

Step by Step Instructions for PA161 Application

****This is not an application- Please see
Form DCH-1293 at www.michigan.gov/oralhealth**

This is the step by step instruction guide to filling out the **MICHIGAN DEPARTMENT OF COMMUNITY HEALTH P.A. 161: PUBLIC DENTAL PREVENTION PROGRAM Request for Operation as Defined in MCL. 333.16625 (2005 P.A. 161)**

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NEW PROGRAM/RENEWAL: Please check a box for new program or renewal program. Your program is new if you have not applied previously, your program has been dormant for more than a year since your last expiration date, or you have changed the name of your program.

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

PROGRAM NAME: This is the name of your program if different from your agency/entity name.

ADDRESS: The address for the agency should be listed here. The MDCH Oral Health Program should be notified within 30 days of any change in address.

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

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

You may need Articles of Incorporation as proof of your non profit status.

<http://www.dleg.state.mi.us/bcsc/forms/corp/corp/502.pdf>

AGENCY/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.

EXECUTIVE DIRECTOR/HEALTH OFFICER: This is the Executive Director of the non profit agency or Health Officer if public health department or clinic.

CONTACT PERSON: The name of the person who can answer questions about the PA 161 application and program should be listed on this line. The PA 161 application, if approved, will be sent to this person. Although not guaranteed, every attempt will be taken to provide correspondence within 2 months of the expiration of a PA 161 application. Having a contact person and correct contact information will assist in the expiration notification process and other correspondence.

TELEPHONE NUMBER and E-MAIL ADDRESS: The contact's phone 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 or e-mail address information. Please include a separate address for the contact person if different from the agency address.

AGENCY/ENTITY DESCRIPTION: Check the one box that most closely identifies the organization for the PA 161 program.

DESCRIBE THE UNDERSERVED POPULATION(S) TO RECEIVE

PREVENTIVE SERVICES (CHECK ALL THAT APPLY): In this section please check all the underserved populations you will be servicing in your program.

****Underserved** populations are those 200% below the federally qualified poverty level, children in Free and Reduced Lunch programs, and those residing in Dental Health Professional Shortage Areas (HPSA).

Adult Foster Care Residents: Check this box if the population are residents in a specified adult foster care facility; this population may be covered under "Persons with Developmental Disabilities as well.

Early Head Start, Head Start, or other Underserved Preschoolers: Check this box if the population to be served is Early Head Start/Head Start/Other high risk preschool groups (Ages 0-5).

Inmates of Prison System: Check this box if the population is from a clinical facility in a prison or other correctional facility.

Juvenile Home Residents: Check this box if the population is juvenile home residents serviced from a juvenile home facility.

Long-term Care Facility Residents that are Dentally Underserved: Long term care facility or nursing home residents that do not have a dentist of record – Check this box if the population to be served is in a nursing home or extended living facility. Clients seen must not be "assigned" by a dentist.

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

Native Americans: Check this box if the population is Native American/Alaskan Native.

Patients of a Public Health Agency/FQHC/Community Dental Clinic: Patients seen in a Public Health Agency/FQHC or Community Clinic – Check this box if the patients are coming to a clinical facility is a local public health department, Federally Qualified Health Center, or Community Clinic for service. A PA161 is not needed for this population unless the patients are "unassigned" and a dentist at this setting has not examined the patient first.

Persons with Developmental Disabilities: Check this box if the population is developmental disabled.

School-based/school-linked program with at least 25% of students participating in a free and reduced lunch program: Check this box if students are participating in a free and reduced lunch program and students treated do not have an "assigned" dentist.

“Unassigned” Persons who are Dentally Underserved: Check this box if the population is homeless, is in some other institution or setting not fitting other categories provided on this application.

Other (Describe): Please describe any other populations not mentioned.

DESCRIBE THE CLINICAL SETTING(S) IN WHICH THE SERVICES ARE TO BE PROVIDED (CHECK ALL THAT APPLY): In this section please check all the settings you will be performing services in for your program.

Adult Foster Care: Houses or buildings that service adult foster care.

Correctional Facility: Check this box if the population is from a clinical facility in a prison or other correctional facility.

Faith Based Organizations: Check this box if populations served are seen in a church or connected faith based facility.

Head Start/Preschool Centers: Check this box if the setting will be a Head Start or Preschool Center or a building housing a preschool program.

Juvenile Home : Juvenile home facility.

Long-Term Care Facility/Nursing Home: Nursing facilities offer the highest intensity level of long term care and are characterized primarily by the need for 24-hour nursing care.

Mobile Dental Clinic: Check this box if the setting is a mobile dental facility operating as a non-profit.

Patient Home: Check this box if certain situations call for a service visit to a particular patient home; this does not allow for services to be administered from a dentist's or dental hygienist's personal residence.

Public Health Agency/FQHC/Community Dental Clinic: Non Profit clinical facility such as a local public health department, Federally Qualified Health Center, or Community Clinic where patients are seen for service.

School of Dentistry or Dental Hygiene Outreach Program: Check this box if your program is servicing populations in a school of dentistry or dental hygiene program setting.

School-based/school-linked program: Check this box if the setting is a school or a building associated with a school.

Tribal Health Centers: Check this box if the setting for this population will be seen in at a Tribal Health Center or a building servicing Native Americans recipients.

Other: (Describe): Please describe other settings not mentioned.

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SERVICES TO BE PROVIDED (CHECK ALL THAT APPLY): In this section please check all the preventive services that will be provided.

- Fluoride Varnish:** Check this service if you plan on fluoride varnish applications to any of your populations.
- Pit and Fissure Sealants:** Check this box if dental sealants will be placed on any of your populations. Retention checks must be completed and a protocol for retention checks must be included in the application.
- Prophylaxis:** Check this box if an oral prophylaxis or oral debridement will be performed on any of your populations.
- Oral Health Education:** Check this box if you plan on giving special oral health education visits to your designated populations.
- Screenings:** Check this service if oral screenings will be performed on each population.
- Topical Fluoride:** Check this box if any other topical fluoride treatments, other than fluoride varnish, will be given to any of your populations.
- Other Services:** Please list any other preventive services here not mentioned above.

DATA REPORT FORM: The program administrator is to review the Data Report Form and check in the box that they agree to submit the form quarterly to MDCH. Signing of this application certifies agreement of submission of this required document on the dates specified.

The Data Report Form will be submitted to the MDCH Oral Health Program quarterly on the 1st day of the month of January, April, July, and October.

NAMES OF SUPERVISING DENTIST(S) AND REGISTERED DENTAL HYGIENIST(S):

Please PRINT the names of all supervising dentists and provider dental hygienists here. Corresponding license numbers must be included. License numbers will be verified. An additional page may be included if needed.

****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 of change.** The supervising dentist must formally sign the “PA 161 Change Notification Form” stating that he/she agrees to supervise additional staff and 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. This form can be obtained by contacting the MDCH-Oral Health program at oralhealth@michigan.gov

SUPERVISION CIRCUMSTANCE: The supervising dentist should check the appropriate boxes in regard to supervision protocol. **A separate page describing how the supervising dentist(s) will exercise supervision protocols is required.**

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(s) for the registered dental hygienist(s) listed above: Please check all that apply.

- The 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.

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REQUIRED SUPPLEMENTAL DOCUMENTS:

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

- Supervision Protocol:** This document should describe the supervision protocol that will be followed. The document should be detailed. A contract or statement of supervision should be signed and dated by the supervising dentist(s) and dental hygienist(s).
- Patient Registration/Application Form:** A standard registration or application form utilized in a dental office for services is acceptable. You may design one specific to your program.
- Parent/Guardian Permission Slip (if applicable):** This document is indicated if children will be seen. This can be a standard form or one designed for your program. This information may also be included on the patient registration or health history form.
- Health 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 Head Start. Allergies and medications used must be asked on this form.
- HIPAA Privacy Notice:** A standard HIPAA Privacy Form for clients to complete is acceptable.
- Infection Control Procedures:** The infection control procedures should be comprehensive and well-defined. Describe infection control for set up, service and clean up in detail specific to your program and each setting you are working in. A copy of the CDC protocol is unacceptable. This needs to be specific to your program.

If Sealants Are Performed, Provide The Evaluation Measures That Will Be Taken To Ensure Long-Term Retention Of The Sealants: Provide a one page description of your sealant retention plan if you will be placing dental sealants. Describe when and how this will be accomplished and on what % of children this will be done.

Patient Referral Protocol: Documentation must indicate how the patient will be referred for emergency dental services, where the patient will be referred, how the patient will be counseled to seek an annual examination by a licensed dentist and describe a follow-up mechanism that is in place to determine if the patient has received dental services following referral.

Evidence Of Non Profit Status If Not A Health Dept, FQHC, Or Community Clinic: Please provide a copy of your non profit status approval. This is your Articles of Incorporation returned from the Michigan Department of Energy, Labor and Economic Growth which has your filed date stamped on it. Other official documents that state you are a non profit agency may also be acceptable. If we do not recognize your agency as a Health Department, FQHC or Community Clinic we will ask for verification of non profit status.

Protocol for Child/ Elder Abuse Reporting: Provide a one page document on your program protocol for reporting suspected child or elder abuse.

Dental Hygienist Supervision Acknowledgement Pages: (See page 5 of Application). One page for each provider dental hygienist needs to be reviewed and signed by at least one supervising dentist and the named dental hygienist.

Support And/Or Agreement Letters From Dentists Or Oral Health Agencies That Will Accept Your Referrals If Not Associated With Health Dept, FQHC, Or Community Clinic that provides dental services: 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 Program. Support Letters or statements from dentists agreeing to be referral sites are strongly recommended.

REQUIRED SIGNATURES: This page requires the signatures, printed names and dates of the signatures of those involved with the PA 161 Program. An additional page may be added if needed.

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This page is not filled out by applicant but does contain information on where to send the completed application. This is the page the Oral Health Director signs for approval. If the program is not approved the Oral Health Director will give a rationale for doing so. Signed applications are scanned, retained in a file, and sent along with approval/disapproval notices.

SEND COMPLETED P.A. 161 PUBLIC DENTAL PREVENTION PROGRAM APPLICATION
AND ALL REQUIRED DOCUMENTS TO:

Michigan Department of Community Health,

Oral Health Program

P.O. Box 30195,

Lansing, MI 48909.

For more information contact the MDCH Oral Health Program, 517-335-8523,
FAX: 517-335-8697, or oralhealth@michigan.gov subject line: PA161

**Please note that it may take 2-4 weeks for the PA 161 process to be approved.

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Dental Hygienist Supervision Acknowledgement: One of these pages needs to be included for each provider dental hygienist participating in your PA161 program. At least one supervising dentist will need to review the page with each dental hygienist, check each box, and include signatures of the supervising dentist and the named dental hygienist. All signatures must be original and in blue ink.

****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 of change.** The supervising dentist must formally sign the “PA 161Change Notification Form” stating that he/she agrees to supervise additional staff and 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. This form can be obtained by contacting the MDCH-Oral Health program at oralhealth@michigan.gov