guaranteed.

_____ If a patient resides in a long-term care facility, a physician's order for dental services is required for Medicaid beneficiaries. The order cannot be a standing order.

_____ Proof of liability insurance is recommended for each provider.

_____ To promote comprehensive care and public safety, it is suggested that the supervising dentist reside in the same geographic service area where PA 161 services are provided.

Section VI Notes Instructions:

This section should be read carefully and initialed. The information is provided for the benefit of the PA 161.

Section VII Signature Block: Signatures must be in BLUE INK

Required Signatures

41	_____	_____	_____
	Signature of Dental Director (if applicable)	Printed Name of Dental Director	Date:
42	_____	_____	_____
	Signature of Hygienist	Printed Name of Dental Hygienist	Date
	_____	_____	_____
	Signature of Hygienist	Printed Name of Dental Hygienist	Date
	_____	_____	_____
	Signature of Hygienist	Printed Name of Dental Hygienist	Date
	_____	_____	_____
	Signature of Hygienist	Printed Name of Dental Hygienist	Date
43	_____	_____	_____
	Signature of Supervising Dentist	Printed Name of Supervising Dentist	Date
	_____	_____	_____
	Signature of Supervising Dentist	Printed Name of Supervising Dentist	Date

Add an additional page with supervising dentist and hygiene signatures, if necessary. All signatures must be original (not photocopied) and in **BLUE ink**.

PA 161 Data Reporting Form

Use this form to document only those services provided by the PA 161 provider. This form must be electronically submitted to the MDCH Oral Health Program by the *1st day of the month of January, April, July and October.*

This is for PA 161 activity only.

Submit the form to oralhealth@michigan.gov; Subject Line: PA 161

Date Form Submitted: _____ Time range of data collected: mo/yr: _____ thru mo/yr: _____

PA 161 Agency/Entity _____

Name of Person Submitting the Form: _____ Phone #: _____

 Services Provided	Population Served												
	Public Health Agency, FQHC, or Community Clinic	Long-Term Care Facility	Early Head Start	Head Start	Migrant Farm Workers	Native	Prison System	Juvenile Home	School of Dentistry or Dental Hygiene Outreach Program	School-Based/School-Linked Program	Persons with Developmental Disabilities	Dental Underserved "Unassigned" Adults	Other (please state)
Number of adult patients screened													
Number of adult debridement/prophy completed													
Number of children screened (ages 0 to 18)													
Number of child prophys completed (0-18)													
Number of children receiving at least one dental sealant													
Number of dental sealants placed													
Number of 2 nd grade children receiving sealants													
Number of 6th grade children receiving sealants													
Number of fluoride varnish applications													

Number of other topical fluoride treatments													
Services Provided	Public Health Agency, FQHC, or Community Clinic	Long-Term Care Facility	Early Head Start	Head Start	Migrant Farm Workers	Native American Reservation	Prison System	Juvenile Home	School of Dentistry or Dental Hygiene Outreach Program	School-Based/School-Linked Program	Persons with Developmental Disabilities	Dental Underserved "Unassigned" Adults	Other (please state)
Number referred for dental tx													
Number receiving dental tx after referral													
Other (Please List)													

(It is assumed that all patients receive oral health education)

Comments:

Data Reporting Form Instructions:

This form is used to track PA 161 program activity and the data will be shared with MDCH, the Michigan Dental Hygienists Association, the Michigan Dental Association, and possibly others for education and promotion of the PA 161 Program.

Fill in as much information as you can for the quarterly time frame indicated. Please address the populations served and through which venue. This list is to help you strive to collect as much information for your PA 161 program as possible.

For instance, if your PA 161 activity was only for sealants in a school based, school linked program you will match the services provided to the site listed and enter in the number of children that were screened, the number of child prophys, if provided, the number of children receiving at least one sealant, number of total sealants placed, number of 2nd and/or 6th grade children receiving sealants, if known, the number of fluoride varnishes or other fluoride treatments, the number of children referred for care, and the number of children receiving care, if known. This information will all go under the column titled “School based- linked Program”.

Please leave blank or put NA if any information requested is not collected at this time.

Thank you for taking the extra time to gather this information and please contact MDCH if you have any questions regarding this form. demings@michigan.gov 517 373-3624.

Specific considerations prior to application:

- The Michigan Dental Practice does not allow the PA 161 to work with a dental assistant or a “second pair of hands”. A dental assistant must be directly supervised by a dentist. A dental assistant or other person may aid the hygienist in paperwork, coordination of patients, or other duties except the provision of direct preventive dental care services.
- A hygienist will soon be able to bill Medicaid under the Medicaid CHAMPS system. For more information on enrolling as a provider for CHAMPS visit:
CHAMPS@michigan.gov
At the current time a hygienist cannot bill Medicaid, Delta Dental (including the Healthy Kids Dental Program), Blue Cross or other dental insurance. They will still need to bill Medicaid through their Agency/Entity which will need to be enrolled in CHAMPS as well.
- Changes in PA 161 information: Minor changes such as adding or editing a dentist’s or hygienist’s name do not require a new application. The changes can be submitted to the MDCH/Oral Health Program. Major changes, such as a change in the contract between the dentist and hygienist or a new dentist assumes the supervision of the hygienist, require adequate documentation. For example, a new signed contract would be required to be submitted if the supervision of the dental hygienist was changed. Call the MDCH/Oral Health Program for specific information on documentation required.
- The PA 161 hygienist should be very familiar with the Dental Treatment Codes, billing Medicaid and other insurances, information regarding being a Medicaid provider, the Medicaid Provider Manual, the Medicaid fee reimbursement schedule, and Medicaid provider training. Some helpful websites are:
 - Medicaid provider information: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100---,00.html
 - Medicaid codes and fee schedule: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100---,00.html
 - Examples of allowed and non-allowed procedures:
 - Scaling and root planing is not allowed by Medicaid
 - A hygienist can “assess” a tooth for a dental sealant and place a dental sealant under PA 161. An exam by a dentist or radiographs is not necessary.
- A retired dentist who has a “volunteer” license cannot receive compensation for any services rendered. A PA 161 hygienist utilizing a volunteer dentist for supervision cannot expect compensation from Medicaid or other insurance through the volunteer dentist. For more information on the license requirements of a volunteer dentist and the application to apply for volunteer status, refer to: http://www.michigan.gov/documents/mdch/mdch_volunteer_app_pkt_179241_7.pdf
- A PA 161 hygienist should carry malpractice insurance.
- A PA 161 hygienist must be aware of the current laws to include a criminal background check to work in a nursing home and possibly a school.
- A PA 161 should be aware of the Family Educational Rights and Privacy Act (FERPA) when working with schools. FERPA is equivalent is to HIPAA laws. For more information: <http://www.ed.gov/policy/gen/guid/fpco/index.html>
- PA 161 Approval Process: After submitting your application, it will be reviewed by the MDCH Oral Health Program. If the

application is incomplete, the “contact person” listed on the application will be notified of any areas that are deficient. If the application meets all the requirements, the application will be submitted to the office of Director Janet Olszewski for approval. This process can take from 2 weeks to 6 weeks. Following approval, the PA 161 entity, to include the hygienist and dentists listed on the application, will be submitted to the Michigan Board of Dentistry. Questions regarding the application may be referred to the PA 161 Advisory Committee. The PA 161 Advisory Committee is made up of a representative of the Michigan Dental Association, the Michigan Dental Hygiene Association, a Local Public Health Dental Clinic, Medicaid and MDCH.

- Children receiving care under PA 161 are considered “at high risk” for dental disease. Socioeconomic status, as well as other indicators, place the child at high risk. The practitioner should consider the current literature regarding sealant placement and the provision of care to high risk children. Sealants should be placed whenever possible.
- The dentist or entity that will be billing for the services of the PA 161 must obtain a standard unique identifier for health providers through the National Plan and Provider Enumeration System (NPPES).
 - On the MDCH compliance date of **October 1, 2007**, the NPI will be the only health care provider identifier used for identification purposes in standard transactions by covered entities. Please refer to Policy Bulletin [MSA 07-48](#) for all MDCH NPI Implementation guidelines.
 - The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the **National Plan and Provider Enumeration System (NPPES)** to assign these unique identifiers. If you are a **Health Care Provider**, the [National Provider Identifier \(NPI\)](#) is your standard unique identifier.
 - NPI Websites:
 - NPPES website: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Points to consider before applying for PA 161 as a hygienist:

- Working with a Federally Qualified Health Center (FQHC) or Local Public Health Agency (LPH)
 - Working with an organized health agency such as a FQHC or LPH can be very advantageous for a hygienist. The reimbursement rates may be higher for the services performed, the billing system for procedures the dental hygienist will be performing is in place, a dentist may be available for supervision, and equipment and supplies may be supplied. A hygienist may consider discussing employment opportunities or contracting with a FQHC or LPH for outreach preventive dental hygiene programs.
- Working with schools or nursing homes: Many schools or nursing homes may already have a contractual agreement for preventive services with a mobile clinic, FQHC or LPH. When determining the target population for services, the dental

hygienist should contact the school system or nursing to determine if the services would be desired by the school. Refer to page 6 of this document for information regarding determination if the school meets the criteria for underserved. Nursing home residents must be verified that they are underserved and not a patient of record of a dentist.

- Data Collection, Record Keeping and Evaluation: The hygienist should have a system to collect data on the services provided, keep accurate patient records, and have a plan to evaluate the services performed is an excellent program for determining if a dental sealant program is successful. For more information on the SEALS data system contact: Michigan.gov/oralhealth
To better position the hygienist for future grant opportunities, a good data collection, record keeping and evaluation plan will provide valuable information needed for a grant application.
- A PA 161 hygienist should have a good command of expenses and time required to establish the program, a good knowledge of business principles, an extensive knowledge of Medicaid reimbursement fees, and a strong working knowledge of the Administrative Rules of the Michigan Board of Dentistry.

Additional Resources:

SEAL! Michigan: The SEAL! Michigan program provides one-year grants for the application of dental sealants for second grade and sixth grade students in schools with a high percent of students enrolled in the Free and Reduced Lunch Program. For more information on this grant: Michigan.gov/oralhealth

Seal America – The manual contains information on developing, implementing and evaluating a dental sealant program.

- Getting started
- Gaining and maintain community support
- Staffing
- Purchasing equipment and supplies
- Funding
- Collecting and analyzing data
- Implementation of the program
- Referral and following up
- Evaluation

The Fluoride Varnish Manual and the Dental Sealant User’s Guide may be available. The School Fluoride Mouthrinse manual is available.

Need more information:

Contact the MDCH Oral Health Program, 517-335-8523, FAX: 517-335-8697, or oralhealth@michigan.gov (place PA 161 in the subject line).