

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

AGENCY/ENTITY _____

CONTACT PERSON _____

ADDRESS _____

_____ FAX NUMBER _____

City Zip Code

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

NON-PROFIT TAX ID # _____ (required)

(State institutions or agencies are exempt from providing a non-profit tax ID number)

AGENCY/ENTITY DESIGNATION:

- | | |
|--|--|
| <input type="checkbox"/> Public Health Agency/FQHC/Community Dental Clinic | <input type="checkbox"/> Long-Term Care Facility |
| <input type="checkbox"/> School of Dentistry or Dental Hygiene | <input type="checkbox"/> Non-Profit Agency |
| <input type="checkbox"/> Prison System or Juvenile Detention Center | |
| <input type="checkbox"/> School-Based or School-Linked Health System or Clinic | |
| <input type="checkbox"/> Unaffiliated* Registered Dental Hygienist | <input type="checkbox"/> 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.

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

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

Supervising Dentist: _____ License # _____

Supervising Dentist: _____ 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 days. 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.

Supervision circumstance: The supervision of the registered dental hygienist must satisfy one or more of the following. Check the applicable supervision circumstance(s) provided by the dentist and registered dental hygienist(s) listed above:

- 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.

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.

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

- Patients of a Public Health Agency/FQHC/Community Dental Clinic
- Long-term care facility residents that are dentally underserved
- Early Head Start Head Start
- Migrant Farm Workers Native American Reservation
- Prison System Juvenile Home
- Persons with Developmental Disabilities
- "Unassigned" adults who are dentally underserved
- School-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
- Other (please explain) _____

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

- Public Health Clinic Public Health Mobile Clinic Juvenile Home
- Long-Term Care Facility Setting Mobile Dental Clinic Prison System
- Home for Residents with Developmental Disabilities
- School-based/school-linked program School of Dentistry or Dental Hygiene Outreach Program
- Other: Please describe: _____

Services to be Provided: (check all that apply)

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

Please Note: Please check the box and initial next to the statement denoting that the statement has been read by the

Written Documents Required:

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

- Patient Registration/Application Form Infection Control Procedures
- Health History Review Form Supervision Protocol
- HIPAA Privacy Notice Parent Permission Slip (if in a school setting)
- If sealants are performed, provide the evaluation measures that will be taken to ensure long-term retention of the sealants
- Patient 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.
- If 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.

- I 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.

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.

Required Signatures

_____ Signature of Dental Director (If applicable)	_____ Printed Name of Dental Director	_____ 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
_____ Signature of Hygienist	_____ Printed Name of Dental Hygienist	_____ Date
_____ 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.

SEND COMPLETED PA 161 FORM AND ALL REQUIRED DOCUMENTS TO: Michigan Department of Community Health, Division of Family & Community Health, Oral Health Program, Washington Square Building, 109 W. Michigan, 4th Floor, Lansing, MI 48913. For 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).

Agency/Entity Name: _____

MDCH Oral Health Director recommends approval

MDCH Oral Health Director does not recommend approval
Rationale:

____ Approved ____ Not Approved

Janet Olszewski, Director

Date

The Department of Community Health is an equal opportunity employer, services, and programs provider.

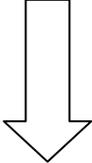
PA 161 Data Reporting Form

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.*

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

Date Form Submitted: _____ 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 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 of adult patients screened													
Number of children screened (ages 0 to 18)													
Number of children receiving at least one dental sealant													
Number of dental sealants placed													
Number of 2 nd grade children receiving sealants													
Periodontal Debridement/Prophy completed													
Fluoride Application													
Referred for dental tx													
Received dental tx after referral													
Other													

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