Michigan Department of Health and Human Services
Mobile Dental Program

Erin Suddeth, RDH, BS, MPA
Public Health Consultant – Oral Health
What is PA 100: Mobile Dental Facility?
Application For Mobile Dental Facility Permit

<table>
<thead>
<tr>
<th>MOBILE DENTAL FACILITY PERMIT APPLICATION</th>
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<tr>
<td>Michigan Department of Health and Human Services</td>
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<tr>
<td>Oral Health Program</td>
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<tr>
<td>P.O. Box 30196</td>
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<tr>
<td>Lansing, MI 48909</td>
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**InSTRUCTIONS:**
Please complete this application to obtain a permit for a mobile dental facility. A permit must be obtained before offering dental services at a mobile dental facility. Please print off completed application, sign and attach all required documents including the administrative fee with this application. All information provided must be accurate and complete. All sections of this application must be completed as applicable.

**$270 Fee**
Non-Refundable
Cost for 3 year permit.
Payment Method
Select (Inc.)
- Pay by check
- Other (Specify)

<table>
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<tr>
<th>Please Select Type of Services Provided by Mobile Dental Facility</th>
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<tr>
<td>( ) Comprehensive Services</td>
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<tr>
<td>( ) Preventive Services</td>
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**Applicant Information**

**Applicant Is:**
- (Check all that apply)
  - Non-Profit Organization
  - Corporation, LLC, Governmental Entity, or Partnership that contracts with people who are licensed to practice dentistry, or dental hygiene in the State of Michigan

- Licensed Michigan Dental or Registered Dental Hygienist

**MOBILE DENTAL FACILITY NAME:**

**CONTACT NAME AND INFORMATION FOR ORGANIZATION:**

**FIRST NAME:** __________  **LAST NAME:** __________  **TITLE:** __________

**E-MAIL ADDRESS:** __________  **PHONE:** __________

**APPLICANT NAME:**

**FIRST NAME:** __________  **LAST NAME:** __________  **TITLE:** __________

**BUSINESS ADDRESS:**

**STREET:** __________  **CITY:** __________  **STATE:** __________  **ZIP CODE:** __________

**COUNTY(C(S) PROVIDING SERVICES IN:**

**BUSINESS PHONE:** __________  **MOBILE BUSINESS PHONE:** __________

**WEBSITE ADDRESS:** __________
## Required Attachments

**SECTION TWO**

**PLEASE SUBMIT THE FOLLOWING DOCUMENTS:**

(*SEE INSTRUCTION SHEET FOR DEFINITIONS OF THE FOLLOWING*)

1. A list of each dentist, dental hygienist, and dental assistant who will provide care at or within the mobile dental facility, including, at a minimum, each individual’s name, address, telephone number, and state occupational license number.

2. A written plan and procedure for providing emergency follow-up care to each patient treated at the mobile dental facility.

3. For **Comprehensive services**, if follow-up services cannot be provided, a signed Memorandum of Agreement between the operator and at least 1 dentist or party who can arrange for or provide follow-up services at a site within a reasonable distance for the patient.

4. For **Preventive dental services only**, a signed Memorandum of Agreement for referral for comprehensive dental services between the operator and at least 1 dentist or party who can arrange for or provide comprehensive dental services to the patient within a reasonable distance for the patient.

5. Proof of general liability insurance covering the mobile dental facility that is issued by a licensed insurance carrier authorized to do business in this state.

6. Patient Registration/Application Form

7. Patient Health History Form

8. HIPAA Privacy Notice

9. Infection Control Procedures

10. Patient/Parent/Guardian Consent Form which shall include at minimum all of the following:
   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 at 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

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**AN OPERATOR WHO FAILS TO COMPLY WITH FEDERAL, STATE, OR LOCAL LAWS AND RULES APPLICABLE TO THE MOBILE DENTAL FACILITY OR ANY OF THE REQUIREMENTS OF THIS PART IS SUBJECT TO DISCIPLINARY ACTION BY THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**
Memorandum Of Agreements

MOA’s

- Follow-up services
- Referral for comprehensive services

- At least 1 dentist, or party who can arrange for, or provide services at a site within a reasonable distance for the patient.
PA 161 of 2005: Public Dental Prevention Program

- PA 161 vs. PA 100 Mobile Dental Facility
- Two separate laws
- Do PA 161 programs have to apply for the mobile dental facility permit?
Enrolling as a Medicaid Provider

- Required enroll/re-enroll in CHAMPS as a mobile provider?
- NPI number for Rendering services and Billing
- Sub-specialties for the DDS & RDH
- Medicaid Provider support: 800 292-2250
  Providersupport@michigan.gov
What’s Going on Now?

As of June 1, 2015
42 Mobile Applications received
32 Applications Approved

30 of the Applicants are also a PA 161 Programs
17 Provide Only Preventive Service
25 Provide Comprehensive Services
Michigan Department of Health and Human Services
Mobile Dental Provider Service Areas
May 2015

- 42 Mobile Agencies
- 162 Dentists
- 205 Dental Hygienist Providers

★ for each county agencies provide services in

**Based on Mobile Applications

Mobile Dental Service Areas Map 2015
Contact Information

MDCH-MobileDentistry@michigan.gov

Erin Suddeth
SuddethE@michigan.gov
(517) 373-4059

The Michigan Oral Health Program
Increasing Access to Prevention
Now that’s something to SMILE about!
Mobile Dentistry in Michigan: From Legislation to Practice
• Oral health care is a public issue.
• More than a conversation between dentist and patient.
MDA Approach to Improving access to care

• Collaborate with stakeholders and communities of interest to improve access to care.
Core Principles of the Access Committee

• Increase the capacity of the oral health care delivery system.
  – Optimize the private practice delivery system.
• Preserve one standard of care, serving patients in their dental home.
  – Reserving a lower standard of care for those in a depressed socioeconomic condition creates a system of separate and unequal care for the underserved that is undeserved.
• Deploy the workforce presently recognized in Michigan to its fullest extent.
Core Principles of the SpCAC

• Increase the utilization rate for children in the Medicaid system.
  – Michigan 34% and national average 38%
  – Recognize that for children there is no distinction between perceived need and demand. That all need equals demand for children.

• Look for proven models for new treatment settings to reach target underserved populations.

• Determine that any new delivery platform be cost effective in development, implementation and deployment.
Determinants of reception of restorative and surgical dental care among Medicaid enrolled children

Analysis of Wayne County Medicaid data 2002 – 2005
Type of Medicaid Dental Providers

• D-P provider: Providers who billed Medicaid exclusively (99.9%) for diagnostic or preventive services.

• Comprehensive provider: Provide (billed) various dental services from diagnostic and preventive to restorative, surgical, and other dental treatments.
Objective

• To evaluate the effect of preventive dental services on subsequent reception of comprehensive treatments among Medicaid enrolled children.
Results

• Of the Medicaid enrolled Wayne county children in 2002, 42.0% had one or more dental visits.

• At least 20.0% of the children who had at least one visit in 2002 were treated by D-P providers.

• Children treated by D-P providers were 2.5 times less likely to receive restorative/surgical services in subsequent years as compared to children who were treated by providers who provide a comprehensive mix of dental services.

• African-American children were significantly less likely to receive restorative/surgical treatments.
Conclusion

• The type of provider is a significant determinant of whether children received comprehensive restorative/surgical services.

• Current programs and policy may not provide needed comprehensive care for dental treatment needs and sufficiently promote oral health of low-income children.
Summary

• Significant proportion of Medicaid enrolled African American children in Detroit, Wayne county do not seek and receive effective preventive care and adequate comprehensive care.
  – Early preventive dental visits do not decrease subsequent dental treatment needs and expenditure.
  – Prevention-only services and programs do neither provide care to meet the treatment needs of these children nor provide adequate prevention.

• Policy, programs, and strategies need to be implemented to assure provision of effective prevention and comprehensive care for these children.
### Past & Current HOD Resolutions

- **2010 HOD Res. 14H-10** — Statutory mandate for oral health program
- **2010 HOD Res. 15H-10, 16H-10, 17H-10** — Regulation of mobile dentistry. Status: draft of proposed legislation completed
- **New HOD Resolutions — 2011**
  - **2011 HOD Res. 09** — Mandated state sealant program
  - **2011 HOD Res. 10** — School-based oral health care program
  - **2011 HOD Res. 11** — Head Start Dental Home
  - **2011 HOD Res. 19** — New PA 161 Proposal; Past Proposal **2009 HOD Res. 19**

### Special Committee on Access to Care

- "United Voice" Report—17 recommendations
- **2011 Resolutions to HOD - #9, 10, 11**
- **2010 HOD Res. 07H-10** — Endorse Points of Light Program
- Expand Donated Dental Services Program
- Consider EFDA (RDA expansion)
- CE credit toward licensure for volunteering (BOT approved letter of support of State Board’s new policy. State Board working on rules now)

### Special Activity

**HOD Committee on Access Funding**

- **2010 HOD Res. 13H-10** — Anderson Economic Group Report

### Other Initiatives

- U of M Luke Shaefer Mid Level Provider Forum
- Revisions to PA 161 thru Advisory Committee (MDCH)
- Senate Bill 47: Dental hygienists services covered under Medicaid
- Develop public health dental hygienist concept
A United Voice for Oral Health

Recommendations

2010
Work Group Report

- Identified promising practices
- Reviewed Michigan oral health data
- Identified specific recommendations for improving access in Michigan
• Develop a strategy of school-based care.
• Goal: Reach poor children that are difficult to reach.
• Screening, preventive, and comprehensive care.
• In Michigan 28% of the children bear 75% of the dental disease.
Advantage to School-Based Care

• Targeted to children not accessing the existing dental delivery system.
• A new treatment setting.
Determinants of Good Oral Health
“More than just having clean teeth”

School-based oral health care has the capacity to overcome barriers in access to dental care and to address each of these factors:

**Individual Factors**
(oral hygiene, fluoride rinse, diet/nutrition, personal risk, care seeking practices, etc.)

**Social Environment**
(dental insurance, community awareness)

**Physical Environment**
(potential for unintentional injury/accidents)

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<thead>
<tr>
<th>Barriers to Oral/Dental Health</th>
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<tr>
<td>Lack of Awareness</td>
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<tr>
<td>Lack of Insurance</td>
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<tr>
<td>Limited Income</td>
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<tr>
<td>Lack of Transportation</td>
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Partnerships for Oral Health Programs in Schools

- Schools of Dentistry
- School Personnel
- Community Dental Practice
- Dental Health Organizations
- PARENTS + KIDS
- City Health Department
- Policy Administrators Medicaid/SCHIP
School-Based Health Oral Health, in Partnership with Community Dental Providers, Can:

Enhance education

Enhance dental service

Eliminate barriers to dental care

• Increase the proportion of children who use the oral health system each year.

• Increase the proportion of low-income children and adolescents who receive preventive dental services each year.

• Reduce the prevalence of children and adolescents with untreated dental decay.

• Reduce the proportion of children and adolescents who have dental caries in their primary or permanent teeth.

Based on objectives for the Nation in Healthy People 2010.
Encouraging Private Dentist Participation

- Emphasize that school-based dental programs are not competitive
- Involve private dental providers in planning for greater cooperation
- Analysis of community-to-private provider ratio:
  - Number of dental providers available to Medicaid & CHIP beneficiaries
  - Number/Percent offices open to new patients
- Private provider acknowledgement of inability to serve all children
  - Provides rationale/support for school-based services
  - More likely to support referrals for preventive/restorative care
- Capacity to follow-up in school-linked programs is crucial
  - Requires referral, annual check-up, and re-assessment

Adapted from text of: William Mercer Inc. (April, 2001). Geographic Managed Care Dental Program Evaluation: Executive Summary prepared for the Medi-Cal Policy Institute
Additional Advantages of School-Based oral Health Care

• Peer behavior modeling
• Opportunity for interdisciplinary care
• Stakeholder support
• Taps administrative support of schools
• Working parents miss less work
• Absent student substitution in the treatment schedule
Selecting a School-Based Oral Health Care Program
Questions and Answers for School Staff

Purpose
Oral health care delivery within a school setting is a rapidly growing avenue for ensuring that all students have equal access to care. As oral health awareness grows, school administrators and school nurses are finding multiple options when seeking an oral health program to provide services to their student body. Differences can exist within programs between what types of oral health providers are providing care, to specific services delivered, and even what space requirements will be needed by oral health programs when traveling into a school. This document was designed to help guide schools into choosing the type of oral health program that will best meet the needs of their students and communities.

School-Based Oral Health Care: A Choice for Michigan Children

School-Based Oral Health Care (SBOPHC) for Michigan children. These guidelines are meant to suggest best practices in SBOPHC and are intended to help the interested parties achieve their objectives by suggesting guiding principles by which schools may implement and evaluate their school oral health programs. Furthermore, these guidelines are written broadly and can encompass services that may be offered by entities proposing to provide dental screenings, preventive dental care, or restorative services (fillings) on-site at schools during school hours.

Michigan Department of Health and Human Services
Michigan Department of Community Health
Michigan Department of Education

MICHIGAN DENTAL ASSOCIATION
SEAL! MICHIGAN
MIDCH