

GUIDELINES/INSTRUCTIONS FOR COMPLETING THE DCH-1293, PA 161: PUBLIC DENTAL PREVENTION PROGRAM APPLICATION

Michigan Department of Health and Human Services

INSTRUCTIONS

The PA 161: Public Dental Prevention Program Application has been updated. Please make sure you have the most current application. All previous editions are obsolete.

For a copy of the PA 161 application, please visit the Oral Health website at: www.michigan.gov/oralhealth, select PA 161 Program, then download the application.

- The applicant shall complete all sections of the application and mail **all** original required supporting documentation to:

Michigan Department of Health and Human Services
Oral Health Program - Attn: PA 161
PO Box 30195
Lansing, MI 48909

(Faxes and photocopies are **not** allowed – originals required)

- The application must be type written (fill-in enabled in MS Word), or printed in ink legibly, signed (original signature-no copies) and mailed to the above address.
- All required documentation of procedures and forms shall include full details and be specific to the PA 161 Program (no general copy and pasted rules, they must be specific guidelines for the applicant).
- To ensure appropriate renewal time and prevent disruption in billing the renewal application must be approved no later than the expiration date. As a courtesy a renewal reminder will be sent out 60 days prior to the expiration date. Please allow yourself plenty of time to complete the renewal application process.

Page One

1. Select **only** one of the following:

- **New Program** (Note: A New Program is an entity applying that has NOT previously been approved as a PA 161 program).
- **Renewal PA 161 Only** (Note: A PA 161 Only is a renewing PA 161 program that does not have mobile dental facility permit. This is a stand-alone PA 161 clinic).
- **Renewal PA 161 with a Mobile Dental Facility Permit** (Note: A PA 161 program that also has a mobile dental facility permit may renew PA 161 program status by submitting **ONLY** pages 1-5 of the application. Because the Oral Health program has all required documents on file from the mobile dental facility permit application, the PA 161 program with a mobile dental facility permit does not have to submit duplicate documents for the PA 161 renewal).

2. Responsible Party of the Agency Signature

Please read, sign, date, print name and title regarding the attention of the PA 161 Public Dental Prevention Program application.

3. Provide the Agency/Entity Name.

4. Provide the name of the PA 161 program.

5. Write the mailing address for the PA 161 Program.
6. Enter the county(ies) where services would be provided. If more than one, list the name of each county.
7. List the name of the responsible party of the agency and the name of the person, who will be the contact person for the PA 161 Program.
8. Provide the telephone number and email address for the contact person.

Fees and Billing Section

PA 161 Programs must be a non-profit entity (schools, nursing homes, community clinic, etc.), or public programs (local health department) with programs servicing dental care to people in need.

1. Check the boxes of the types of ALL reimbursement accepted.
2. Tax-Exempt number must be included.
3. Entity Type 2 Agency NPI must be included.

Agency/Entity/Non-Profit Designation (An area and description must be selected)

Public entities shall check the Public box and the type of public agency.

Non-profit agencies who are not a Community Health Clinic or FQHC would select "Other." For example, a non-profit program that goes into schools, nursing homes, or other venues.

School shall be checked if the actual school is applying for PA 161 Program status to provide services for the children they serve. For example, a Head Start, Early Head Start, or School of Dental Hygiene.

Selecting Nursing Home means the actual nursing home is applying for PA 161 Program status.

Other means a different type of program applying for PA 161 Program status that is not listed above, in which case a description is required.

Page Two

Description of the Unassigned Population(s) To Receive Preventive Services

This section describes the population the PA 161 Program proposes to provide services for. Select the boxes of which population(s) will be served. If a population is not listed please select "Other" and describe the population. This section describes the population the PA 161 program proposes to provide preventive services for. Select the boxes of which population(s) will be served. If a population is not listed please select "other" and describe the population.

Clinic Setting

This section describes where the services will be provided. Check all of the boxes that apply.

Preventive Services to Be Provided

This selection must be Preventive Only. Check boxes of all services to be provided.

- A screening is described as a clinical evaluation performed by a dental hygienist to identify signs of oral or systemic disease, malformation or injury and the need for referral for examination, diagnosis and treatment.
- Prophylaxis, sealants, fluoride varnish, or any other preventive service listed on the application. If it is not listed, select "Other," and describe the service. X-rays are NOT considered preventive services.

Required Documents

Renewal PA 161 with mobile dental facility permit should only submit pages 1 through 5 of the application.

New Program and Renewal PA 161 Only must submit all of the following Required Documents.

All forms/pages shall either have a company logo or the name of the PA 161 Program on all pages. The applicant must submit **ALL** of the following documents with the application:

1. Supervision Protocol
2. Patient Referral and Follow-up Protocol
3. Memorandum of Agreement
4. Sealant Retention Protocol
5. Protocol for Child/Elder Abuse Reporting
6. Infection Control Attestation
7. Patient Registration/Application Form
8. Patient Health History
9. HIPAA Privacy Notice
10. Parent/Guardian Permission Slip/Consent Form
11. Evidence of non-profit status
12. Proof of General Liability Insurance covering the PA 161 Program

Page Three

Page three of the application includes the address to mail the application. This page is for MDHHS Official Use Only.

Page Four

Dental Hygienist Supervision Acknowledgement Page(s)

One must be filled out per dental hygienist or dental assistant under signature of supervising dentist. Original signatures and date must be mailed in with the application. Faxed, or photocopies are not acceptable.

Page Five

PA 161 Provider List

A list of each dentist, dental hygienist, and dental assistant who will provide care under the PA 161 Program. It must include the Provider's name, title (DDS, RDH, RDA), personal email address, personal telephone number, license number, personal address (number, street, city, state and zip code), and Provider Type II NPI number, additional pages may be submitted if necessary.

Page Six

Supervision Protocol

Complete the written narrative on how the PA 161 Program will be in communication with the supervising dentist. Describe how and when the PA 161 Program will meet and review cases with the supervising dentist, and how the

supervising dentist will be available for consult. A protocol can be attached to the application instead of entering information in the provided spaces as long as it addresses each question.

Page Seven

Patient Referral and Follow-up Protocol

Complete the written Narrative indicating 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. A specific referral protocol must be in place for all patients seen by PA 161 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.

Page Eight

Sealant Retention Protocol

If sealants are performed, describe the evaluation measures that will be taken to ensure long-term retention of the sealants. The narrative shall describe the process of when or how often sealants will be checked following the placement and the percentage of success you accept. A protocol can be attached to the application instead of entering information in the provided spaces as long as it addresses each question.

Page Nine

Child Abuse & Neglect Reporting

Read and sign the attestation. Each PA 161 program shall have a narrative on how abuse will be reported, and where the abuse is to be reported, including active phone numbers and/or email address.

Page Ten

Elder Abuse & Neglect Reporting

Read and sign the attestation. Each PA 161 program shall have a narrative on how abuse will be reported, and where the abuse is to be reported, including active phone numbers and/or email address.

Page Eleven through Fourteen

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 PA 161 Program. Put a check in the Yes or No box for each category regarding the performance of the PA 161 Program practices, and include comments for necessary explanation. Certain sections may not apply to the PA 161 Program. Once complete, please review, sign and date attesting that all of the information is accurate and in place for the PA 161 Program.

The infection control procedures shall be comprehensive, well-defined and specific to the PA 161 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>.

Required Attachments

Memorandum of Agreement

Memorandum of Agreement (MOA) with a dentist(s) or oral health agency(s) that agree to accept referrals from the PA 161 program: Secure a commitment with a dentist, or party who is willing to serve as a referral dentist. The dentist will need to sign a Memorandum of Agreement (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

PA 161 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 PA 161 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 PA 161 program chooses to continue with the current Memorandum of Agreement (MOA) at Renewal, the application must include an attestation statement that clearly states the current MOA is still active and that the PA 161 program has contacted the dental provider they are referring to and they both agree to continue with the agreement. If a date on an MOA expires, it must be resigned.

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 PA 161 Program, including permanent address and telephone number.

Patient Health History

Must include either a company logo or the name of the PA 161 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 PA 161 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 PA 161 Program follows to comply with the HIPAA Privacy Act.

Parent/Guardian Permission Slip/Consent Form

This document is required when the PA 161 Program provides services to children. The Consent Form shall include a statement indicating that the patient, parent, or guardian understands that treatment may be obtained at the patient's dental home rather than by the PA 161 Program and that obtaining duplicate services may affect benefits that the patient receives from private insurance, a state or federal program, or third-party provider of dental benefits. The consent form must have the program name, address, a list of the services to be provided, and a telephone number that a patient may call 24 hours a day for emergencies.

Evidence of non-profit status

Must include current Articles of Incorporation from the State of Michigan - if not a local public health department. (For questions on how to gain non-profit status please obtain legal counsel).

It is not required but recommended to file with the IRS for non-profit status and provide evidence.

Proof of General Liability Insurance covering the PA 161 Program

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

Change Notification (DCH-1293)

It is the responsibility of the PA 161 Program contact person to notify the Oral Health Program of any changes within 30 days of the change. All providers added, or removed from the program must be notified by the Change Notification Form available on the Oral Health website.

Renewals

PA 161 Program status is for two years from the date of approval. A renewal application and supporting documents must be submitted. A reminder will be sent 60 days prior to the expiration date to notify the contact person to begin the renewal process if not already initiated. The application is available on the Oral Health website. Check the renewal box on the application. For additional questions contact the Oral Health Program.

Mobile Dentistry Bill

In April 2014, legislation passed regarding the practice of mobile dentistry in the State of Michigan. Beginning April 1, 2015, the mobile dental law takes effect. From this date forward, before dental procedures are performed in a mobile facility, an operator or owner of the mobile dental facility must complete an application and be approved by the Michigan Department of Health and Human Services (MDHHS). A Mobile Dental Facility Permit will be issued for three years from the date of approval. Every three years the mobile dental facility operator, owner, or his or her designee, shall reapply to MDHHS and receive approval to continue the practice of mobile dentistry in the State of Michigan.

PA 161 Programs that are mobile, meaning providing services outside of a traditional dental setting, such as in a school-based setting, Head Start, or within a patient's home, or PA 161 Programs who bill Medicaid for services shall apply for and receive a mobile dental permit before providing dental services. A PA 161 Program working in a stand-alone dental clinic that does not move from place to place would not have to apply for the mobile dental facility permit.

For additional questions regarding the mobile dental law contact the Oral Health Program at:

MDHHS-MobileDentistry@michigan.gov. To obtain documents for an application, click on Mobile Dentistry on the Oral Health website: www.michigan.gov/oralhealth.

Data Reporting Requirements

The PA 161 Program shall provide the required Data Reporting Form on the first day of the month of January, April, July and October. An individual program data reporting form will be supplied for every reporting year. The reporting information for each period shall be:

- First Quarter - Data of services provided between October-December. Due by January 15th.
- Second Quarter - Data of services provided between January-March. Due by April 15th.
- Third Quarter - Data of services provided between April-June. Due by July 15th.
- Fourth Quarter - Data of services provided between July-September. Due by October 15th.

Reminders will be sent out prior to the deadlines. Instruction for completing the Data Reporting form will be emailed upon approval of the application. For an additional copy of these guidelines please contact the Oral Health Program.

Billable PA 161 Procedure Codes ONLY

D0191 Assessment
D1110 Adult Prophylaxis
D1120 Child Prophylaxis
D1206 Topical Fluoride Varnish
D1351 Sealant

For Additional Assistance

Michigan Department of Health and Human Services (MDHHS) Oral Health Program visit:

www.michigan.gov/oralhealth

Send emails to:

MDHHS-MobileDentistry@michigan.gov

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