

**GUIDELINES FOR COMPLETING THE
MOBILE DENTAL FACILITY APPLICATION**
Michigan Department of Health and Human Services

INSTRUCTIONS:

- All information provided must be accurate and complete.
- The application must be typewritten or printed in ink legibly, but also signed and dated.
- Include a two hundred seventy dollar (\$270.00) fee made payable to: State of Michigan, and mail the completed application, including the supporting documentation to:

Michigan Department of Health and Human Services - Cashier's Office
Attn: Mobile Dental Permit
PO Box 30437
Lansing, MI 48909

- Written plans and procedures shall include full details and be specific to the mobile facility applicant (unique to each operator, not generic general rules and guidelines copy and pasted).
- All forms shall have either a company logo or the name of the mobile facility on each page.

DEFINITIONS:

An operator may hold a permit for one or more mobile dental facilities. A “mobile dental facility” means either of the following:

1. A self-contained, intact facility in which dentistry or dental hygiene is practiced that may be transported from one location to another.
2. A site used on a temporary basis to provide dental services using portable equipment.

An operator means either of the following:

1. An individual with a valid, current license to practice dentistry or dental hygiene in Michigan, who utilizes and holds a permit under this part for a mobile dental facility.
2. A corporation, limited liability company, partnership, or any governmental agency contracting with individuals licensed to practice dentistry in this state or dental hygienists licensed in this state that utilizes and holds a permit under this part for a mobile dental facility.

A Mobile Dental Permit is valid for three years. Within this time:

1. An operator shall obtain a permit under this part for a mobile dental facility before offering dental services at the facility.
2. A mobile dental facility shall have an operator in charge at all times.
3. An operator may contract or employ other dentists, dental hygienists, or dental assistants to work in a mobile dental facility.
4. An operator may hold a permit for one or more mobile dental facilities.

Comprehensive dental services:

Clinical evaluation, including diagnostic and treatment planning; imagery services; and indicated treatment that may include preventive, restorative, and surgical procedures that are considered necessary for an individual patient.

Preventive dental services:

Dental services that include, but are not limited to, screening of a patient, assessment of a patient, prophylaxis, fluoride treatments, and application of sealants. Imagery studies are not preventive services.

COMPLETING THE APPLICATION

Page One:

1. Please select either “New Program,” or “Renewal.” Renewal shall be selected three years following permit approval prior to the expiration date.
2. Please select a payment method. Check the box for check, or credit card. Checks shall be mailed with the application. For credit card payments please visit: <https://www.thepayplace.com/mi/dch/mobiledental>.
3. Please select type of services provided by the mobile dental facility. A mobile dental facility may only select one or the other. Definitions of comprehensive and preventive are listed above. If the mobile dental facility provides “preventive services only,” services such as clinical examination or imagery services are not considered preventive.
4. Please select the applicant information. Select all that apply. For example, if the mobile dental facility is a PC owned by a Michigan licensed dentist, check both boxes.
5. Write the name of the mobile dental facility.
6. Enter the contact name and information for the mobile dental facility. This is the main person who will be in contact with MDHHS-Oral Health Program. This person may not be the operator of the mobile dental facility permit.
7. Please complete the required information for the person who is applying for the mobile dental facility permit. If this person is the same as the contact person, please complete the information again. All information shall be completed on the first page.
8. Enter the county(ies) where services would be provided. If more than one list the name of each county.
9. The business phone is the phone number to reach the mobile dental facility operator. The mobile facility phone number is the number at the mobile dental facility site. Please enter a number for each, even if they are the same number.
10. There must be an entity type 2 agency NPI number included on the front of the application.
11. Please, read, sign, date, print name and title regarding the attestation (Section Four, Five and Six of application).

Page Two:

1. Mail the application, including supporting documents, and check to Michigan Department of Health and Human Services – Cashier’s Office, Attn: Mobile Dental Permit, PO Box 30437, Lansing, MI 48909.
2. Leave the part labeled “For MDHHS Official Use Only” left blank.

SECTION ONE

Changes A-E: The operator or his or her designee shall notify the MDHHS not later than 30 days after any of the following occurrences:

- A. **Operator Change:** A permit issued under this part is not transferrable. If the operator of the mobile dental facility changes the permit is no longer valid. However, if a Mobile Dental Facility Change Notification Form and supporting documentation are submitted not later than 30 days after the change of operator, the former permit is valid as an interim permit until the application is approved or denied, but not longer than 90 days. The new operator must complete a new application to continue providing dental services with a mobile facility.
- B. **Change in a Memorandum of Agreement (MOA):** A MOA means written documentation of an agreement between parties to work together cooperatively on an agreed-upon project, or meet an agreed-upon objective. The purpose of a MOA is to have a written understanding of the agreement between the parties. A MOA serves as a legal document that is binding and holds the parties responsible to their commitment along with describing the terms and details of the cooperative agreement. A MOA may be used between agencies, the public, the federal or state government, communities and individuals.
For comprehensive mobile facilities: If the operator does not provide for follow-up services at a site within a reasonable distance for the patient and is not exempt, a signed MOA between the operator and at least one dentist, or party who can arrange for, or provide follow-up services at a site within a reasonable distance for the patient. The MOA shall state that the contracting dentist or party will accept referrals of patients treated at the mobile dental facility. The agreement to accept a referral does not require the dentist or party to treat the patient.
For preventive only mobile facilities: If the operator provides only preventative dental services and is not exempt, a copy of a MOA (with original signatures) for referral for comprehensive dental services between the operator and at least one dentist or party who can arrange for or provide comprehensive dental services to the patient within a reasonable distance for the patient.
- C. Change in the address or telephone number of the mobile dental facility operator: The operator must complete and submit a Mobile Dental Facility Change Notification form along with any additional supporting documentation.
- D. Cessation of operation of a mobile dental facility: Upon cessation of operation of a mobile dental facility, the operator shall do all of the following:
 1. Provide written notice to all treatment venues and, upon request, provide evidence of the written notice to the MDHHS.
 2. Provide for availability of each active patient’s dental records by one of the following methods:
 - a. Make the dental records available to the patient, or the patient’s parent or guardian for 180 days after the mobile dental facility ceases operation, and upon his or her request, transfer the records to the active patient, the patient’s parent or guardian, or another dentist.

- b. Transfer the records to another dentist.
 3. Notify each active patient or the patient's parent or guardian that the dental records are available, including the name and contact information for the dentist if the records have been transferred.
 4. Upon request from the MDHHS, provide documentation that a reasonable attempt was made to contact each active patient or the active patient's parent or guardian to provide information concerning storage and retrieval of the patient's records.
- E. Any MOA entered into after obtaining a permit: The operator must complete a Mobile Dental Facility Change Notification Form and submit a copy of a new memorandum of agreement (with original signatures) after any changes occur following an approved mobile dental facility permit.

Page Three:

Section Two Provider List: A list of each dentist, dental hygienist, and dental assistant who will provide care at or within the mobile dental facility (Page 3 of the application, add additional pages if needed). This includes the name; title (DDS, RDH, RDA); email address; personal telephone number; license number; personal address; and providers NPI # for each individual (if a dental hygienists does not have an NPI, they may apply by visiting National Plan and Provider Enumeration System (NPPES) at: <https://nppes.cms.hhs.gov>. If new dental providers other than the providers listed attached to the application begin to provide services for the mobile dental facility, a Notification of Change form must be completed and sent to the MDHHS-Oral Health Program within 30 days of service. Please note, this means all providers must be submitted on this form to the Oral Health Program as they begin to provide services, or no longer provide services.

Page Four:

Section Two: Please submit the following forms, or documents with the application. There are 9 requirements attachments.

All forms/pages shall either have a company logo or the name of the mobile dental program on all pages. The applicant must submit **ALL** of following documents with the application:

1. Provider List.
2. Infection Control Checklist.
3. Written plan and procedure for follow-up care.
4. Memorandum of Agreement.
5. Proof of general liability insurance.
6. Patient Registration/Application form.
7. Patient Health History form.
8. HIPAA Privacy Notice.
9. Patient/Parent/Guardian Consent form.

Sections Four thru Six: Are attestations of PA 100 section 21607 (2-5). The signature on page one of the application demonstrates your acknowledgment and agreement to comply with sections four and five.

Page Six thru Nine:

SECTION SEVEN

Infection Control Checklist

Please review and evaluate each section of this infection control checklist to ensure all applicable policies and practices are in place for the Mobile Dental Program. Put a check in the Yes or No box for each category regarding the performance of the Mobile Dental Program practices, and include comments for necessary explanation. Certain sections may not apply to the Mobile Dental Program. Once complete, please review, sign and date attesting that all of the information is accurate and in place for the Mobile Dental Program.

The infection control procedures shall be comprehensive, well-defined and specific to Mobile Dental Program. CDC recommends 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. For a thorough example of a proper infection control procedure contact the Oral Health Program for a copy of the OSAP Guidelines at: <http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Checklists/OSAP.checklist.portabledenta.pdf?hhSearchTerms=%22infection+and+control+and+checklist%22>.

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SECTION EIGHT

Patient Referral and Follow-up Protocol

Complete the written Narrative indicating how the patient will be referred for an 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. A specific referral protocol must be in place for all patients seen by Mobile Dental Program providers. Please include emergency after hour protocol for patients who were seen, but have an emergency after hours. A protocol can be attached to the application instead of entering information in the provided spaces as long as it addresses each question.

DEFINITIONS

Memorandum of Agreement

Memorandum of Agreement (MOA) with a dentist(s) or oral health agency(s) that agree to accept referrals from the Mobile Dental Program. Secure a commitment with a dentist or party who is willing to serve as a referral dentist. The dentist will need to sign MOA, supply his/her Michigan Dental License number and describe the method of referral in the MOA. A MOA should be prepared between the owner or representative of the Mobile Dental Program and the participating dentist(s) accepting referrals. The parties listed shall adhere to the provisions set forth in the MOA.

If more than one relationship is established by the Mobile Dental Program, each relationship will require a MOA. An example MOA may be available on the Oral Health website, but is just an example not the exact document you have to use. If you have any questions regarding a MOA, or would like to see an example, please contact the Oral Health Program at: MDHHS-MobileDentistry@michigan.gov.

If a mobile dental program chooses to continue with the current MOA at Renewal, the application must include an attestation statement that clearly states the current MOA is still active and that the mobile dental program has contacted the dental provider that are referring to and they both agree to continue with the agreement. If a date on an MOA expires, it must be resigned.

Proof of General Liability Insurance covering the Mobile Dental Program

Provide a one page “Declaration Page” from the insurance provider that contains the details and current contract information.

Patient Registration/Application Form

A standard registration or application form utilized in a dental office setting for services is acceptable. Must include either a company logo or the name of the Mobile Dental Program, including permanent address and telephone number.

Patient Health History

Must include either a company logo or the name of Mobile Dental Program, including permanent address, telephone number, and a space for patient/parent/guardian signature and date.

The health history shall be comprehensive and appropriate for the clientele seen. For example, a medical history form for 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. The Health History must have a signature line. For an example of a Health History visit the ADA website:
http://hshs.csi.edu/dental_hygiene/pdf/ADAAdultHealthHistory.pdf.

HIPAA Privacy Notice

Must include either a company logo or the name of the Mobile Dental Program, including permanent address, telephone number, and a space for patient/parent/guardian signature and date.

This form shall include the patients’ signature and a copy of the HIPAA Privacy Act. It is important to have a specific protocol in place regarding the transporting of sensitive information. Due to the fact that sensitive patient information may be transported from one location to another is very important to include a narrative of specific protocol the Mobile Dental Program follows to comply with the HIPAA Privacy Act.

Parent/Guardian Permission Slip/Consent Form

- a. The name of the operator.
- b. The permanent address of the operator.
- c. The telephone number that a patient may call 24 hours a day for emergency calls
- d. A list of the services to be provided.
- e. A statement indicating that the patient, parent, or guardian understands that treatment may be obtained at the patient’s dental home rather than a mobile dental facility and that obtaining duplicate services at a mobile dental facility may affect benefits that he or she receives from private insurance, a state or federal program, or other third-party provider of dental benefits.

RENEWALS:

An application is valid for three years from the date of approval. An application for renewal may be submitted not later than the last day of the month in which the permit expires upon submission of proof to the department of compliance with the requirements of this part. A permit application that is not timely filed is subject to a late fee in an amount determined by MDHHS as the additional cost of processing the late renewal. The application is renewable at the discretion of the Michigan Department of Health and Human Services upon the submission of the renewal application, supporting documents and payment of the application fee.

Questions regarding this application, please send an email with questions to:
MDHHS-MobileDentistry@michigan.gov.

The Public Act 100 of 2014 regarding mobile dentistry is available on the Michigan Legislative website at: www.legislature.mi.gov, Public Act (Signed Bills), 100, 2014, Public Act PDF.



Michigan Department of Health and Human Services
Oral Health Program
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www.michigan.gov/oralhealth

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