
ARTICLE XVIII

MOBILE DENTAL FACILITIES

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A.

1 Pursuant to ACA 17-82-601 et seq, the Arkansas State Board of Dental Examiners hereby
2 promulgates these rules to implement the practice of dentistry in mobile dental facilities.

3 **Definitions**

4 **B.**

5 **MOBILE DENTAL FACILITY**

6 **3.**

7 A self-contained, intact facility in which dentistry and dental hygiene are practiced and that
8 may be moved, towed or transported from one location to another. For purposes of this
9 Article, a mobile dental facility does not include dentistry provided using portable
10 equipment. .

11 **OPERATOR**

12 **4.**

13 An individual licensed to practice dentistry in Arkansas. An operator of a mobile dental
14 facility may contract with or employ other dentists, dental hygienists licensed in Arkansas
15 and may hire Registered Dental Assistants, Certified Dental Assistants, dental assistants,
16 laboratory technologists and other personnel as needed. Each mobile dental facility can
17 have only one operator. One operator may hold permits for more than one mobile dental
18 facility but each facility must have its own permit.

19 **DENTAL HOME**

20 **5.**

21 A licensed primary dental care provider who has an ongoing relationship with a patient
22 where comprehensive oral health care is continuously accessible, coordinated, family-
23 centered and provided in compliance with policies of the American Dental Association
24 beginning not later than one year of age.

25 **COMPREHENSIVE DENTISTRY**

26 **6.**

27 A mobile dental facility that accepts patients and provides preventive treatment including
28 examinations, prophylaxis, radiographs, fluoride treatments and sealants but does not follow
29 up with treatment when such treatment is clearly indicated is considered to be abandoning
30 the patient. A comprehensive treatment plan must be established for each patient treated
31 in the mobile dental facility. Treatment that cannot be completed during the initial visit
32 must be scheduled at intervals no greater than ninety (90) days apart until the treatment
33 plan is completed or the patient chooses to cease treatment. Arrangements must be made
34 for treatment either by the operator, a licensed specialist or other licensee who agrees to
35 provide follow up care. If such arrangements are not made, the operator will be construed
36 to have committed unprofessional conduct by patient abandonment and be subject to
37 disciplinary action by the Board. **EXCEPTIONS:** Dental services provided in mobile dental
38 facilities by students, faculty or volunteers in programs sponsored by CODA accredited
39 dental, dental hygiene or dental assisting schools may be limited in scope and are exempt
40 from the requirement that comprehensive dentistry be provided.

41 **INFORMED CONSENT**

42 **7.**

43 A document informing the patient of all proposed dental treatments, risks involved and
44 alternative treatments available which must be signed by the patient or parent/guardian of
45 any minor or incapacitated person before dental services can be provided in a mobile dental
46 facility. This form must meet all the elements described in Section D. 2. of this rule.
47 Written consent must be obtained for the initial visit for diagnostic and preventive services.
48 After the treatment plan is developed, a second consent, either in written form which is
49 signed by the patient, parent or guardian or a recorded verbal consent from the patient,
50 parent or guardian must be obtained before additional dental services are performed on the
51 patient.

8. ACTIVE PATIENT

Any person who received any level of dental care in a mobile dental facility within the preceding twenty-four months

Physical Requirements

I.

All mobile dental facilities must comply with all applicable federal, state and local laws, regulations and ordinances including but not limited to those concerning radiographic equipment, flammability, construction, sanitation, zoning, infectious waste management, universal precautions, OSHA guidelines and federal Centers for Disease Control guidelines, all rules and regulations of the Board. The operator must possess all applicable county, state, and city licenses or permits to operate the unit at the location where services are being provided. Further, each mobile dental facility must have the following functional equipment:

- 1. Ready access to a ramp or lift
- 2. Sterilization system
- 3. Potable water including hot water
- 4. Ready access to toilet facilities
- 5. Covered, non-corrosive container for deposit of waste materials including biohazardous materials
- 6. Automated External Defibrillators
- 7. Radiographic equipment properly registered and inspected by the Arkansas Department of Health
- 8. Communication device available 24 hours per day, 7 days per week and capable of both making and receiving calls as well as the ability to contact emergency services, i.e. ambulance, police, fire stations, etc.
- 9. Smoke and carbon dioxide detectors

Documentation and Records Requirements

J.

- 1. All written, printed or electronic materials must contain the official business address (not a PO Box) and telephone number
- 2. When not being transported to or from a treatment site, all dental and office records must be maintained at the official office business address
- 3. All records must be available to the Board upon request and the cost of providing records is borne by the mobile dental facility
- 4. All patient records must be made available to patients wishing to transfer care to another provider and to the later treating dentist(s).

Information to patients

E.

Display in facility

- a. The license (or a photocopy of the license) of each dentist or dental hygienist working in the mobile dental facility shall be prominently displayed in the facility.
- b. The permit to operate the mobile dental facility shall be prominently displayed in the facility.

1 **3. Consent forms**

2 A consent form must be obtained prior to the provision of any dental service in a mobile
3 dental facility. The form must be signed by the patient or by a parent or guardian if the
4 patient is a minor or an incapacitated person. Written consent forms are required for the
5 initial visit for diagnostic and preventive services. Consent for subsequent treatment may
6 be written or verbal providing that the verbal consent is recorded and stored as a part of the
7 dental record.

8
9 A consent form must include at a minimum:

- 10
11 a. Name of dentist providing the service
12 b. Permanent office address
13 c. Telephone number that is available 24 hours per day for emergency calls
14 d. Service(s) to be provided

15
16 If the patient is a minor, the consent form must also contain the following questions and
17 statement:

18
19 Has the child had dental care in the past twelve months? Yes No
20 If yes, please list the name and address of the dentist or dental office where the care
21 was provided. _____
22 Does the child have an appointment scheduled at the dental home? Yes No

23
24 "I understand that I can choose to have any or all dental treatment for my child at
25 the dental home. I understand that all dental care provided by my dental home or a
26 mobile dental facility may affect future benefits that the child may receive from
27 private insurance, Medicaid (ArKids) or other third party provider of dental benefits."

28
29 If the patient is an adult, the consent form must be signed by the patient and contain the
30 following statement:

31 "I understand that I may choose at any time to receive care from my dental home
32 rather than from the mobile dental facility."

33
34 If the patient is an incapacitated person, the form must be signed by the patient's legal
35 guardian and contain the following statement:

36 "I understand that I may choose at any time to take the patient to his/her dental
37 home for dental care rather than from the mobile dental facility."

38 **3. Post-care information to patients**

39
40 Each person receiving dental care in a mobile dental facility must receive an information
41 sheet at the end of the visit. The information sheet must contain:

- 42
43 a. Name of dentist or dental hygienist who provided the service
44 b. Telephone number and/or other emergency contact number
45 c. Listing of treatment rendered including, when applicable, billing codes, fees
46 and tooth numbers
47 d. Description of treatment that is needed or recommended
48 e. Referrals to specialists or other dentist if mobile facility is unable to provide
49 the necessary treatment
50 f. Consent form or a recorded, verbal consent for additional treatment or altered
51 treatment plan when applicable

Permit requirements

1 G.

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- 3
- 4 1. Complete required application forms provided by the Board
- 5 2. Pay fee of \$5,000.00 as set by Arkansas Code 17-82-602
- 6 3. The operator must be a dentist licensed in Arkansas
- 7 4. List all dentists and dental hygienists who will be providing care in the mobile
- 8 dental facility complete with their name, address, telephone number and
- 9 license number
- 10 5. The official business address (not a PO Box) where patient records including
- 11 radiographs are maintained and available for inspection and copying upon
- 12 request by the Board
- 13 6. Communication device available 24 hour per day, 7 days per week and
- 14 capable of both making and receiving calls as well as the ability to contact
- 15 emergency services, i.e. ambulance, police, fire stations, etc.
- 16 7. Written procedure for emergency follow-up care for patients treated in the
- 17 mobile dental facility which must include:
- 18 a. arrangements for treatment in a dental facility that is permanently established
- 19 in the area where services are provided (50 mile radius) OR
- 20 b. A statement that follow-up care will be provided through the mobile dental
- 21 facility or at the operator's established dental practice location in this state or
- 22 at any other established dental practice in this state that agrees to accept the
- 23 patient.
- 24 3. List of dentists who have agreed to provide follow up care as indicated in
- 25 Section E.,7.,b. of this rule. A signed statement from each dentist agreeing to
- 26 provide follow up care must be provided with the application.
- 27 4. Evidence of radiographic equipment registration and inspection by the
- 28 Arkansas Department of Health
- 29 5. Signed statement that all required physical equipment is present and
- 30 functioning properly. A checklist of these items will be a part of the
- 31 application.
- 32 6. Copy of the driver's license of any person who will be driving the mobile
- 33 dental facility.
- 34 7. Proof of general liability insurance from a licensed insurance carrier for at
- 35 least one million dollars (\$1,000,000.00)
- 36 8. Name of established non-mobile dental facility with which the mobile facility is
- 37 associated
- 38 9. Be inspected by the Board or the Boards designee prior to the start of
- 39 operation

Annual Report

40 J.

41 An annual report for the previous year must be submitted to the Board by January 10th

42 of each calendar year, which must include:

- 43 1. List of all locations (street address, city, state) where mobile dental services were
- 44 provided
- 45 2. Dates when services were provided
- 46 3. The number of patient treated during the year
- 47 4. The types of services provided and quantity of each type of service
- 48 a. Preventive- # of patients receiving preventive services
- 49

- 1 **b.** Restorative- # of fillings, stainless steel crowns, fixed prosthetics provided, space
- 2 maintainers
- 3 **c.** Surgical- # of teeth extracted and other surgical procedures performed
- 4 **d.** Endodontic- # of root canal therapies, pulpotomies provided or # of patients
- 5 referred for endodontic services
- 6 **e.** Periodontal- # of patient receiving periodontal services or referred for periodontal
- 7 services
- 8 **f.** Prosthetics- # of removable prostheses provided or # of patients referred for
- 9 prosthetic services / Report may reflect "not applicable" if services are limited to
- 10 children under the age of 18.
- 11 **g.** Other- # of other services provided that do not fall into the above standard
- 12 categories
- 13

Notification of Changes

B.

- 14
- 15
- 16 **1.** The Board must be notified within 10 business days of:
- 17
- 18 **a.** If the mobile dental facility is sold
- 19 **b.** Any change relating to dentists to whom patients are to be referred for follow
- 20 up care
- 21 **c.** Any change in the procedures for obtaining follow up or emergency care
- 22 **d.** Any change of operator
- 23

- 24 **5.** The Board must be notified within 15 business days of:
- 25

Any change of dentists or dental hygienists providing dental services in the mobile dental facility

- 26
- 27
- 28
- 29 **6.** The Board must be notified within 30 business days of:
- 30
- 31 a. Any change of official business address or telephone number
- 32 b. Cessation of operation

Supervision of personnel and delegation of duties

G.

- 33
- 34
- 35 **1.** Dental assistants must only work under the personal or direct supervision of a
- 36 dentist as provided in Article XVII of these rules.
- 37
- 38 **2.** Dental hygienist must only work under the direct or indirect supervision of a
- 39 dentist as provided in Article XI of these rules but may not work under general
- 40 supervision in a mobile dental facility in accordance with Arkansas Code 17-
- 41 82-603.(i).

Cessation of operation

C.

- 42
- 43
- 44 **1.** The Board must be notified within 30 days of the cessation of operation of any
- 45 mobile dental facility.
- 46 **2.** Patients must be notified in writing or publication once a week for three
- 47 consecutive weeks and a copy of the notice provided to the Board

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- 3.** Arrangements must be made for the transfer of records for all patients including radiographs or copies thereof to succeeding practitioners or at the written request of the patient, to the patient or a dentist of the patients' choosing.