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 conduced 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. What about applying varnish/sealants to assigned children?

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. If they are all seen first by a LHD dentist they would be assigned right? so wouldn't need PA161 to do community setting programs?

Who can or must complete a PA 161 application?

Any hygienist performing preventive dental hygiene services without direct dental supervision in a school, nursing home, prison, community center, or other venue on 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)

[1]AGENCY/ENTITY _____ _____

[2]CONTACT PERSON _____

[3]ADDRESS _____ _____

_____ FAX NUMBER _____
City Zip Code

[4]TELEPHONE NUMBER _____ E-MAIL ADDRESS _____ _____

[5]**NON-PROFIT TAX ID # _____**

[6]AGENCY/ENTITY DESIGNATION: :

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

[1]**AGENCY/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 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. What about the grant specifications requiring billing of all insurances?

- 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=

[2]CONTACT 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.

[3]ADDRESS**:** 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.

[4]TELEPHONE 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.

[5]NON-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

[6]AGENCY/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".

Section II License Information:

Supervising Dentist(s) and Registered Dental Hygienist(s)
All supervising dentists and dental hygienists must hold current MI licenses:

Supervising Dentist[7]: _____ License # _____

Supervising Dentist: _____ License # _____

R.D.H. Name[8]: _____ 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 days[9]. 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:

[7]Supervising 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.

[8]R.D.H. Name: List the dental hygienist's name that will 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.

[9]You 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:

[10]The 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.

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

[12]RENEWAL- 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)

☐ [15]Patients of a Public Health Agency/FQHC/Community Dental Clinic
☐ [16]Long-term care facility residents that are dentally underserved
☐ [17]Early Head Start ☐ [24]Head Start
☐ [18]Migrant Farm Workers ☐ [25]Native American Reservation
☐ [19]Prison System ☐ [26]Juvenile Home
☐ [20]Persons with Developmental Disabilities
☐ [21]"Unassigned" adults who are dentally underserved
☐ [22]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
☐ [23]Other (please explain) _____

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

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

Services to be Provided: (check all that apply)

☐ [30]**Diagnostic Screening**
- ☐ Radiographs
- ☐ Other Services: _____
  _____

☐ [31]**Preventive (Check all that apply)**
- ☐ Prophylaxis
- ☐ Oral Health Education
- ☐ Fluoride Varnish
- ☐ Topical Fluoride
- ☐ [32]Pit and Fissure Sealants

Section IV Program Overview Instruction:

Underserved Population and Clinical Setting:

[15]Patients 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.

[16]Long 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

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

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

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

[20]Persons 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

[22]School 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.

[23]Other (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

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

[27]Public 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

[28]Mobile 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.

[29]School of Dentistry or Dental Hygiene Outreach Program

Services:

[30]Diagnostic Screening
- Radiographs
- Other Services: _____

[31]Preventive – 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

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

- ☐ [33]Patient Registration/Application Form
- ☐ [34]Health History Review Form
- ☐ [35]HIPAA Privacy Notice
- ☐ [39]Infection Control Procedures
- ☐ [40]Supervision Protocol
- ☐ [41]Parent Permission Slip (if in a school setting)
- ☐ [36]If sealants are performed, provide the evaluation measures that will be taken to ensure long-term retention of the sealants
- ☐ [37]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.
- ☐ [38]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.

- ☐ [43]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.

Section V Written Documents Instructions:

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

[33]Patient Registration/Application Form

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

[34]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 Early Head Start.

[35]HIPAA 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 is not required as no information is sent electronically.
-

[36]Sealant Evaluation

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

[37]Referral 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.

[38]Describe how the population is dentally underserved and note in your comments that how you can ascertain that the client is "unassigned".

[39]Infection 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.

[40]Supervision 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).

[40]Parent 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.

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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:

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.

Section VII Signature Block Instructions:

[41]This signature is needed if the clinic, public health clinic, or Federally Qualified Health Center has a Dental Director.

[42]The dental hygienists working as PA 161 under this agreement must sign and date this form. If additional space is needed, an additional signature page should be added.

[43]The supervising dentist MUST sign this section.

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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).

[44]_____ Approved ____ Not Approved _____ _____
Janet Olszewski, Director Date

[44]Please note that it may take 2-6 weeks for the PA 161 process to be approved.

Section VIII Data Reporting Form:

The data reporting form is a critical component to evaluate the success of the PA 161 program in opening access to dental services. The form is used 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

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 2nd 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)

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 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 Delta Dental (including the Healthy Kids Dental Program), Blue Cross or dental insurance other than Medicaid. cannot bill Delta Dental, Medicaid or any other insurance company within Michigan.
- 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 screening assessment Medicaid code for children includes parent education.
- 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:
        - http://www.michigan.gov/mdch/0,1607,7-132-2945-139313--,00.html
        - 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:

SMILE! Michigan: The SMILE! Michigan program provides one-year grants for the application of dental sealants for second grade and some 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).