



## Michigan Primary Care Association

### 2022 Dental Therapy Employment Manual for Michigan Community Health Centers

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## A Brief History of Dental Therapy

Dental therapy (DT) was developed in New Zealand in 1921 to address care gaps which caused significant oral health disparities. The profession was successful in its intent and has since been implemented in over 50 countries, reducing barriers to oral healthcare for those who need it the most. As DT was being explored as a means to address care gaps in the United States, a [Review of the Global Literature on Dental Therapists](#) whitepaper was funded by the W.K. Kellogg Foundation and led by Dr. David Nash, DDS, M.S., Ed.D. The report evaluated over 1,100 documents from 54 countries and found that DTs deliver safe, effective, and high-quality care.

Additionally, when DT is implemented with its original spirit intact, a community-based model is fostered to welcome more providers that are representative of the communities they serve, improving retention, diversity, cultural sensitivity, community engagement, and trust in the dental profession. Although many DTs are not from the areas in which they practice, they develop a unique perspective and understanding of the community by reaching services outside of the clinic and into spaces where their patients live, learn, work, and play.

In 2018, Michigan became the 8<sup>th</sup> state (and is now one of 13 states) to authorize DTs, and in 2021, our administrative rules were adopted to allow licensure of DTs. Michigan colleges and universities are exploring DT program development, and within the next few years we hope to enroll our first cohort of DT students. In the meantime, health centers are eager to strengthen their oral health workforces and improve access to care by incorporating DTs into their care teams. In response, MPCA has developed this employer toolkit to assist member health centers interested in pursuing this opportunity.

## Michigan Dental Therapy Education and Licensure Requirements

To practice as a DT in Michigan, candidates must complete the following education requirements:

- An education program that meets Commission on Dental Accreditation (CODA) standards
- Three academic years of DT education, including 500 hours of clinical practice under direct supervision of a dentist

To practice as a DT in Michigan, candidates must complete the following licensure requirements:

- Complete the education requirements above
- Pass a comprehensive didactic examination
- Pass a comprehensive competency-based clinical examination
- Apply for licensure through the Michigan Department of Licensing and Regulatory Affairs
- Maintain 35 hours of continuing education during each two-year license cycle, including a course in CPR

As most existing education programs were developed before the establishment of CODA standards for DT, it is possible that a potential recruit will have graduated from a non-CODA accredited education program. In this case, the Michigan Board of Dentistry will evaluate the education program and determine if it is substantially equivalent to CODA standards. All existing programs are either CODA accredited or in pursuit of CODA accreditation for the 2022 academic year.

When recruiting a DT from another state, it is important to respect the credentials they have been practicing under, as their title may be significantly meaningful to them. Some credentials have important cultural connections or were obtained by achieving professional milestones. Below are the various credentials you may see among DT applicants from other states:

- DHAT (Dental Health Aide Therapist)- DHATs are extensively trained as part of the Indian Health Services' Community Health Aide Program (CHAP). Their scope is very similar to that of a Michigan DT. The CHAP program does not require examinations upon graduation, and this step must be completed before Michigan licensure can occur. However, a Tribal health center may explore Tribal dental therapy licensure in lieu of State licensure.
- DT (Dental Therapist) from Minnesota- One of two credentials that can be obtained in Minnesota. DTs in Minnesota are licensed professionals who are required to have a bachelor's-level education in dental therapy. Compared with Michigan DTs, they have a smaller scope and require a higher level of supervision.

- ADT (Advanced Dental Therapist)- An advanced credential that can be obtained by Minnesota DTs by completing the following additional requirements: a 2,000-hour preceptorship, an additional examination, and an interview with the Minnesota Board of Dentistry. ADTs require less supervision than Minnesota DTs and they have a larger scope, which is very similar to that of Michigan DTs.
- RDH, DT or RDH,ADT- Dental therapists or advanced dental therapists who are dually licensed as dental hygienists and can provide the full scope of both professions. Most of the DTs and ADTs in Minnesota are dually licensed due to their educational program structure.

## Michigan Dental Therapy Scope of Practice

### Evaluative Procedures

- Identifying oral and systemic conditions that require evaluation or treatment by dentists, physicians, or other health care professionals and managing referrals
- Comprehensive charting of the oral cavity
- Administering and exposing radiographic images
- Pulp vitality testing

### Preventive Procedures

- Dental prophylaxis including subgingival scaling or polishing procedures
- Applying topical preventative or prophylactic agents, including fluoride varnish, silver diamine fluoride and other fluoride treatments, antimicrobial agents, and pit and fissure sealants
- Providing oral health instruction and disease prevention education, including nutritional counseling and dietary analysis
- Fabricating athletic mouth guards

### Restorative Procedures

- Preparation and placement of direct restoration in primary and permanent teeth
- Fabrication and placement of single-tooth temporary crowns
- Preparation and placement of preformed crowns on primary teeth
- Indirect and direct pulp capping on permanent teeth
- Indirect pulp capping on primary teeth

### Periodontal and Surgical Procedures

- Changing periodontal dressings
- Suturing and suture removal
- Nonsurgical extractions of periodontally diseased permanent teeth with mobility +3, unless the tooth is unerupted, impacted, fractured, or must be sectioned for removal
- Simple extraction of erupted primary teeth
- Placement and removal of space maintainers

### Palliative and Other Procedures

- Minor adjustments and repairs on removable prostheses
- Applying desensitizing medication or resin
- Emergency palliative treatment of dental pain related to a care or service described in this subsection
- Dispensing and administering via the oral or topical route nonnarcotic analgesics and anti-inflammatory and antibiotic medications as prescribed by a health care professional
- Administering local anesthetic and nitrous oxide analgesia
- Performing other related services and functions authorized by the supervising dentist and for which the DT is trained

## Written Practice Agreement (WPA)

A DT must work under a written practice agreement (WPA) with their supervising dentist(s), which is similar to the type of agreement that a physician assistant or nurse practitioner works under with their supervising physician(s). A DT can provide the services that are within his or her scope and established in the protocols detailed in the WPA. The WPA may be drafted as an exclusive list of allowed procedures, or alternatively, it may indicate that all procedures within the DT's scope are permitted and, if applicable, list any exceptions. The WPA is not a document given from one party to the other, but a collaborative document that is agreed upon, drafted, and signed by both parties.

A DT may perform oral evaluation, assessment of dental disease, and develop individualized treatment plans if the supervising dentist has given written authorization to do so.

A WPA must include the following elements:

- The services and procedures and the practice settings for those services and procedures that the DT may provide, together with any limitations on those services and procedures
- Any age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines, and imaging frequency
- Procedures to be used with patients treated by the DT for obtaining informed consent and for creating and maintaining dental records
- A plan for review of patient records by the supervising dentist and the DT
- A plan for managing medical emergencies in each practice setting in which the DT provides care
- A quality assurance plan for monitoring care, including patient care review, referral follow-up, and a quality assurance chart review
- Protocols for administering and dispensing medications
- Criteria for providing care to patients with specific medical conditions or complex medical histories, including requirements for consultation before initiating care
- Specific written protocols, including a plan for providing clinical resources and referrals, governing situations in which the patient requires treatment that exceeds the DT's capabilities or the scope of practice as a DT
- A WPA must be signed by the DT and supervising dentist and is valid for three years

When building relationships under this type of supervision, it is important to approach treatment planning and goal setting together to develop a shared philosophy around clinical decision making. An example of this could be including weekly reviews of 5-10 patient charts when the dentist and DT start working together to discuss treatment planning approaches and completion.

If recruiting from another state, you may hear the terms CA (Collaborative Agreement) or CMA (Collaborative Management Agreement). These are the equivalents of Michigan's Written Practice Agreement, and their elements are similar.

## Michigan Dental Therapy Supervision

- DDS supervision of DTs: Because DTs are not allied dental professionals, their supervision does not fit into the traditional categories of assignment, general and direct supervision. The provision of care by DTs is delegated by the supervising dentist under standing orders as detailed in the WPA.
- Multiple WPAs: A DT may work under multiple WPAs and at multiple organizations. A supervising dentist may not supervise more than four DTs.
- DT supervision of DAs/DHs: A DT may supervise up to three dental assistants and two dental hygienists in any one practice setting to the extent permitted in a written practice agreement. The dentist need not be on location while the DT is supervising. The supervision level required by the DT is the same as if a DDS were supervising, and the DT must not delegate services above and beyond what the DDS can.

## Referrals

If a patient requires services that exceed the DT's scope of practice and/or ability, the DT shall refer them to another qualified dental professional or health care professional. The supervising dentist shall arrange for another dentist or specialist to provide services in the event that a patient's needs are beyond the scope of the DT and the supervising dentist is unable to address them.

## Michigan Permitted Practice Settings

DTs are permitted to practice within the following settings and populations:

- A hospital that is licensed under article 17
- An FQHC
- A health center program look-alike
- A health facility operated by a Tribe or Tribal organization
- A correctional facility
- A health setting within a dental HPSA
- A school-based health center
- A local health department
- Any other clinic or practice setting, including a mobile unit, in which at least 50% of the DT's annual patient base meets any of the following:
  - Enrolled in a health care program administered by DHHS
  - Medical disability or chronic condition that creates a significant barrier to care
  - Dental uninsured with a gross family income equal to or less than 200% FPL

When giving thought to hiring a DT, employers should consider current and potential relationships with community organizations that may serve as practice settings or align the DT with patients in need of care. Although DTs work under the supervision of dentists, they can work without the presence of a dentist, both within the clinic and out in the community. They will utilize various communication methods to collaborate with their supervising dentists during care delivery, treatment planning, and managing referrals.



## Billing and Reimbursement

- DTs will be reimbursed the same rate as dentists for the procedures within their scope
- DTs will receive wrap payments for qualifying visits. Consistent with existing policy, the health center will receive one wrap payment per qualifying encounter, regardless of the number of services provided during that visit
- DTs are required to have NPIs and will be identified as rendering providers
- Once the Medicaid DT policy is posted, DTs will be able to bill Medicaid. As of 6/8/22, the policy is out for public comment. If there are no delays, this will be a 4-week process, after which the policy will be posted
- Once CHAMPS enrollment is complete, health centers will be able to credential DTs with Medicaid Health Plans

## Sponsoring a Dental Therapy Student

You may know of someone who is interested in pursuing DT education now. Michigan does not yet have a DT education program, and it will be several years before we see our first cohort of students. There are opportunities for Michigan students to become educated in other states- currently in Alaska and Minnesota, and soon in Washington and Vermont. You may consider supporting a student in their journey to become a DT by securing funding for their tuition in exchange for a service term agreement. MPCA can help to align you with potential students, education programs, and funding opportunities that may support such programs.

## Recruiting a Dental Therapist

In 2020, an FQHC in Maine recruited the first DT to practice east of Minnesota. DTs are thrilled to see the profession spread across the country and may be excited by the prospect of being among the first to practice in a new state. It is important that those who take this leap have a strong support system when they arrive. DTs are aware that their profession may not be accepted by all, and this may add to the uncertainty of moving to unfamiliar territory. Joining a team with supportive colleagues and supervisors will be essential to retainment.

The process for obtaining Michigan licensure may take several weeks and is described in the *Michigan Dental Therapy Education and Licensure Requirements* section above.

## MPCA is Here to Help

MPCA has developed many relationships with organizations supportive of DT throughout the country, and we can help align you with DT-focused resources, funding, experts, and peers. We will also assist member health centers with DT recruitment efforts by distributing DT job postings using various outlets, including dental therapist associations, education programs, social media outlets, and MPCA's Career Center page. Please contact Misty Davis at [mdavis@mpca.org](mailto:mdavis@mpca.org) or (517)827-0879 for assistance.

## Considerations Before Hiring a Dental Therapist

- Consider speaking with someone who supervises or works with a DT for perspective-remember that our scope and settings may differ from those in other states
- Think about where you foresee the DT providing care:
  - In clinic: how many chairs (typically 1-2)? How many assistants (typically 1-2)?
  - Traveling to other clinics/practice settings? Using a mobile dental unit?
  - Are there new opportunities for community outreach/engagement?
  - Current or potential relationships with other organizations who would benefit from having a DT in the community?
- Think about how the DT may change the workflow in your clinic:
  - How many DTs do you want/need/ can you support? How many hours per week?
  - Will they handle triaging?
  - Will dentists lean heavily on DTs for periodic exams?
  - Are there more technique-sensitive procedures you would like your dentists focus on while the DT alleviates some of the burden that falls within their scope?
  - A typical day will look different depending on where the DT is practicing, the patient population where they are delivering care, their credentials (if they have RDH dual license), the details of the WPA, and the needs of the clinic/community
  - Consider the supervising dentist's preferred method of contact during working hours, as the DT must always have access to communication during care delivery
- Explore other resources
  - Another great resource for considering these topics is the Minnesota Department of Health's [Dental Therapy Employer Toolkit](#) (remember that the rules may differ slightly)
  - The Northwest Portland Indian Health Board created a series of free online clinic training modules which are valuable for those considering incorporating DTs into their practices: [Optimize Dental Teams with Dental Therapists](#)
  - Keep watch in 2022 for a recently conducted DT wage survey from the University of Minnesota. MPCA will circulate a notification when released
- All dental staff should learn about DT and how its incorporation may change things. Staff and providers should have the opportunity to learn and ask questions about:
  - Where the DT will be working (where within clinic and community)
  - How the DT will fit into the newly expanded team
  - How workflows may change
  - Changes in supervision and working relationships
  - Scope of practice
  - Scheduling
  - Discuss communicating with patients about DT

- Consider introducing the idea of DTs to patients before hiring using pamphlets, your clinic website, social media, or talking with patients about who they are, what they do, and expressing your confidence in their qualifications
- Consider Policy & Procedure Manual changes that may be needed, especially considering the unique supervision relationship and authorization process. i.e.,
  - Dental programs policies and procedures
  - Organizational chart
  - Dental program summary
  - Staff assignments and duties
  - Scheduling and appointment procedures
  - Clinical services information
  - Quality assurance
  - Human Resources and general

## Dental Therapist Hiring checklist

- Review Michigan DT details and considerations above
- Prepare a clear, articulated job description (see sample on pg. 13)
- Prepare a DT privileging form (see sample on pg. 14-17)
- Review sample Written Practice Agreement (see sample on pg. 18-21)
- Check to see if Policy & Procedure changes are needed
- Develop wage and compensation package- this may include a sign-on bonus and/or moving expenses if recruiting from another state, student loan forgiveness, and/or a service term agreement
- Ensure you have appropriate space, instruments, staff, and overall capacity to support the DT
- Ensure you have a sufficient patient base and procedure mix to keep the DT's schedule full
- Ensure schedulers understand how their workflow may change
- Prepare all dental staff and providers to accept the new team member by educating them about DT, describing how incorporating a DT may change their workflows, and allowing for questions
- Send job posting to MPCA for disbursement
- Interview and hire your new team member
- Onboarding-
  - Introduce DT to entire staff, allow time for questions & answers, ensure DT feels welcomed and accepted by the team
  - Orientation
  - Complete CHAMPS enrollment, credential the DT with Medicaid Health Plans
  - Have DT complete the privileging form (see sample on pg. 14-17)
  - Supervising dentist work in collaboration with DT to draft individualized Written Practice Agreement (see sample on pg. 18-21)
  - A committed mentor is recommended
  - Daily huddles are highly recommended
  - Educate/assure patients about new member of the team, dentist introduce DT when able, express confidence in the DT profession

## Health Center/Logo

### SAMPLE DENTAL THERAPIST JOB DESCRIPTION

TITLE: DENTAL THERAPIST

FLSA STATUS: EXEMPT

#### POSITION SUMMARY

Promotes general dental health, prevents oral disease and provides disease treatment by performing the duties outlined in this job description. Works under the supervision of a licensed dentist and provides treatments within authorized scope and detailed within the Written Practice Agreement.

#### DUTIES & RESPONSIBILITIES

Dental therapists work as part of a team, providing clinical treatments in collaboration with the supervising dentist. A dental therapist licensed by the State of Michigan may perform the full range of procedures within his or her scope, pursuant to the Written Practice Agreement.

#### OTHER

- A dental therapist may supervise 3 or fewer dental assistants and 2 or fewer dental hygienists in any 1 practice setting, to the extent permitted in a written practice agreement
- The dental therapist must work effectively with diverse and multi-cultural staff and patient populations

#### QUALIFICATIONS

- Completion of a dental therapy educational program that meets the standards of the Commission on Dental Accreditation
- Current Michigan dental therapy license without restrictions
- Ability to read, analyze and interpret professional journals, technical procedures or governmental regulations
- Ability to fulfill the requirements of travel between facilities
- Demonstrated clinical competence
- The capacity to function independently with limited supervision
- Possess the ability to handle stressful situations calmly and effectively in all situations
- Cultural sensitivity with respect to working with persons and groups of diverse racial, ethnic, economic and social backgrounds
- Efficient computer skills and experience with electronic records system

#### PHYSICAL DEMANDS

- The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions
- While performing the duties of this job, the employee is regularly required to use hands to palpate, handle or feel; reach with hands and arms and talk or hear. The employee is frequently required to stand and sit and occasionally required to walk, and must occasionally lift or move up to 25 pounds

Health Center/Logo

SAMPLE REQUEST FOR PRIVILEGES: Dental Therapist

*General Requirements:* Clinical privileges at \_\_\_\_\_ Health Center shall be granted to dental therapists who are licensed to practice in the state of Michigan. All dental providers are required to become certified in CPR. Specific dental privileges are requested below.

Provider Name \_\_\_\_\_

Date: \_\_\_\_\_

I Procedure requiring privileging. Applicant complete column II.  (Check privileges request column only if you are requesting that privilege be granted)	II Privilege Requested	IV Approved Independent (Date)
<b>Diagnostic</b>		
Initial Oral Examination		
Periodic Oral Examination		
Emergency Oral Examination		
Comprehensive Charting of the Oral Cavity		
Periodontal Examination		
Pulp Vitality Tests		
Oral Cancer Screening		
<b>Radiographs</b>		
Intraoral - Complete Series		
Intraoral - Periapical - First Film		
Intraoral - Periapical - Each Additional Film		
Intraoral - Occlusal Film		
Bitewings - Single Film		

Bitewings - Two Films		
Bitewings - Four Films		
Panoramic Film		
<b>Preventive</b>		
Prophylaxis - Adult		
Prophylaxis - Child		
Topical Application of Fluoride		
Application of Sodium Diamine Fluoride		
Application of Topical Antimicrobial Agents		
Nutritional Counseling		
Oral Hygiene Instruction		
Sealant - Per Tooth		
Fixed Space Maintainer Placement and Removal		
<b>Restorative</b>		
Amalgam - Primary and permanent teeth		
Resin - Anterior Primary and Permanent Teeth		
Resin - Posterior Primary and Permanent Teeth		
Prefabricated Stainless Steel Crown - Primary Teeth		
Temporary Crown Fabrication and Placement		
<b>Endodontics</b>		
Direct Pulp Cap - Permanent Teeth		
Indirect Pulp Cap - Primary and Permanent Teeth		
<b>Periodontics</b>		
Changing Periodontal Dressings		
Local Medicinal Therapy, per tooth (e.g., Atridox, Arestin)		
<b>Removable Prosthodontics</b>		
Minor Adjustments and Repairs to Removable Prosthesis		

<b>Oral Surgery</b>		
Simple Extraction of erupted primary teeth		
Simple Extraction of erupted, periodontally diseased permanent teeth with mobility +3 that are not fractured and do not need to be sectioned for removal		
Suturing and Suture Removal		
<b>Adjunctive General Services</b>		
Regional Block and Infiltration Anesthesia		
Nitrous Oxide Analgesia (N2O2)		
<b>Miscellaneous Services</b>		
Application of Desensitizing Medicament		
Fabrication of Athletic Mouthguard		
Manage Referrals to supervising dentist and/or specialist		
Dispense and administer oral or topical nonnarcotic analgesics, antibiotics, and anti-inflammatory medications		
Emergency Palliative Treatment of Dental Pain related to dental therapist's allowed scope of practice		



I have not requested privileges for any procedures for which I am not competent, and I am qualified to perform all procedures for which I have requested privileges. I certify that I hold an active and unincumbered license to practice dental therapy in the state of Michigan. I have attached information (CME, certificates, course curricula, etc.) that qualifies me to do specific procedures.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Approved by:*  
\_\_\_\_\_  
Dental Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
CEO

\_\_\_\_\_  
Date

## SAMPLE DENTAL THERAPY WRITTEN PRACTICE AGREEMENT

This Written Practice Agreement shall be drafted with the active participation of both the supervising dentist and the dental therapist. This document is valid for 3 years unless a revision is made, in which case a new Written Practice Agreement shall be drafted and signed by both parties.

### Practice Settings:

A dental therapist licensed under this chapter must serve low-income, uninsured, and/or underserved patients, or practice in a dental health professional shortage area. (INCLUDE INFO ON HOW THIS IS MET)

The dental therapist may practice within their scope at any of (CUSTOMIZE FOR ORGANIZATION) locations

**Mission Statement:**  
(CUSTOMIZE FOR ORGANIZATION)

### Limitations on Services:

The dental therapist may perform the duties designated within a dental therapist's scope of practice according to Section 16656 of the Michigan Public Health Code, Act 463 Of 2018.

**The Dental Therapist may perform the following services in collaboration with their supervising dentist:**

- Identifying oral and systemic conditions that require evaluation or treatment by dentists, physicians, or other health care professionals and managing referrals
- Comprehensive charting of the oral cavity
- Providing oral health instruction and disease prevention education, including nutritional counseling and dietary analysis
- Administering and exposing radiographic images
- Dental prophylaxis including subgingival scaling or polishing procedures
- Dispensing and administering via the oral or topical route nonnarcotic analgesics and anti-inflammatory and antibiotic medications as prescribed by a health care professional
- Applying topical preventative or prophylactic agents, including fluoride varnish, silver diamine fluoride and other fluoride treatments, antimicrobial agents, and pit and fissure sealants
- Pulp vitality testing
- Applying desensitizing medication or resin
- Fabricating athletic mouth guards
- Changing periodontal dressings
- Administering local anesthetic and nitrous oxide analgesia
- Simple extraction of erupted primary teeth
- Emergency palliative treatment of dental pain related to a care or service described in this subsection

- Preparation and placement of direct restoration in primary and permanent teeth
- Fabrication and placement of single-tooth temporary crowns
- Preparation and placement of preformed crowns on primary teeth
- Indirect and direct pulp capping on permanent teeth
- Indirect pulp capping on primary teeth
- Suturing and suture removal
- Minor adjustments and repairs on removable prostheses
- Placement and removal of space maintainers
- Nonsurgical extractions of periodontally diseased permanent teeth with tooth mobility +3. However, a dental therapist shall not extract a tooth for any patient if the tooth is unerupted, impacted, or fractured or needs to be sectioned for removal
- Performing other related services and functions authorized by the supervising dentist and for which the dental therapist is trained
- Performing any other duties of a dental therapist that are authorized by the board by rule
- A dental therapist may supervise dental assistants and dental hygienists to the extent permitted

**Practice Protocols:**

Age: The dental therapist may see patients of all ages.

Procedure: The dental therapist may perform all procedures within their scope of practice. Procedures to be completed by the dental therapist will follow the written treatment plan and clinic protocol.

Case Selection: Case selection will be made with the collaboration of the dental therapist and the supervising dentist and/or staff dentist.

Assessment Guidelines: Assessment guidelines will follow clinic guidelines. This includes emergency palliative treatment and referrals.

Imaging Frequency Guidelines: Appropriate and necessary radiographs will be taken based on individualized risk and in compliance with (ORGANIZATION’S) radiology standing orders and procedures. (ORGANIZATION’S) current guidelines include: (CUSTOMIZE)

Caries risk, observed clinical lesions, symptoms, and other factors will be taken into account when determining imaging frequency.

**Dental Records:**

Patient records are electronic and are stored and maintained on secure servers. (CUSTOMIZE)

**Medical Emergency Plan:**

The dental therapist will maintain documentation of current certification in Advanced or Basic CPR. The dental therapist shall follow (CUSTOMIZE) medical emergency protocols at each clinic or partnering community organization.

**Quality Assurance Plan:**

Quarterly patient record reviews will be conducted on a sample of patient records by the supervising dentist and dental therapist applying (CUSTOMIZE) patient care, referral follow-up, and chart review standards to maintain quality assurance.

**Medications:**

The dental therapist may dispense and administer nonnarcotic analgesics, anti-inflammatory medications, and antibiotics after a diagnosis and prescription from the supervising dentist and/or staff dentist. A dentist may not authorize a dental therapist to prescribe controlled substances or administer phentolamine mesylate.

**Protocol for Patients with Complex Medical Conditions:**

The supervising dentist and dental therapist shall follow (CUSTOMIZE) policies and procedures for treating patients with complex medical conditions.

**Allied Dental Personnel Supervision:**

The dental therapist may supervise no more than three dental assistants and no more than two registered dental hygienists in any one health setting. The dental therapist's authority to delegate to allied dental personnel may not exceed that of a dentist's authority.

**Referral Plan and Protocol:**

The dental therapist, in consultation with the supervising and/or staff dentist, will make medical and dental referrals as necessary and appropriate, and will record these referrals in the patient's electronic record. In addition, the dental therapist will refer patients back to the supervising dentist and/or staff dentists if situations arise that are outside of their capability or scope of practice.

**Protocol for the oral evaluation and assessment of dental disease, and for the formulation of an individualized treatment plan by the dental therapist and authorized by the supervising dentist**

1. The dental therapist shall collaborate with the dentist in the formulation or authorization of the individual treatment plan.
2. The dental therapist may complete an oral evaluation and assessment of dental disease for the patient.
3. The dental therapist may provide dental care at the time of assessment and formulation of the treatment plan under the authorization listed above in standing orders. A supervising dentist or a staff dentist shall be available, in a reasonable amount of time, to consult with the dental therapist where the assessment and treatment fall outside the scope of practice covered under standing orders or outside the scope of practice of the dental therapist, to complete the individual treatment plan. This can be done in person, via phone or other electronic forms of communication.
4. The dental therapist and/or dentist shall attain informed consent for treatment, and notations will be kept in the patient record acknowledging that informed consent was acquired for any treatment rendered.

**Plan for nonsurgical extraction of permanent teeth**

The nonsurgical extraction of permanent teeth shall be limited to the scope of practice of the licensed dental therapist.

**Dental Therapist Supervision**

Dental therapists are overseen by a supervising dentist as defined under the Michigan Department of Licensing and Regulatory Affairs General Rules of Dentistry, Part 4B, R 338.11415, R 1415. The dental therapist has the autonomy to practice without the physical presence of the supervising dentist; however, the supervising dentist must be reachable by direct communication, available on a regularly scheduled basis for consultation, review of records, and review of performance, and available to provide predetermined procedures and prescriptions.

A supervising dentist shall accept responsibility for all services authorized and performed by the dental therapist pursuant to the management agreement. Any licensed dentist who permits a dental therapist to perform a dental service other than those authorized under this section violates section 16221 of the code, MCL 333.16221.

By signing below, I attest that both the dental therapist and supervising dentist actively participated in drafting this document and both agree to adhere to its contents.

\_\_\_\_\_  
(NAME AND CREDENTIALS OF DENTAL THERAPIST)

\_\_\_\_\_  
(NAME AND CREDENTIALS OF SUPERVISING DENTIST)