

## **Overview of the Oral Health Access Supervision Program**

### **What is it?**

A dentist who qualifies for participation in the program may authorize a dental hygienist who qualifies for participation in the program to provide dental hygiene services in certain facilities.

### **Program functions**

- Hygienist will go to a facility. A medical and dental history of a patient will be taken prior to the patient receiving hygiene services.
- The authorizing dentist reviews and evaluates the information and determines that the patient may safely receive services as long as no medically significant change occurred to the history prior to the provision of services.
- Services authorized by the dentist are provided by the hygienist to the patient.
- After services are provided, the dental hygienist shall:
  - (1) Refer the patient to the authorizing dentist for a clinical evaluation and
  - (2) Schedule the evaluation for the patient, making every effort to schedule the appointment within 90 days.
- A hygienist may not see a patient for follow-up treatment or a subsequent visit, without the patient having been seen by a dentist before the second visit. However, if a patient requires multiple attempts to complete an initial visit, all procedures must be completed within 8 weeks of commencement of the first appointment.
- A hygienist participating in the program must comply with written protocols and standing orders of the authorizing dentist.
- A hygienist may not diagnose a patient's oral health care status.

## How to apply and who can participate?

- The Ohio State Dental Board (OSDB) will provide an application available on its website for initial application and renewal of permits to participate in the program.

- Qualifications:

The applicant shall provide evidence satisfactory to the board that the applicant has done all of the following:

- (1) Completed at least *two years* and attained a minimum of *three thousand hours of experience* in the practice of dental hygiene;
  - (2) Completed *at least twenty-four hours of continuing dental hygiene education during the two years* prior to submission of the application;
  - (3) Completed a *course pertaining to the practice of dental hygiene under the oral health access supervision of a dentist* that meets standards established in rules adopted under section 4715.372 of the Revised Code;
  - (4) Completed, during the two years prior to submission of the application, a *course pertaining to the identification and prevention of potential medical emergencies* that is the same as the course described in division (C)(2) of section 4715.22 of the Revised Code.
- There is a \$20 application and biennial renewal fee for dentists and dental hygienists who participate in the program.
  - An authorizing dentist may not have any more than three dental hygienists working under his or her authorization at any one time. A dentist may also still employ three hygienists in his or her dental office.
  - The OSDB will host on its website a directory of dentists and dental hygienists participating in the program to allow for collaboration on this effort.
  - Dentists and hygienists who operate under this program must submit to the OSDB upon request a list of locations where services are provided.

- The OSDB will issue an annual report on the progress of the program including the following information:
  - including the number of dentists;
  - dental hygienists;
  - patients participating in the program;
  - the number and location of facilities where services are provided under the program.

### **Program Locations**

The following locations are where dental hygiene services may be provided

- (1) A health care facility, defined as either:
  - (a) a hospital,
  - (b) an institution, residence, or facility that provides, for a period of more than 24 hours, whether for consideration or not, accommodations to three or more unrelated individuals who are dependent upon the services of others, including a nursing home, residential care facility, home for the aging, and a veterans home operated by the Ohio Veterans Home Agency,
  - (c) a facility proposed for certification as a skilled nursing facility or nursing facility under the federal Medicare or Medicaid law, and for which a certificate of need, other than a certificate to recategorize hospital beds, has been granted after August 5, 1989, or
  - (d) a county home or district home that is or has been licensed as a residential care facility;
- (2) A state correctional institution;
- (3) A comprehensive child development program that receives funds under the federal Head Start Act and is licensed as a child day care center under Ohio law;
- (4) A residential facility licensed under Ohio law;
- (5) A public school located in an area designated as a dental health resource shortage area by the Director of Health;

- (6) A nonpublic school located in a dental health resource shortage area;
- (7) A federally qualified health center or federally qualified health center lookalike;
- (8) A shelter for victims of domestic violence;
- (9) A facility operated by the Department of Youth Services under Ohio law;
- (10) A shelter for runaways;
- (11) A foster home;
- (12) A nonprofit clinic;
- (13) The residence of one or more individuals receiving services provided by a home health agency;
- (14) A dispensary;
- (15) A health care facility, such as a clinic or hospital, of the United States Department of Veterans Affairs;
- (16) The residence of one or more individuals enrolled in a home and community-based services Medicaid waiver component;
- (17) A facility operated by the board of health of a city or general health district or the authority having the duties of a board of health under Ohio law;
- (18) A women, infants, and children clinic;
- (19) A mobile dental unit located at any facility where services may be provided under the program;
- (20) Any other location, as specified in rules to be adopted by the Board, as long as the facility is in a dental health resource shortage area and provides health care services to individuals who are Medicaid recipients and to indigent and uninsured persons, defined generally in current law as persons without medical insurance whose incomes are less than 200% of the federal poverty line but who are not eligible to receive assistance under any governmental health care program.