



Scott Walker, Governor
Dave Ross, Secretary

**MOBILE DENTISTRY AD HOC COMMITTEE
OF THE
DENTISTRY EXAMINING BOARD
Room 121A, 1400 E. Washington Avenue, Madison
Contact: Brittany Lewin (608) 266-2112
November 5, 2014**

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions of the Board.

AGENDA

**11:00 A.M. OR IMMEDIATELY FOLLOWING THE AJOURNMENT OF THE
DENTISTRY EXAMINING BOARD MEETING**

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1)**
- B. Approval of Minutes – September 3, 2014 (2)**
- C. Legislative and Administrative Rule Matters – Discussion and Consideration (3-7)**
 - 1) Proposed Revisions to DE 10 Relating to Mobile Dentistry
- D. Public Comments**

ADJOURNMENT

**AD HOC COMMITTEE ON MOBILE DENTISTRY
OF THE
DENTISTRY EXAMINING BOARD
MINUTES
SEPTEMBER 3, 2014**

PRESENT: Debra Beres, RDH; Mark Braden, DDS; Wendy Pietz, DDS; Beth Welter, DDS

STAFF: Brittany Lewin, Executive Director; Sharon Henes, Rules Coordinator; Karen Rude-Evans, Bureau Assistant

CALL TO ORDER

Beth Welter, Committee Chair, called the meeting to order at 12:54 p.m.

ADOPTION OF AGENDA

MOTION: Wendy Pietz moved, seconded by Mark Braden, to adopt the agenda as published. Motion carried unanimously.

ADJOURNMENT

MOTION: Deb Beres moved, seconded by Wendy Pietz, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 3:41 p.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 24 October 2014 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Dentistry Mobile Dentistry Rules Committee			
4) Meeting Date: 5 November 2014	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? A. Approval of Agenda B. Administrative Rule Matters – Discussion and Consideration 1. Proposed Revisions to DE 10 Relating to Mobile Dentistry C. Public Comments D. Adjournment	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		<i>24 October 2014</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Sharon's Notes from Mobile Dentistry Rules Committee

Definition of "mobile dentistry program"

Mobile dentistry program...

A program delivering dental or dental hygienist care in one of the following:

- (a) Using portable equipment or supplies, that are transported to any location that are not intact dental [or hospital] facilities.
- (b) In a self contained, intact facility that can be moved

Activities that constitute the operation of a mobile dentistry program for purposes of registration requirement

Activities: Definition of dentistry and dentist hygienists – services within the scope

Other requirements for obtaining a registration

1. Operators must provide a list and Wisconsin license of all employees or contractors who are providing dental care in Wisconsin.
2. Protocols [check Arizona]

{Arizona research: Arizona requires for obtaining a permit the following: application, pay fee, renew annually; if ownership of the mobile dental facility or portable dental unit changes, the prior permit is invalid and a new permit application must be submitted. Arizona requires under the standards of operation and practice that a permit holder must establish written protocols for follow-up care for patients who are treated in a mobile dental facility or through a portable dental unit. The protocols must include referrals for treatment in a dental office that is permanently established within a reasonable geographic area and may include follow-up care by the mobile dental facility or portable dental unit. NOTE: In Arizona protocols are not a requirement as part of the application process.}

Requirement that a mobile dentistry program registrant establish procedures for a patient treated in the mobile dentistry program to access patient records.

The operator must provide every patient with the name and contact information of the entity providing services.

Provide description of what was done that day and treatment plan

In accordance with dental records laws

Standards of conduct for the operation of a mobile dentistry program, the provision of dental services through a mobile dentistry program and the use of portable dental equipment.

Update the Department within 30 days of new employees or contractors.

Provide information of what treatment was done.

Provide referral information to the patient for follow-up dental care

[The program contact 2 dentists within the county at least once a year]

Definition of Mobile Dentistry Program:

A program delivering dentistry or dental hygiene care:

- (a) using portable equipment or supplies, that are transported to any location that is not an intact dental or hospital facility and/or
- (b) in a self-contained, intact facility that can be moved.

Definition of Operator Any individual, any non-profit or for profit corporation, or any governmental or non-profit agency owning or operating a mobile dentistry program within the boundaries of the state of Wisconsin.

Exceptions:

Any Wisconsin-licensed dentist, dental hygienist or operator who provides care without remuneration for up to 10 days in a calendar year.

Process and Term of “Registration/Permit”

Registration of all non-exempt operators is required and shall be renewable October 1st of odd-numbered years.

Operators shall:

1. Register with DEB.
2. Pay fee to DEB.
3. Show compliance with protocols set forth in this section, and if requested, provide proof of compliance with all applicable regulations relating to dentistry.
4. Advise the board of any change in the written protocol for comprehensive and emergency follow-up care.

Referral protocol

All mobile dentistry programs that provide care must maintain a current written protocol for referral for comprehensive care. This protocol should include the following:

- Name, address and phone number of all dental providers within a reasonable distance (which, based on federal Health Resources and Services Administration standards, should be no more than 30 miles from the place that the mobile dentistry program provided care) who have agreed to accept referrals (either formal or informal) from the mobile dentistry program.
- Terms of the referral agreement with each provider (i.e. name of provider/clinic, any relevant requirements or issues such as whether they will take all referrals or a limited number (if limited, how many), whether they will take referrals for any type of care or just urgent care needs, any age limits or other limitations there may be on their referral agreement, an outline of proposed services to be provided, and each party’s obligations (programmatic, logistic and financial), etc.)
- The referral agreement should be mutually agreed upon prior to services being initiated. It should note an end date or, at the least, a date for mutual review and renewal.

Comment [M1]: It is our understanding that the DEB has moved forward with different definitions on both of these items - is there something in writing to clarify what you've decided thus far? We also believe that you decided to not define preventive and comprehensive dental care but, rather, that the rule would simply reference the current definitions of dentistry and dental hygiene.

- Types of insurance/payment accepted by the provider receiving the referral, i.e. commercial network plans, BadgerCare, self-pay, sliding fee discount program.
- If the mobile dentistry program cannot obtain any referral agreements with dental providers within a reasonable distance, the mobile dentistry program should provide a summary (including name, address, phone number and date contacted) of dental providers they have communicated with in an attempt to form a collaboration.

This information should be submitted to the DEB along with its permit application and should be updated every time there is a change in protocol and every time the permit is renewed.

Requirements For Mobile Dentistry Programs to Maintain Current Contact Information and Compliance with Governmental Regulations

Maintain and update official mailing address (not P.O. box)

Maintain and update official telephone number

The mobile dental facility shall, upon request, provide proof to the DEB that it conforms to all applicable federal, state, and local laws, regulations, and ordinances dealing with the operation of dental facilities and the delivery of dental services.

Imaging Services

Imaging may be done only if comprehensive care is being provided by the mobile operator.

Consent/Minors

No services are to be performed without informed consent

Consent should include patient/parental/guardian authorization for the mobile operator to bill insurance or Medicaid for services provided and should also indicate that duplicate treatment may affect coverage for insurance/Medicaid benefits in the future.

If comprehensive care is not provided, the consent form should include the following statement: "The treatment which you/your child will receive in this program is not meant to be an alternative to regular dental care. It is still strongly recommended that you seek out a dental home (family dentist) for comprehensive dental care including any follow up care which may be recommended after you/your child has completed this mobile dental program."

Information of Employees/Contracted Providers

Any applicable licenses and permits must be made available on site and be presented to anyone upon request.

Operators must provide the DEB with list of all employees or contractors who are providing dental care in Wisconsin as part of the operator's mobile dentistry program. The list should include the provider's name and Wisconsin license number. This list should be submitted to the DEB and updated any time the program adds or removes providers from its program. This list should also be searchable on the state's website and/or be made available to the public upon request.

Availability of Documents to Patients

The operator must provide every patient with the name and contact information of the entity providing services, the description of the treatment provided and any applicable charges, including referral information/MOA for comprehensive care.

The operator must also provide the patient with a description of further advisable or scheduled services and a means by which the patient can obtain the care, either through the mobile operator or through a dentist who entered into the referral agreement with the mobile operator (this is not required for those mobile operators who have submitted proof to the DEB of at least three failed attempts to establish referral agreements with local dentists).

Copies of patient records shall be provided to the patient upon request in accordance with state law.

The Program Operators Must Comply with the Following Notifications to the DEB:

Notify DEB of telephone or address changes (within 30 days)

Notify DEB if there is a change in ownership (immediate)

Notify DEB of any change in the status of their referral agreements or protocols (immediate)

Provide DEB with proof of liability insurance

Report(s) to DEB due September 1st of Every Year

Operators shall submit annual report (due Sept 1) of activities to the DEB or its designee including:

- (a) Number of unique patients served in most recent state fiscal year (July 1 – June 30)12 months
- (b) Of the number served in the most recent state fiscal yearthe report should delineate:
 - (i) Number of patients who were on Medicaid;
 - (ii) Number of patients who were privately insured and
 - (iii) Number of patients who had neither Medicaid nor private insurance.
- (c) Number of services, organized by CDT code, that the programprovided in the most recent state fiscal year.
- (d) Number of patients referred for follow up care categorized by early and urgent needs.
- (e) List of the name and address of the any stationary facilities in which operators have provided care in the most recent fiscal year.

Notification of Cessation of Services to DEB

Notify DEB within 30 days of the date in which the program ceases to operate in Wisconsin.

Existing registrations are not transferable to new owners; if the business is sold, the new owner will be required to file a new registration application.