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| P.A. 161: PUBLIC DENTAL PREVENTION PROGRAM CHANGE NOTIFICATION | | |
| Michigan Department of Health and Human Services | | |
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| Name of P.A. 161 Public Dental Prevention Program (Print) | | Entity Type 2 Agency NPI# |
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| **The supervising dentist must read and discuss the following statements for each additional dental hygienist and dental assistant supervised for the P.A. 161 Program. A supervisor acknowledgement form is required for each dental hygienist and dental assistant. Please check boxes.** | | |
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|  | A dental hygienist can only administer anesthesia and nitrous oxide analgesia or perform soft tissue curettage under the direct supervision of a dentist. | |
|  | If special populations are the focus of care, providers are encouraged to have current CPR certification and continuing education regarding the provision of dental care for these populations (i.e. geriatrics and special needs populations for long-term facilities; behavioral management and sealant placement courses for school settings, etc.). | |
|  | If a patient resides in a long-term care facility, a physician’s order for dental services is required for beneficiaries. The order cannot be a standing order. | |
|  | Standard infection control protocols will be adhered to for all services and locations. | |
|  | P.A. 161 Programs will be monitored for quality assurance and compliance. The MDHHS 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 MDHHS Oral Health Program must be notified of any information changes within 30 days of the change. Changes to services, supervising dentists, dental hygienists and dental assistants need to be submitted on the change notification form. | |
|  | The P.A. 161 Program must be renewed every two years. It is the responsibility of the approved program to submit the new application. | |
|  | The supervising dentist should reside in Michigan, or have an active volunteer license in the state of Michigan. | |
|  | A supervising dentist may supervise no more than a combined total 25 dental hygienists or Dental assistants during a scheduled P.A. 161 activity. | |
|  | We have reviewed the Data Report Form and agree to submission of the form, as indicated. | |
|  | We understand that this is a PREVENTION ONLY program. The hygienist can only provide preventive services and an oral assessment Codes: D0191, D1110, D1120, D1206, D1351). Radiographs are NOT permitted under P.A. 161. P.A. 161 patients are NOT assigned by a dentist. | |

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|  | | | | **Add Dental Hygienist** | |  | **Add Dental Assistant** | | |  | **Add Supervising Dentist** | | | |
| Full Name (Printed) | | | | | Title | | | Email Address | | | Telephone Number | | License Number | |
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| Address (Number, Street, City, State and Zip Code) | | | | | | | | | | | | | NPI # | |
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| Full Name (Printed) | | | | | Title | | | Email Address | | | Telephone Number | | License Number | |
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| Address (Number, Street, City, State and Zip Code) | | | | | | | | | | | | | NPI # | |
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| Full Name (Printed) | | | | | Title | | | Email Address | | | Telephone Number | | License Number | |
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| Address (Number, Street, City, State and Zip Code) | | | | | | | | | | | | | NPI # | |
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|  | | | I have read the above supervising circumstances and reviewed each statement on this form with each RDH/RDA/DA provider for this program. | | | | | | | | | | | |
| Supervising Dentist Signature | | | | | | | | | | | | | | |
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|  | | **List of Providers to be Removed** | | | | | | | | | | | | |
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|  | | **Change/Addition of Services** | | | | | | | | | | | | |
| Please describe any changes to program services: | | | | | | | | | | | | | | |
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|  | | | **I have been informed of program service changes.** | | | | | | | | | | | |
| Supervising Dentist Signature | | | | | | | | | | | | Date | | |
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| Send completed Change Notification form to: Michigan Department of Health and Human Services  Oral Health Program  Attention: P.A. 161  PO Box 30195  Lansing, MI 48909 | | | | | | | | | | | | | | |
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| Authority: MCL.333.16625 (2005 P.A. 161)  Completion: Is mandatory within 30 days from when change occurs  Consequences: Failure to submit Change Notification Form could result in penalty up to loss of P.A. 161 status. | | | | | | | | | The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. | | | | | |