

## **Article XIX**

### **DENTAL HYGIENIST COLLABORATIVE CARE PROGRAM**

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Pursuant to ACA 17-82-701-17-82-707 the Arkansas State Board of Dental Examiners hereby promulgates these rules to implement the dental hygienist collaborative care program.

#### **A. DEFINITIONS**

**1. Collaborative Agreement**

A written plan that identifies a dentist licensed by the Arkansas State Board of Dental Examiners who agrees to collaborate with a dental hygienist licensed by the Arkansas State Board of Dental Examiners in the joint provision of dental hygiene services to patients and outlines procedures for consultation with or referral to the collaborating dentist or other dentists as indicated by a patient's dental care needs. Under a collaborative agreement, the dental hygienist may provide any services within the current scope of practice of a dental hygienist to children, senior citizens, and persons with developmental disabilities in a public setting without the presence of the dentist and without a prior examination of the patient by the dentist

**2. Collaborative Dental Hygienist**

A dental hygienist who holds a Collaborative Care Permit I or a Collaborative Care Permit II from the Arkansas State Board of Dental Examiners and who has entered into a collaborative agreement with no more than one (1) consulting dentist regarding the provision of services under this rule.

**3. Consulting Dentist**

A dentist who holds a Collaborative Dental Care Permit from the Arkansas State Board of Dental Examiners and:

- a. If engaged in the private practice of dentistry, has entered into a collaborative agreement with no more than three (3) collaborative dental hygienists regarding the provision of services under this rule; or
- b. Is employed by the Department of Health

**4. Dental Home**

A licensed primary dental care provider who has an ongoing relationship with a patient where comprehensive oral health care is continuously accessible, coordinated, family-centered and provided in compliance with policies of the American Dental Association beginning no later than one year of age.

**5. Informed Consent**

A document informing the patient of all proposed dental hygiene treatments, risks involved and alternative treatments available which

must be signed by the patient or parent/guardian of any minor or incapacitated person before dental hygiene services can be provided. This form must meet all the elements described in Section E. (Consent Forms) of this rule.

**6. Medicaid**

The medical assistance program established under § 20-77-101 et seq.

**7. Public Settings**

- a. Adult long-term care facilities
- b. Charitable health clinics that provide free or reduced-fee services to low-income patients
- c. County incarceration facilities
- d. Facilities that primarily serve developmentally disabled persons;
- e. Head Start programs
- f. Homes of homebound patients who qualify for in-home medical assistance
- g. Hospital long-term care units
- h. Local health units
- i. Schools
- j. Community health centers
- k. State correctional institutions

**8. Senior Citizen**

A person sixty-five (65) years of age or older.

**B. PERMIT REQUIREMENTS AND FEES**

**1. Collaborative Care Permit I**

- a. A dentist must be licensed by the Arkansas State Board of Dental Examiners.
- b. A dental hygienist must be licensed by the Arkansas State Board of Dental Examiners; and
  - i. Have practiced as a dental hygienist for one thousand two hundred (1,200) clinical hours (documentation provided to ASBDE); or
  - ii. Taught for two (2) academic years over the course of the immediately preceding three (3) academic years of courses in which a person enrolls to obtain necessary academic credentials for a dental hygienist license.
  - iii. Show proof of liability insurance

**2. Collaborative Care Permit II**

- a. A dentist must be licensed by the Arkansas State Board of Dental Examiners.
- b. A dental Hygienist must be licensed by the Arkansas State Board of Dental Examiners; and
  - i. Have practiced as a dental hygienist for one thousand eight hundred (1,800) clinical hours (documentation provided to ASBDE); or
  - ii. Taught for two (2) academic years over the course of the immediately preceding three (3) academic years of courses in which a person enrolls to obtain necessary academic credentials for a dental hygienist license.

- iii. Completed a six (6) hour continuing education course approved by the Arkansas State Board of Dental Examiners. The educational course must be related to senior care and/or patients with developmental disabilities.
- iv. Show proof of liability insurance

3. Obtaining a permit

Complete required application forms provided by the Board.

- a. Pay fee of \$500.00 for Collaborative Care Permit I and II for dentist as set by Arkansas Code 17-82-702.
- b. Pay fee of \$100.00 for Collaborative Care Permit I for dental hygienists as set by Arkansas Code 17-82-702; or
- c. Pay fee of \$150.00 for Collaborative Care Permit II for dental hygienists as set by Arkansas Code 17-82-702
- d. Show proof of liability insurance

C. SERVICES PROVIDED BY COLLABORATIVE DENTAL HYGIENISTS

- 1. A collaborative dental hygienist who obtains a Collaborative Care Permit I may provide dental hygiene services within the scope of practice of a dental hygienist in the State of Arkansas (Article XI) and delegated by the consulting dentist to children in a public setting without the presence of a dentist and without a prior examination of the patient by the consulting dentist.
- 2. A collaborative dental hygienist who holds a Collaborative Care Permit II may provide dental hygiene services within the scope of practice of a dental hygienist in the State of Arkansas (Article XI) and delegated by the consulting dentist to children, senior citizens, and persons with developmental disabilities in public settings without the presence of a dentist and without a prior examination of the patient by the consulting dentist.
- 3. Prohibited services provided by a Collaborative Dental Hygienist.
  - a. Scaling and Root Planing
  - b. Administration of local anesthesia
  - c. Administration/monitoring of nitrous oxide

D. COLLABORATIVE PRACTICE AGREEMENT PROTOCOL

- 1. A written protocol to be used by the collaborative care dental hygienist to treat patients must be established by the consulting dentist and dental hygienist prior to the delivery of patient care.

The written agreement must include the following elements:

- a. Be signed and dated by both the consulting dentist and the dental hygienist
- b. Address, telephone number and license number of both the consulting dentist and the dental hygienist
- c. Contain the dental and dental hygiene license numbers
- d. The date on which the agreement becomes effective
- e. A provision addressing the availability of the consulting dentist for emergency situations, consultation and referral

- f. The name, address, telephone number, and license number of a designee for the dental hygienist to contact in cases where the consulting dentist is not available
- g. Location(s) where the dental hygiene services will be provided. The agreement must be updated when new locations are added or listed locations are discontinued.
- h. Plan for retrospective chart reviews conducted within seven days of the most recent hygiene service date by the consulting dentist. Reviews must include the patient's health history, documentation, type and appropriateness of services rendered, review of patient consent forms, review of release of information forms, if applicable, and evaluation of the quality and appropriateness of radiographs.

The protocol must include but is not limited to medical history, record keeping, criteria for the provision of prophylaxis, sealants, fluoride therapies, radiographs, and other services within the scope of practice of the dental hygienist, and infection control procedures.

- 2. In accordance with this protocol a consulting dentists must:
  - a. Be available to provide emergency communication and consultation with the dental hygienist or appoint another dentist as a designee for those times when the consulting dentist cannot be reached.
  - b. Maintain records of patients treated. If another dentist provides follow-up treatment, the consulting dentist is responsible for the transfer of records.
  - c. Maintain a copy of the Collaborative Agreement and the Protocol on file.
  - d. Notify the Board if the collaborative agreement between dentist and hygienist dissolves or contact information changes.
- 3. In accordance with this protocol a collaborative care dental hygienist must:
  - a. Maintain contact capabilities with the consulting dentist.
  - b. Secure informed consent from all patients or the parent/guardian of the patient before providing services.
  - c. Provide to the patient, parent, or guardian a written plan for referral to a dentist for assessment of further dental treatment needs.
  - d. Provide copy of collaborative care record of services to the institutional facility responsible for patient's care, when applicable.
  - e. Secure release of information forms from the patient or parent/guardian of the patient if the care is provided in an institutional facility allowing the dental hygienist to access the patient's medical and dental records.
  - f. Create and maintain all patient records and forward all records and radiographs or duplicates, to the consulting dentist within 7 days of services rendered.
  - g. Maintain a copy of the Collaborative Agreement and the protocol on file.
  - h. Notify the Board if the collaborative agreement between dentist and hygienist dissolves or contact information changes.
  - i. Maintain a malpractice liability policy for the provision of services.

- j. The collaborative care dental hygienist may use or supervise a dental assistant but shall not permit assistants to provide direct clinical services to patients.
- 4. A copy of the protocol must be sent to the ASBDE office to have on file with the corresponding permit.

**E. CONSENT FORMS**

A consent form must be obtained prior to the provision of any collaborative care dental hygiene services. The form must be signed by the patient or by a parent or guardian if the patient is a minor or an incapacitated person.

A consent form must include at a minimum:

1. Name, address, telephone number and license number of collaborative care hygienist and consulting dentist under which services are provided.
2. Services to be provided
3. If the patient is a minor, the consent form must also contain the following questions and statement:
  - a. Has the child had dental care in the past twelve months?  
Yes\_\_\_ No\_\_\_
  - b. Does the child have an appointment scheduled at the dental home where care is normally provided? Yes\_\_\_ No\_\_\_
    - i. If Yes, please list the name and address of the dentist or dental home where the care was provided. \_\_\_\_\_
    - ii. If Yes, we recommend maintaining your relationship within a dental home and not receive services in a public setting.
  - c. "I understand that I can choose to have dental hygiene services provided at the dental home where care is normally provided rather than a public setting. I understand that all dental hygiene care provided by the dental home I have used in the past or a collaborative care dental hygienist will reduce future benefits that the child may receive from private insurance, Medicaid (ARKids) or other third party provider of dental hygiene benefits for the remaining benefit period."
4. If the patient is an adult, the consent form must be signed by the patient and contain the following statement:
  - a. Have you received dental care in the past twelve months?  
Yes\_\_\_ No\_\_\_
  - b. Do you have an appointment scheduled at the dental home where care is normally provided? Yes\_\_\_ No\_\_\_
    - i. If Yes, please list the name and address of the dentist or dental home where the care was provided. \_\_\_\_\_
    - ii. If Yes, we recommend maintaining your relationship within a dental home and not receive services in a public setting.
  - c. "I understand that I can choose to have dental hygiene services provided at the dental home where care is normally provided rather than a public setting. I understand that all dental hygiene care proved by the dental home I have used in the past or a collaborative care dental hygienist will reduce future benefits that the I may receive from private insurance, or other third party provider of dental hygiene benefits for the remaining benefit period"
5. If the patient is an incapacitated person, the form must be signed by the patient's legal guardian and contain the following statement:

- a. Has the patient received dental care in the past twelve months?  
Yes\_\_\_ No\_\_\_
- b. Does the patient have an appointment scheduled at the dental home where care is normally provided? Yes\_\_\_ No\_\_\_
  - i. If Yes, please list the name and address of the dentist or dental home where the care was provided. \_\_\_\_\_
  - ii. If Yes, we recommend maintaining your relationship within a dental home and not receive services in a public setting.
- c. "I understand that I can choose to have dental hygiene services provided at the dental home where care is normally provided rather than a public setting. I understand that all dental hygiene care provided by the dental home I have used in the past or a collaborative care dental hygienist will reduce future benefits that the patient may receive from private insurance, or other third party provider of dental hygiene benefits for the remaining benefit period"

#### F. POST CARE INFORMATION TO PATIENTS

Each person receiving collaborative care dental hygiene services must receive an information sheet at the completion of services. The information sheet must contain:

1. Name of collaborative care dental hygienist who provided the service and the consulting dentist.
2. Telephone number and/or other emergency contact number of the dental hygienist and consulting dentist.
3. Listing of treatment rendered including, when applicable, billing codes, fees, and tooth numbers.
4. Description of further treatment that is needed or recommended. The dental hygienist will advise the patient and/or legal guardian that dental hygiene services are preventive in nature and do not constitute a comprehensive dental diagnosis. The dental hygienist will recommend that patients see the consulting dentist or give a list of dentists within a 50 mile radius for comprehensive care.
5. The collaborative dentist is ultimately responsible for the care of the patient.

#### G. REIMBURSEMENT

1. For the purposes of reimbursement the Collaborative Dental Hygienist is deemed to be an employee of the consulting dentist.
2. A health insurance company, Medicaid, or other person that pays a fee for service performed by a collaborative dental hygienist under this rule shall submit the payment directly to the consulting dentist.
3. If a health insurance company, Medicaid, or other person pays a fee for service performed by a dental hygienist under this rule to the collaborative dental hygienist, the collaborative dental hygienist shall deliver the payment to the consulting dentist.
4. For the limited purposes of Medicaid reimbursement under this rule, the collaborative dental hygienist is deemed to be an employee of the consulting dentist and the collaborative dental hygienist as a condition of employment under this rule shall submit the Medicaid payment for services performed under this rule to the consulting dentist.
5. If, however, language in the collaborative agreement required under this rule conflicts with a federal law, a federal rule, or a federal regulation, the

federal law, federal rule, or federal regulation shall control, and the conflicting language of the agreement shall be disregarded.

**H. MALPRACTICE INSURANCE.**

A collaborative dental hygienist who provides services permitted under this rule shall be insured under a malpractice liability policy for the provision of the services.

**I. REPORTING**

Reports from the collaborating dental hygienist and consulting dentist must be submitted to the ASBDE office. An annual report is due by January 31<sup>st</sup> of each calendar year, which must include:

1. List of all locations where collaborative care services were provided
2. Dates when services were provided
3. Number of patients treated during the year
4. The types of services provided and quantity of each type of service
5. The number of patients who had dental care within the previous 12 months
6. The number of patients who had an appointment scheduled at the dental office where care is normally provided.

Within two business days of services provided, the collaborating dental hygienist and consulting dentist must report to the ASBDE office:

1. The location(s) where the dental hygiene services were provided. The agreement must be updated when new locations are added or listed locations are discontinued.

**J. CESSATION OF OPERATION**

1. The Board must be notified within thirty (30) days of the cessation of operation of any collaborative care agreement.
2. Arrangements must be made for the transfer of records of all patients including radiographs or copies thereof to succeeding practitioners or at the written request of the patient.