

# EXTENDED CARE PERMIT TOOLKIT COMMUNITY-BASED DENTAL HYGIENE SERVICES



PRODUCED BY ORAL HEALTH KANSAS



ORAL HEALTH KANSAS

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# ORAL HEALTH KANSAS

## EXTENDED CARE PERMIT TOOLKIT

### INTRODUCTION

This Extended Care Permit Toolkit is designed as a guide for dental hygienists, dentists and participating organizations that are establishing dental hygiene services in community settings.

Kansas Laws Regulating the Practice of Dentistry and Dental Hygiene, Rules and Regulations of Kansas Dental Board, State of Kansas (K.S.A. Chapter 65, Article 14) serve as the foundation for the Toolkit. Many sections of the law describe the scope of practice for dental hygienists and conditions under which they may provide service. Laws pertaining specifically to Extended Care Permits for dental hygienists are found in Chapter 65-1456, sections (f) and (g).

The Toolkit is divided into sections so readers can easily find their way to the information they need.

- K.S.A. 65-1456– Laws and Regulations
- Getting Started
- Patient Services
- Sponsoring Dentists
- Financial Management

Thanks to the hygienists, dentists and agency staff who shared their experiences of dental public health services. In addition, these organizations have provided leadership and advocacy to increase access to all Kansas residents: Bureau of Oral Health (KDHE), Kansas Dental Hygienist Association, Kansas Dental Association, United Methodist Health Ministry Fund, and Oral Health Kansas, our state coalition focusing on advocacy, public awareness, and education.

~ Marcia Manter MA  
Community Development Specialist  
Oral Health Kansas



# EXTENDED CARE PERMIT LAWS AND REGULATIONS

## DENTAL AND DENTAL HYGIENE

Knowing the laws governing dental hygiene and more specifically dental hygiene services in community settings is essential for all involved in ECP hygiene services.

K.S.A. Chapter 65, Article 14 provides a complete picture of regulations addressing all aspects of dental care in Kansas. K.S.A. Chapter 65, Article 1456 lays the foundation for regulations of dentists and dental hygienist, including ECP:  
<http://www.accesskansas.org/kdb/legislation.html>

Chapter 65, Article 1 lists KDB Permanent Administrative Regulations  
<http://www.accesskansas.org/kdb/regulations.html>

## OTHER LAWS APPLICABLE TO ECP HYGIENE SERVICES

Health Insurance Portability and Accountability Act (HIPAA)- every health care provider, regardless of size, who electronically transmits health information in connection with certain transactions, is a covered entity. These transactions include claims, benefit eligibility inquiries, and referral authorization requests. The Office of Civil Rights and US Department of Health and Human Services offers a full range of easily understood explanations of HIPAA regulations. When you offer an ECP hygiene service, you may need to have patients sign a Notice of Privacy Practices.

Decision Matrix for HIPAA: Online “test” to determine if a specific ECP services qualifies for coverage.

<http://hhs.gov/ocr/hipaa/smallbusiness.html>

Tax Implications of employment status under ECP: Self-employment

IRS self-employment tax- (quoted from IRS)

*If the hygienist is reimbursed for her services as an independent contractor, rather than an employee with taxes taken out, the IRS will expect regular “self-employment” taxes.*

To determine if the ECP service is operated as self-employment, check out this website from the IRS and consult an accountant:

<http://www.irs.gov/business/small/article/0,,id=98846,00.html>

Volunteering ECP hygiene services:

Check with IRS website and an accountant to determine if expenses incurred as an ECP volunteering in community settings are tax deductible.



## EXTENDED CARE PERMITS

## LAWS AND REGULATIONS

### **INSURANCE**

#### **Professional Liability:**

Unless an ECP hygienist is working for a Federally Qualified Health Center, the law, K.S.A. 65-1456(f) & (g) states that an ECP hygienists must carry professional liability insurance. It is in addition to whatever coverage hygienists may have with employers. Hygienists using ECP in a self-employed environment, should carry professional liability coverage self-employed and employed. The insurance application has a section for checking off both types of employment.

#### **General Liability:**

This insurance protects hygienists and ECP sites against claims made in conjunction with non-professional parts of services/business. This topic of general liability should be explored with the ECP site before the hygienist starts providing services. If a hygienist provides services in a variety of ECP sites, it may be wise to also invest in general liability insurance. It should be available from the same company providing professional liability coverage.

Three sources to explore:

- Marsh Affinity Group Services  
<https://www.proliability.com/ahc/homePage.do?PromoReqCode=googledenthyg1>
- Health Providers Services Organization (HPSO)  
<http://www.hpso.com>
- Lockton Insurance  
<http://adho.lockton-ins.com/pl>

#### **Coverage for damage, loss and theft of equipment, tools and supplies**

Laws governing ECP do not require the hygienist to have insurance covering damage and loss of instruments and equipment. At the same time, the hygienist is wise to make sure that loss or theft of supplies, instruments and equipment are insured. Most insurance companies offering homeowners and renters insurance can advise on the type of coverage and cost to cover business equipment.



# EXTENDED CARE PERMITS TOOL KIT

## LAWS AND REGULATIONS

### Extended Care Permit I

(f) The practice of dental hygiene may be performed with consent of the parent or legal guardian, on children participating in residential and non-residential centers for therapeutic services, on all children in families which are receiving family preservation services, on all children in the custody of the secretary of social and rehabilitation services or the commissioner of juvenile justice authority and in an out-of-home placement residing in foster care homes, on children being served by runaway youth programs and homeless shelters; and on children birth to five and children in public and nonpublic schools kindergarten through grade 12 regardless of the time of year and children participating in youth organizations, so long as such children birth to five, in public or nonpublic schools or participating in youth organizations also meet the requirements of medicaid, healthwave, or free or reduced lunch programs or Indian health services; at any state correctional institution, local health department or indigent health care clinic, as defined in K.S.A. 65-1466, and amendments thereto, and at any federally qualified health center, federally qualified health center look-alike or a community health center that receives funding from section 330 of the health center consolidation act, on a person, inmate, client or patient thereof and on other persons as may be defined by the board; so long as:

(1) The dental hygienist has received an “extended care permit” from the Kansas dental board specifying that the dental hygienist has performed 1,200 hours of dental hygiene care within the past three years or has been an instructor at an accredited dental hygiene program for two academic years within the past three years;

(2) the dental hygienist shows proof of professional liability insurance;

(3) the dental hygienist is sponsored by a dentist licensed in the state of Kansas, including a signed agreement stating that the dentist shall monitor the dental hygienist’s activities, except such dentist shall not monitor more than five dental hygienists with an extended care permit;

(4) the tasks and procedures are limited to: (A) removal of extraneous deposits, stains and debris from the teeth and the rendering of smooth surfaces of the teeth to the depths of the gingival sulci; (B) the application of topical anesthetic if the dental hygienist has completed the required course of instruction approved by the dental board; (C) the application of fluoride; (D) dental hygiene instruction; (E) assessment of the patient’s apparent need for further evaluation by a dentist to diagnose the presence of dental caries and other abnormalities; and (F) other duties as may be delegated verbally or in writing by the sponsoring dentists consistent with this act;

(5) the dental hygienist advises the patient and legal guardian that the services are preventive in nature and do not constitute a comprehensive dental diagnosis and care;

(6) the dental hygienist provides a copy of the findings and the report of treatment to the sponsoring dentist and any other dental or medical supervisor at a participating organization found in this subsection; and supervisor at a participating organization found in this subsection; and

(7) any payment to the dental hygienist for dental hygiene services is received from the sponsoring dentist or the participating organization found in this subsection.



# EXTENDED CARE PERMITS TOOL KIT LAWS AND REGULATIONS

## Extended Care Permit II

(g) The practice of dental hygiene may be performed on persons with developmental disabilities and on persons who are 65 years and older who live in a residential center, an adult care home, subsidized housing, hospital long-term care unit, state institution or are served in a community senior service center, elderly nutrition program or at the home of a homebound person who qualifies for the federal home and community based service (HCBS) waiver on a resident of a facility, client or patient thereof so long as:

(1) The dental hygienist has received an “extended care permit II” from the Kansas dental board specifying that the dental hygienist has: (A) performed 1,800 hours of dental hygiene care or has been an instructor at an accredited dental hygiene program for two academic years within the past three years; and (B) completed six hours of training on the care of special needs patients or other training as may be accepted by the board;

(2) the dental hygienist shows proof of professional liability insurance;

(3) the dental hygienist is sponsored by a dentist licensed in the state of Kansas, including a signed agreement stating that the dentist shall monitor the dental hygienist’s activities, except such dentist shall not monitor more than five dental hygienists with an extended care permit II;



## EXTENDED CARE PERMITS TOOL KIT LAWS AND REGULATIONS

(4) the tasks and procedures are limited to: (A) removal of extraneous deposits, stains and debris from the teeth and the rendering of smooth surfaces of the teeth to the depths of the gingival sulci; (B) the application of topical anesthetic if the dental hygienist has completed the required course of instruction approved by the dental board; (C) the application of fluoride; (D) dental hygiene instruction; (E) assessment of the patient's apparent need for further evaluation by a dentist to diagnose the presence of dental caries and other abnormalities; and (F) other duties as may be delegated verbally or in writing by the sponsoring dentist consistent with this act;

(5) the dental hygienist advises the patient and legal guardian that the services are preventive in nature and do not constitute comprehensive dental diagnosis and care;

(6) the dental hygienist provides a copy of the findings and the report of treatment to the sponsoring dentist and any other dental or medical supervisor at a participating organization found in this subsection;

(7) any payment to the dental hygienist for dental hygiene services is received from the sponsoring dentist or the participating organization found in this subsection; and

(8) the dental hygienist completes a minimum of six hours of education in the area of special needs care within the board's continuing dental education requirements for re-licensure.

(h) In addition to the duties specifically mentioned in subsection (b) of K.S.A. 65-1456, and amendments thereto, any duly licensed dental hygienist may:

(1) Give fluoride treatments as a prophylactic measure, as defined by the United States public health service and as recommended for use in dentistry;

(2) remove overhanging restoration margins and periodontal surgery materials by hand scaling instruments; and

(3) administer local block and infiltration anesthesia and nitrous oxide. (A) The administration of local anesthesia shall be performed under the direct supervision of a licensed dentist except that topically applied local anaesthesia, as defined by the board, may be administered under the general supervision of a licensed dentist. (B) Each dental hygienist who administers local anesthesia regardless of the type shall have completed courses of instruction in local anesthesia and nitrous oxide which have been approved by the board.



## EXTENDED CARE PERMITS TOOL KIT LAWS AND REGULATIONS

(i) (1) The courses of instruction required in subsection (h)(3)(B) shall provide a minimum of 12 hours of instruction at a teaching institution accredited by the American dental association.

(2) The courses of instruction shall include courses which provide both didactic and clinical instruction in: (A) Theory of pain control; (B) anatomy; (C) medical history; (D) pharmacology; and (E) emergencies and complications.

(3) Certification in cardiac pulmonary resuscitation shall be required in all cases.

(j) The board is authorized to issue to a qualified dental hygienist an extended care permit or extended care permit II as provided in subsections (f) and (g) of this section.

(k) Nothing in this section shall be construed to prevent a dental hygienist from providing dental hygiene instruction or visual oral health care screenings or fluoride applications in a school or community based setting regardless of the age of the patient.

New Sec 5. A dental hygienist who meets the requirements of subsections (f)(1) or (g)(1)(A) of K.S.A. 65-1456, and amendments thereto, prior to a period of retirement or disability, but not within the past three years, and is returning to active practice after such period of retirement or disability under K.S.A. 65-1431(i), and amendments thereto, or who has retained a license to practice but has not practiced in the past three or more years may qualify for an extended care permit by completing a refresher course approved by the board under K.A.R. 71-3-8 or performing 200 hours of dental hygiene care within the last 12 months under the supervision of dentists licensed in the state of Kansas and provides the board with a letter of endorsement from one of the supervising dentists.





# EXTENDED CARE PERMITS TOOL KIT

## LAWS AND REGULATIONS

### **71-3-9. Extended care permits.** (a) Definitions.

(1) "Extended care permit I" shall mean a permit issued pursuant to K.S.A. 65-1456(f), and amendments thereto.

(2) "Extended care permit II" shall mean a permit issued pursuant to K.S.A. 65-1456(g), and amendments thereto.

(3) "Extended care permit treatment" shall mean the treatment that a hygienist may provide if the hygienist has a valid extended care permit I or II.

(4) "Patient assessment report" shall mean the report of findings and treatment required by K.S.A. 65-1456(f)(6) or (g)(6), and the amendments thereto.

(5) "Sponsoring dentist" shall mean a dentist who fulfills the requirements of K.S.A. 65-1456(f)(3) or (g)(3), and amendments thereto.

(b) Application for permit. Each applicant for an extended care permit I or II shall file with the board a completed application on a form provided by the board.

(c) Notice of practice location to sponsoring dentist. Before provided extended care permit treatment at a new location, each hygienist shall inform the sponsoring dentist, orally or in writing, of the new address and the type of procedures to be performed there.

(d) Patient assessment reports.

(1) Each required patient assessment report shall include a description of the extended care permit treatment, the date or dates of treatment, and the hygienist's assessment of the patient's apparent need for further evaluation by a dentist.

(2) No later than 30 days from the date on which extended care permit treatment is completed, the hygienist providing the treatment shall cause the required patient assessment report to be delivered to the sponsoring dentist.

(3) When providing extended care permit treatment at a location operated by an organization with a dental or medical supervisor, the dental hygienist providing the extended care permit treatment shall also cause the required patient assessment report to be delivered to the dental or medical supervisor within 30 days from the date on which the extended care permit treatment is completed.

(e) Suspension of extended care permit treatment. If a hygienist's sponsoring dentist cannot or will not continue to function as a sponsoring dentist, the hygienist shall cease providing extended care permit treatment until the hygienist obtains a written agreement with a replacement sponsoring dentist.

(f) Review of patient assessment reports. A sponsoring dentist shall review each patient assessment report within 30 days of receiving the report. (Authorized by K.S.A. 74-1406(e); implementing K.S.A. 2003 Supp. 65-1456; effective Sept. 17, 2004.)



# EXTENDED CARE PERMITS TOOLKIT

## GETTING STARTED

Working in an Extended Care Permit Site can be quite different from working in a private dental practice. Extended Care Permits offer a wide range of opportunities. In some cases, hygienists work with a team of professionals who rely on each other's expertise. In other cases, they work on their own, transporting equipment to community sites, scheduling patients, and keeping records.

Assessing personal work preferences before starting an ECP service provides hygienists with the ability to design an ECP service that fits each individual's needs. It is possible to identify personal preferences by examining a range of choices that comprise many of the elements hygienists have discovered when working as an ECP. This section contains an Extended Care Permit Career Inventory that hygienists are encouraged to complete as one of several approaches to identifying what their ideal ECP job might look like.

It is equally important in the "getting started" phase for hygienists to conduct additional research. This includes interviewing several hygienists practicing as ECP's, shadowing them on assignments, and visiting community agencies that might offer ECP services to their clients. Having a Kansas Extended Care Permit offers hygienists many community choices for practice.

It is essential that hygienists study Kansas laws governing all aspects of dental hygiene, in a traditional hygiene role supervised by a dentist and in community settings as an ECP. To access the Kansas Dental Practices Act: [http://www.accesskansas.org/kdb/Documents/Dental%20practicesactregsandrelatedlaws406\\_files/DENTAL%20PRACTICESACTAUGUST2009.pdf](http://www.accesskansas.org/kdb/Documents/Dental%20practicesactregsandrelatedlaws406_files/DENTAL%20PRACTICESACTAUGUST2009.pdf)

To access Extended Care Permit application form, visit the Kansas Dental Board website at [http://www.accesskansas.org/kdb/Documents/Forms/ECP\\_IandIIrevised71408.pdf](http://www.accesskansas.org/kdb/Documents/Forms/ECP_IandIIrevised71408.pdf)

### **This section contains:**

#### **GETTING STARTED: EXTENDED CARE PERMIT CAREER INVENTORY:**

A tool for hygienists who are exploring new career avenues that offer them the opportunity to use their professional education and training

#### **OVERVIEW OF EXTENDED CARE PERMITS BASED ON THE DENTAL PRACTICE ACT**

ECP I

ECP II

ECP laws applying to dental hygienists returning to work after an absence



# EXTENDED CARE PERMITS TOOLKIT

## GETTING STARTED

### **Introduction:**

Kansas Registered Dental Hygienists have new opportunities to provide services in community settings. This Extended Care Permit Career Inventory was developed to stimulate a hygienist's thinking about how to incorporate public health hygiene services into a career and life plan.

There are no right or wrong answers, just options that can be added up to a description of an individual's ideal ECP hygiene service. Please circle the answers that best meet your vision of an ECP service.

### **Basic Questions**

I have an interest in public health

- A. Very strong interest
- B. Strong interest
- C. Limited interest
- D. Very little interest

I feel a personal desire to give back by serving people in need of dental care

- A. Very strong desire
- B. Strong desire
- C. Limited desire
- D. Very little desire

I feel a personal desire to do something different yet still use my dental hygiene skills

- A. Very strong desire
- B. Strong desire
- C. Limited desire
- D. Very little desire

I feel a personal desire to expand my management and leadership skills

- A. Very strong desire
- B. Strong desire
- C. Limited desire
- D. Very little desire

I know dental hygienists who are working as ECP hygienists

- A. Shadowed them on their jobs
- B. Talked with them about their jobs
- C. Know the benefits and challenges working as an ECP

I have volunteered in dental health settings

- A. Kansas Mission of Mercy
- B. School Dental Screening Program
- C. School presentations during Children's Dental Health Month
- D. Toothbrushing programs in preschool
- E. Fluoride varnish programs
- F. Dental exhibit at health fairs



# EXTENDED CARE PERMITS TOOL KIT GETTING STARTED

## Types of Public Dental Settings

I prefer to provide services (please circle all that apply)...

- A. At an established clinic with fixed dental equipment
- B. At an established clinic with portable dental equipment
- C. Rotating to one type of site (i.e. school) with portable dental equipment
- D. Rotating to a variety of sites (school, hospital, prison) with portable dental equipment
- E. Sharing portable equipment with other ECP hygienists

I prefer to provide dental hygiene services in the following settings (please circle all that apply)

- A. Early Childhood Programs (pregnant women, infants and toddlers)
- B. Preschool Programs (3-5 year olds)
- C. Schools (K-12)
- D. State correctional institution
- E. Local health department
- F. Indigent health care clinic
- G. Adult care home
- H. Hospital long-term care unit
- I. State institution
- J. In-home care for person qualifying for federal home and community bases services (HCBS) waiver

I prefer to provide hygiene services at a site (please circle all that apply)...

- A. With a team of other dental health professionals and students
- B. With a team of health professionals
- C. With a team of other professionals such as educators
- D. With a team of office staff
- E. By myself

I am willing to travel to a site (circle all that apply)...

- A. Greater than 25 miles but less than 50 miles from home daily
- B. Greater than 25 miles but less than 50 miles from home weekly
- C. Greater than 25 miles but less than 50 miles from home monthly
- D. Greater than 25 miles but less than 50 miles from home quarterly
- E. Unwilling to travel to a site more than 25 miles from my house

I need to provide services in an environment (please circle all that apply)...

- A. Free from air with dust and other allergy producing particles
- B. Free form overly heated or extremely cold rooms
- C. Free from harsh/loud noises
- D. Free from compromising postures which create muscular/skeletal discomfort



# EXTENDED CARE PERMITS TOOL KIT GETTING STATED

## Types of Service

I prefer providing the following clinical procedures (please circle all that apply)....

- A. Fluoride applications
- B. Caries assessment using laser fluorescence (ie. DIAGNOdent)
- C. Sealants
- D. Routine prophylaxis
- E. Scaling and root planning

I prefer the following types of services (please circle all that apply)...

- A. Clinical care
- B. Screening
- C. Data collection and reporting
- D. Patient education

## Administration

I prefer to do record keeping (please circle all that apply)

- A. Myself using paper documents
- B. Myself using computer software and filing electronically
- C. With the assistance of an office person filing paper documents
- D. With the assistance of an office person using computer software and filing electronically

I have to following level of computer confidence and competence

- A. Teaching myself new software programs
- B. Quick to learn new software programs from someone else
- C. Slow to learn and incorporate new software programs
- D. No interest in using the computer in my ECP hygiene services

I prefer to....

- A. Submit patient services for billing by myself and problem solve glitches in payments
- B. Turn all billing processes over to someone else

I prefer to....

- A. Be an employee with a salary I can count on
- B. Have benefits-health and disability insurance, retirement plan
- C. Be a contractor, paid based on the ECP services I perform

I prefer to.....

- A. Join an ECP hygiene service that is new but administered by others
- B. Join an existing ECP hygiene service and administered by others
- C. Take over an existing ECP hygiene service and administer it myself
- D. Design an ECP hygiene service and administer it my self





# EXTENDED CARE PERMITS TOOL KIT GETTING STARTED- ECP I

## EXTENDED CARE PERMIT I BASIC INFORMATION AND SUMMARY OF THE DENTAL PRACTICE ACT K.S.A. 65-1456(f)



Hygienists who have an Extended Care Permit I (ECP I) from the Kansas Dental Board may perform the practice of dental hygiene in community-setting or in dental clinics without the presence of a dentist. The ECP I hygienist may provide dental hygiene services for pregnant women, infants & toddlers, preschool children, students K-12. ECP I hygienists may also serve adults who are patients or clients of local health departments, safety-net clinics, and Indian Health Services. Additionally, ECP I hygienists may serve adults who are inmates of state correctional institutions. Hygienists with an ECP II may provide services for all populations that ECP I can serve, and then additionally those with ECP II may provide services for persons with developmental disabilities and on persons who are 65 years and older.

With the consent of the parent or legal guardian, ECP hygienists may serve children who are part of residential or community center for therapeutic services, those receiving family preservation and foster care services from SRS, those in homeless shelters and run-away youth programs, and children in the custody of the Juvenile Justice System. For all other children, ECP hygienists are limited to serving young children birth to five in infant/toddler and preschool programs as well as students in schools who qualify for Medicaid, HealthWave or free or reduced lunch programs.

In summary, this permit opens up the opportunity for the hygienist to provide the full range of prevention services to children of all ages who are limited in their ability to have a dental home. The hygienist serves as the front-line professional to prevent oral disease and to identify concerns so that dentists can conduct a comprehensive examination and intervene early enough to ward off more serious conditions.

Hygienists who wish to receive an ECP I must have a sponsoring dentist, their own professional liability insurance, and 1,200 hours of practice in the past three years under the supervision of a dentist. A hygienist who has been an instructor at an accredited dental hygiene program for two academic years within the past three years may also qualify to receive an ECP I.

Hygienists applying for an ECP I have no requirements for additional continuing education hours beyond the 30 required hours to renew the dental hygiene license.

The sponsoring dentist may be any dentist who has a license to practice in the State of Kansas. The dentist signs the ECP I application. Each dentist may monitor five dental hygienists with an Extended Care Permit, either 1 or II.

Hygienists send their reports of findings and treatment to the dentist within 30 days of providing services to the patient; the dentist has 30 days to review the report. The hygienist and dentist must have a signed agreement stating that the dentist shall monitor the dental hygienists activities. Neither reports nor agreements are housed at the Kansas Dental Board.

### **Extended Care Permit Application Form: Kansas Dental Board**

[http://www.accesskansas.org/kdb/Documents/Forms/ECP\\_IandIIrevised71408.pdf](http://www.accesskansas.org/kdb/Documents/Forms/ECP_IandIIrevised71408.pdf)


*Please read K.S.A. 65-1456(f) for precise legal statements in the Dental Practice Act. In addition, you can find an expanded explanation on Oral Health Kansas website, including questions and answers about sponsoring dentists and financing ECP II services.*





# EXTENDED CARE PERMITS TOOL KIT GETTING STARTED- ECP II

## EXTENDED CARE PERMIT II BASIC INFORMATION AND SUMMARY OF THE DENTAL PRACTICE ACT K.S.A. 65-1456(g)



Hygienists who have an Extended Care Permit II (ECP II) from Kansas Dental Board may perform the practice of dental hygiene in community-setting or in dental clinics without the presence of a dentist. The ECP II hygienist may provide dental hygiene services to persons with developmental disabilities and on persons who are 65 years and older who are residents in a adult care home, subsidized housing, hospital long-term care unit, state institution. They also may serve Kansans who live in the community and receive services from developmental disability centers and senior services such as case management, home health, and elderly nutrition program. The services may be offered in a community disability or elder center or at the home of a homebound person who qualifies for the federal home and community based service (HCBS) waiver.

In summary, this permit opens up the opportunity for the hygienist to provide the full range of prevention services to individuals who have difficulty traveling to dental offices because of medical conditions and disabilities. The hygienist serves as the front-line professional to prevent oral disease and to identify concerns so that dentists can conduct an comprehensive examination and intervene early enough to ward off more serious conditions.

Hygienists who wish to receive an ECP II must have a sponsoring dentist, their own professional liability insurance, and 1800 hours of practice in the past three years under the supervision of a dentist. A hygienist who has been an instructor at an accredited dental hygiene program for two academic years within the past three years may also qualify to receive an ECP II.

The hygienist must have 6 continuing education hours on the care of special needs patients or other training as may be accepted by the board as part of the 30 required hours to renew the dental hygiene license.

The sponsoring dentist may be any dentist who has a license to practice in the State of Kansas. The dentist signs the ECP II application. Each dentist may monitor five dental hygienists with an Extended Care Permit, either I or II.

The hygienist sends her report of findings and treatment to the dentist within 30 days of providing services to the patient; the dentist has 30 days to review the report. The hygienist and dentist must have a signed agreement stating that the dentist shall monitor the dental hygienists activities. Neither reports or agreements are housed at the Kansas Dental Board.

### **Extended Care Permit Application Form: Kansas Dental Board**

[http://www.accesskansas.org/kdb/Documents/Forms/ECP\\_IandIIrevised71408.pdf](http://www.accesskansas.org/kdb/Documents/Forms/ECP_IandIIrevised71408.pdf)

*Please read K.S.A. 65-1456(g) for precise legal statements in the Dental Practice Act. In addition, you can find an expanded explanation on Oral Health Kansas website, including questions and answers about sponsoring dentists and financing ECP II services.*





# EXTENDED CARE PERMITS TOOL KIT

## GETTING STARTED

### Hygienists Returning to Work

#### **Dental Hygienists Seeking an ECP When Returning to Work**

Dental hygienists seeking an Extended Care Permit who have not practiced in the past three years but have retained a Kansas dental hygiene license have a way to qualify for an ECP. The law specifies that hygienists returning to work have two options. They can complete a refresher course approved by Kansas Dental Board or perform at least 200 hours of dental hygiene care under the supervision of a dentist with a Kansas license. These need to have been completed within the previous 12 months prior to applying for an Extended Care Permit. The supervising dentist will be asked to provide the dental board with a letter of recommendation. The hygienist will be required to document six hours of relevant continuing education if applying for an ECP II.

#### **K.S.A. 65-1456 New Section 5**

*A dental hygienist who meets the requirements of subsections (f)(1) or (g)(1)(A) of K.S.A. 65-1456, and amendments thereto, prior to a period of retirement or disability, but not within the past three years, and is returning to active practice after such period of retirement or disability under K.S.A. 65-1431(i), and amendments thereto, or who has retained a license to practice but has not practiced in the past three or more years may qualify for an extended care permit by completing a refresher course approved by the board under K.A.R. 71-3-8 or performing 200 hours of dental hygiene care within the last 12 months under the supervision of dentists licensed in the state of Kansas and provides the board with a letter of endorsement from one of the supervising dentists.*



## EXTENDED CARE PERMIT PATIENT SERVICES

Extended Care Services offered by hygienists are outlined in K.S.A. 65-1456, in the section titled, "Kansas Laws relating to the Practice of Dentistry and Dental Hygiene". Any or all of the following procedures may be performed by a dental hygienist possessing an Extended Care Permit from the State of Kansas. This list may be a useful tool for designing ECP hygiene services with a community agency or facility, whose staff do not have a complete list of permissible services hygienists may provide to their clients or students.

It is important to note that K.S.A. 65-1456(k) does make the exception that dental hygienists who do not have an ECP may provide dental hygiene instruction, visual oral health care screening and fluoride varnish applications in community based setting.

Here is a list of dental hygiene patient services that are allowed in an Extended Care Permit setting, some of which are written into the law and others that may be delegated by sponsoring dentist

### **Procedure: Oral Prophylaxis**

Removal of extraneous deposits, stains and debris from the teeth and the rendering of smooth surfaces of the teeth to the depths of the gingival sulci

### **Procedure: Topical application of fluoride for the prevention of caries and treatment of dentinal sensitivity**

### **Procedure: Dental Hygiene Instruction**

- A. Provide complete oral hygiene instruction, and necessary hygiene items for at-home care
- B. Explain prevention and treatment of dental decay
- C. Explain prevention and treatment of gingivitis and periodontal disease and its relation to other systematic problems
- D. Provide information on tobacco use and cessation
- E. Provide nutritional counseling for oral health
- F. Recommend re-care hygiene visits at intervals appropriate to the individual
- G. Inform patient that services available through Extended Care Permits are preventative in nature and do not constitute comprehensive dental exams, diagnosis and care plans



## EXTENDED CARE PERMIT PATIENT SERVICES

**Procedure:** Assessment of Patient's Apparent Need for Further Evaluation by a Dentist to diagnose the presence of caries and other abnormalities

- A. Provide complete oral screening for dental decay
- B. Provide oral cancer screening
- C. Perform a complete periodontal evaluation and explanation of prevention and treatment of periodontal disease and its relation to other systemic problems
- D. Perform screening for ill fitting dentures or partial dentures
- E. Recommend a dental visit for further evaluation
- F. Or other duties, which are delegated, verbally or in writing, by the sponsoring dentist that are consistent with this act

### **Procedure: Sealants**

Sealants may be placed on any deciduous or permanent occlusal surface that appears to be free of caries and restoration and/or having a specific reading set by the sponsoring dentist using the approved protocol of laser fluorescence.

### **Procedure: Radiographs**

With permission from the sponsoring dentist, a hygienist with an Extended Care Permit may take radiographs in community-based settings for the dentist's follow-up assessment and diagnosis

### **Procedure: Oral Health History**

The hygienist conducts a comprehensive documentation of the patient's medical oral health history and maintain appropriate records



## EXTENDED CARE PERMIT

### SPONSORING DENTIST

The role of the sponsoring dentist is fundamental to the Extended Care Permit. This section of the toolkit contains the following:

- Overview: Role of the Sponsoring Dentist
- Questions and answers designed to clarify the sponsoring relationship
- Sponsoring dentist/hygienist agreement template
- Sample agreement

#### **Role of the Sponsoring Dentist**

A sponsoring dentist is essential to an Extended Care Permit Hygienist. It is a dental professional partnership, although different from the teamwork between supervising dentist and hygienist. A sponsoring dentist only monitors the ECP's report of treatment and findings and may provide guidance and information when appropriate. The law does not require the dentist to examine or treat people receiving ECP services in community or dental clinic settings.

Sponsorship begins with the Kansas Dental Hygiene Extended Care Permit I & II Application, available at the Kansas Dental Board website: [http://www.accesskansas.org/kdb/Documents/Forms/ECP\\_IandIIrevised71408.pdf](http://www.accesskansas.org/kdb/Documents/Forms/ECP_IandIIrevised71408.pdf)

The document formalizes the working relationship when the dentists complete the front section requiring their basic information and sign the form, verifying accuracy of the information included on the form. If a hygienist's sponsoring dentist cannot or will not continue to function as a sponsoring dentist, the hygienist shall cease providing extended care permit treatment until the hygienist obtains a written agreement with a replacement sponsoring dentist. (K.S.A. 71-3-9)

Hygienists may have more than one sponsoring dentist if they are providing services in different community sites or dental public health clinics, but the law only requires one sponsoring dentist. Additional dentists must sign a completed original form:

[http://www.accesskansas.org/kdb/Documents/Forms/ECP\\_IandIIrevised71408.pdf](http://www.accesskansas.org/kdb/Documents/Forms/ECP_IandIIrevised71408.pdf).

If hygienists change sponsoring dentists, they must complete a different form, again available from the Kansas Dental Board's website:

<http://www.accesskansas.org/kdb/Documents/Forms/ECPchangeofsponsoringDentist.pdf>

A dentist may sponsor up to a total of five Extended Care Permit hygienists: These can be a combination of ECP I & II. (K.S.A. 65-1456 (f)(3)&(g)(3)).



## EXTENDED CARE PERMIT

### SPONSORING DENTIST

#### ***Sponsoring Dentist & ECP Hygienist Agreement***

K.S.A. 65-1456(3)(f)&(g) requires that the dentist and hygienist develop an agreement in writing, outlining the ECP hygienist's specific responsibilities. This agreement is for the benefit of the hygienist and dentist; Kansas Dental Board does not request a copy for its files. In addition to the requirements described in the Extended Care Permit law, the dental hygienist and dentist will benefit by drafting an agreement that reflects the individual nature of the work, Extended Care Permit site, population to receive services and the community being served. Agreements may be in letter form or formal contracts. There is no standard format dictated by law.

Some practical elements of the sponsorship agreement should include these items: hygienist and dentist's names, contact information, degrees, licenses, and any other information essential to the ECP services. Since the law requires that the hygienist show proof of professional liability insurance, the signed agreement should include that information.(K.S.A. 65-1456 (f)(2)&(g)(2)). In order for the dentist to anticipate the type of reports that will be submitted, the agreement should include the hygiene services that will be performed and the information the dentist can expect. It is useful for the agreement to also include information about the community sites where Extended Care Permit services will be performed.

#### ***ECP Patient Assessment Reports of findings and treatment***

The law specifies that the dentist is responsible for monitoring the hygienist's findings and treatment. (K.S.A. 65-1456 (f)(3)) The hygienist must send a written or electronic report to the sponsoring dentist within 30 days after providing ECP patient services. In addition, the hygienist is responsible to send the report to a dental or medical director when providing services in a community setting: for example, a school nurse, medical director of a long-term care facility, or dental director of a residential therapeutic treatment program.

A sponsoring dentist monitors the ECP's patient services through written or electronic report of treatment and findings and may provide guidance and information when appropriate. In addition, the sponsoring dentist may delegate duties to the hygienist verbally or in writing that are consistent with a hygienist's scope of practice outlined in the dental practice act. (K.S.A. 65-1456 (f)(4)(e)). If the sponsorship agreement includes the dentist collecting fees for the Extended Care Permit, the dentist pays the hygienist for ECP hygiene services performed. (K.S.A. 65-1456 (f)(7)).



## Q&A

### SPONSORING DENTIST

#### **Q. How do I find a dentist to sponsor me for an Extended Care Permit?**

A. A successful professional relationship has respect and trust at its foundation. These are the ingredients for all partnerships, teams, and professional/client relationships. You can begin by asking a dentist you have worked with. As an alternative, consider seeking out a dentist who demonstrates a commitment to public health dentistry: someone working at a public health clinic, volunteering in community projects, or serving patients covered by Medicaid/HealthWave. One hygienist approached a dentist she had met at several Kansas Mission of Mercy projects.

#### **Q. What do I say to a dentist who might sponsor me for an ECP?**

A. If you are just starting to explore the benefits of having a permit, you could simply ask dentists if they have considered sponsoring hygienists. You can prepare for the conversation by listing the basic requirement: you must submit reports to the dentist within 30 days after serving patients and the dentist is responsible for reviewing reports of treatment within thirty days after you submit them. These preliminary conversations help surface dentists' questions about ECP and their roles. Here's one way of introducing the topic:

*I have begun looking into an Extended Care Permit but I am just at the stage of exploring how it might fit into my professional practice. I have a lot of research to do but one stipulation is having a dentist to sponsor me. Would you be willing to talk with me about your interest in and questions about being a sponsoring dentist?*

*The opening gives the dentists the opportunity to learn more about ECP and your interest in community dental hygiene. And since you are clear that you are just exploring it yourself, you provide the dentist with a graceful exit.*

#### **Q. What do I say after the dentist says, "Sure lets talk. What is the role of a sponsoring dentist?"**

You can begin with the statute of Kansas Legislature (K.S.A. 65-1456). A dental hygienist is sponsored by a dentist licensed in the state of Kansas. This includes a signed agreement stating the dentist shall monitor the dental hygienist's activities. Read the entire statute before your discussion and have a copy of the statute with you for reference. In addition to the law, a few rules and regulations have been written pertaining to ECP: 1) the hygienist will submit to the sponsoring dentist the required patient assessment report no later than 30 days from the date of care and 2) the sponsoring dentist shall review each patient assessment report within 30 days of receiving the report.



## Q&A

### SPONSORING DENTIST

#### **Q. What exactly is required of the sponsoring dentist?**

A. The dentist is required to have a signed agreement with the hygienist, monitor the dental hygienist's activities, receive a copy of the findings (of the hygienist for each patient seen in an Extended Care Permit Site) and the report of treatment. Rules and regulations require the dentist to review each patients assessment report within 30 days of receiving the report

#### **Q. What are the elements in the written agreement with the sponsoring dentist?**

A. A hygienist and the sponsoring dentist need to write an agreement that fits their unique working relationship. At the same time, there are basic items to consider: patient populations and location of treatment; equipment, supplies, transportation of equipment and storage; report of findings; notice to patients about the preventive nature of the hygienist's ECP services; liability insurance and current license number. If the sponsoring dentist is also going to the fiscal agent- that is, collecting Medicaid reimbursements or fees for services and paying the hygienist- the financial arrangements may be included in the agreement.

#### **Q. Once the dentist and I write the agreement , does it go to the Kansas Dental Board?**

A. No, the Dental Board had not asked for copies of agreements between the hygienist and sponsoring dentist. The hygienist and dentist keep a copy of the agreement, and in some cases, the Extended Care Permit Site might ask for a copy of the agreement for its files.

#### **Q. Who signs the agreement?**

A. The law does not specify but usually agreements are signed by both parties: the dentist and hygienist.

#### **Q. Is there a benefit for the agreement to be signed periodically, perhaps each two years- when hygienists renew their licenses?**

A. The law does not require the agreement to be reviewed or resigned periodically, but it makes good sense to review the elements of the agreement and capture any changes that might have taken place. The dentist and hygienist can sign and date the changes rather than writing an entirely new agreement.

#### **Q. Is there a time when a new agreement needs to be written?**

A. If the hygienist changes sponsoring dentist, or Extended Care Site, there needs to be a new written agreement.

#### **Q. Does the sponsoring dentist, any qualified dentist, or the client's personal dentist need to see those patients receiving extended care hygiene services in the 12 month period?**

A. No, the Extended Care Permit law does not require any dentist to examine or provide treatment to the patients served by an ECP hygienist.





## Q&A

### SPONSORING DENTIST

**Q. Can I have several sponsoring dentists? Under what circumstances might I need/want more than one sponsoring dentist?**

A. The law requires that a hygienist have one sponsoring dentist. It does not preclude a hygienist from having more than one.

**Q. If I provide ECP services in two different settings– long term care and Head Start– do I need different sponsoring dentists?**

A. The law requires a hygienist to have a sponsoring dentist. A dentist may elect to sponsor a hygienist to provide services only to patients in long-term care facilities. Nothing in the law precludes the hygienist from seeking out a second dentist as a sponsor for another community site.

**Q. May I have a sponsoring dentist different from the dentist who currently employs me?**

A. Yes, the law does not specify the need for any current or previous working relationship between the hygienist and sponsoring dentist.

**Q. What type of documents are needed for the dentist to “monitor” services in an extended care setting?**

A. K.S.A. 65-1456(f)(6)&(g)(6) requires that the hygienist provide “a copy of the findings and the report of treatment” to the sponsoring dentist, but the law does not provide details. The hygienist and dentist need to come to an agreement on the content and format. Some Kansas hygienists have designed “hard copy” reports on paper; others have selected electronic formats. Some dentists helped craft the content of the reports and the format.

**Q. For monitoring purposes, what obligation does the sponsoring dentists have in documenting responses to extended care hygienists’ reports?**

A. The law does not require the dentist to respond to the hygienist’s reports. The written sponsorship agreement can spell out what individual dentists and hygienists decide is an appropriate procedure. The response may include a note on the reports, a written note or email to the hygienist, citing questions and concerns, or a phone call to the hygienists to discuss a patient.





## Q&A

### SPONSORING DENTIST

#### **Q. Is the sponsoring dentist responsible to provide dental treatment to patients served by ECP hygienists?**

A. No, under K.S.A. 65-1456 (f)&(g) the sponsoring dentist is not obligated to provide treatment for patients by an ECP hygienist. If dentists can not provide follow up evaluation and treatment services indicated by reports submitted by hygienists, they can play an important role by providing guidance to hygienists about alternative sources for dental evaluation and treatment.

#### **Q. Can a dentist have a valid Kansas license, be practicing in another state and be a sponsor?**

A. The law requires only that the dentist be licensed in the state of Kansas K.S.A. 65-1456 (f)(3)&(g)(3).

#### **Q. What is an allowable fee for a dentist to serve as a sponsor?**

A. No, it is determined between the hygienist and dentist.

#### **Q. Is it possible to determine a fee structure based on the amount of time a dentist must spend to “monitor” his/her hygienist? Is there a different fee structure if the dentists office manager does all the billing?**

A. As with many of the issues around ECP, hygienists and dentists must identify their own individual working relationships, including if the dentist require any fee for sponsoring the hygienist..

#### **Q. What is the procedure if the sponsoring dentist wishes to terminate his/her sponsorship?**

A. The terms and process for terminating the ECP sponsorship are part of the written agreement and are not determined by the ECP law. Every participating hygienist and dentist has the responsibility to design and agree upon a procedure for termination of sponsorship.

It is important for a hygienist to remember that he/she can not provide any ECP services without the continued sponsorship of a dentist. So, this must be taken into account when the termination agreement is written.



SAMPLE AGREEMENT FORMAT

REGISTERED DENTAL HYGIENIST AND  
SPONSORING DENTIST

*This sample format is designed to provide hygienists and sponsoring dentists with ingredients for writing an agreement to provide hygiene services in community settings. Dentists and hygienists are encouraged to include ingredients that reflect their needs.*



The practice of dental hygiene may be performed at a public school or accredited nonpublic school, Head Start program, state correctional institution, local health department or indigent health care clinic, adult care home, hospital long-term care unit, state institution or at the home of a homebound person who qualifies for the federal home and community based service (HCBS)

The tasks and procedures are limited to removal of extraneous deposits, stains and debris from the teeth and rendering of smooth surfaces of the teeth to the depths of the gingival sulci; the application of fluoride, dental hygiene instruction, assessment of the patient's apparent need for further evaluation by a dentist to diagnose the presence of dental caries and other abnormalities, and other duties as may be delegated by the sponsoring dentists consistent with this act. (KS 5-1456)

**Description of Hygiene Service:**

**Who is served, what services are provided, where and when service are provided, and any other information that is necessary to document for the agreement**

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**Sponsoring Dentist Information:**

**Name and contact information of dentist  
Degrees, Kansas Dental License #, and other information necessary to document for the agreement**

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SAMPLE AGREEMENT FORMAT  
REGISTERED DENTAL HYGIENIST AND  
SPONSORING DENTIST

AGREEMENT – DENTIST & DENTAL HYGIENIST



Sponsoring Dentist's Name \_\_\_\_\_

Office Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_ License # \_\_\_\_\_

RDH Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_ License # \_\_\_\_\_

Year received ECP \_\_\_\_\_ Type of ECP/ I or II \_\_\_\_\_

# of years practicing as RHD \_\_\_\_\_



SAMPLE AGREEMENT FORMAT

REGISTERED DENTAL HYGIENIST AND  
SPONSORING DENTIST

LOCATION(S) WHERE HYGIENE SERVICES WILL BE PROVIDED

Extended care permit services are limited to: Head Start, public school or accredited nonpublic school, state correctional institution, local health department or indigent health care clinic, adult care home, hospital long-term care unit, state institution or at the home of a homebound person who qualifies for the federal home and community based service (HCBS)



\_\_\_\_\_  
Name(s) of ECP Site(s)

\_\_\_\_\_  
Name(s) of ECP Site(s)

\_\_\_\_\_  
Name(s) of ECP Site(s)

\_\_\_\_\_  
Address(s)

\_\_\_\_\_  
Address(s)

\_\_\_\_\_  
Address(s)

\_\_\_\_\_  
City/State/ZIP

Office Phone(s) \_\_\_\_\_ Fax(es) \_\_\_\_\_

\_\_\_\_\_  
Site Director(s) -- Person responsible for managing extended care organization)

\_\_\_\_\_  
Site Director(s) -- Person responsible for managing extended care organization)



## SAMPLE AGREEMENT FORMAT

### REGISTERED DENTAL HYGIENIST AND SPONSORING DENTIST

#### Sponsorship Requirements of the Dental Hygienist

The dental hygienist will advise the patient and/or legal guardian that the services provided are preventive in nature and do not constitute comprehensive dental diagnosis and care.

The hygienist will maintain treatment records for each patient. The records will include a copy of the findings and the report of ECP treatment, date(s) of the treatment, hygienist's assessment of the patient's apparent need for further evaluation by a dentist.

3. The hygienist will compile these records into a report for the sponsoring dentist, and no later than 30 days from the date on which extended care treatment is completed, the hygienist shall send the required patient assessment report to the sponsoring dentist.

When providing ECP treatment for an organization where there is a dental or medical supervisor, the hygienist will send a copy of the required patient assessment report to those supervisors no later than 30 days from the date on which extended care treatment is completed.

Before providing ECP treatment in a new location, the hygienist will inform the sponsoring dentist in writing of the new address and types of procedures to be performed.

When the hygiene service is discontinued at any one of the ECP sites, the hygienist will report that change in writing to the sponsoring dentist.

If the sponsoring dentist terminates (discontinues) the sponsorship relationship, the dental hygienist shall cease providing ECP treatment until a new written agreement is in place with a sponsoring dentist.



SAMPLE AGREEMENT FORMAT  
REGISTERED DENTAL HYGIENIST AND  
SPONSORING DENTIST

Sponsorship Requirements of the Dentist

The sponsoring dentist will review each patient assessment report within 30 days of receiving the report.

The sponsoring dentist will provide at least 30 days notice in writing if the dentist terminates the sponsorship relationship.

Specific Consultation Requirements

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Specific Reporting Requirements

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Specific Dental Records Maintenance Requirements

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Fiscal Arrangements of Sponsoring Dentist and Dental Hygienist

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SPONSORSHIP AGREEMENT

SPONSORING DENTIST

AGREEMENT – DENTIST & DENTAL HYGIENIST

Renewal of the Sponsorship Agreement

The sponsorship agreement between the sponsoring dentist and the dental hygienist using an Extended Care Permit I and/or Extended Care Permit II shall be reviewed and signed at least biannually.

Dentist: I agree to provide sponsorship of the dental hygienist named in this agreement according to the rules and regulations specified in Kansas Laws Pertaining to the Practice of Dentistry and Dental Hygiene and regulations governing Extended Care Permits and the requirements specified in this Sponsorship Agreement.

\_\_\_\_\_  
(Signature of Sponsoring Dentist)

\_\_\_\_\_  
(Date)

Dental Hygienist: I agree to provide dental hygiene services named in this agreement in extended care settings according to the rules and regulations specified in Kansas Laws Pertaining to the Practice of Dentistry and Dental Hygiene and regulations governing Extended Care Permits and the requirements specified in this Sponsorship Agreement.

\_\_\_\_\_  
(Signature of Dental Hygienist)

\_\_\_\_\_  
(Date)

Maintain a copy of this signed agreement at each Extended Care Permit Site where extended care services are provided





# EXTENDED CARE PERMIT FINANCIAL MANAGEMENT

## **Overview**

Financial management of oral health services traditionally has been the responsibility of dentists and office administrators in private or public health practices. Extended Care Permits hygienists and their community partners need financial knowledge and skills to ensure that ECP service in community settings are financially viable

## **Sources of Income**

There are several sources for funding community dental hygiene services. Here is a brief explanation of each. More information is available through websites, pamphlets, and workshops.

## **Medicaid/HealthWave**

Medicaid and HealthWave is the traditional source for funding services to children enrolled in Head Start and schools. Medicaid covers children and adolescents up to the age of 21; HealthWave up to the age of 19. K.S.A. 65-1456(f) gives hygienists permission to serve “a person who meets the requirements of Medicaid, HealthWave or the federal free and reduced lunch program. . .” Medicaid/HealthWave reimburses for fluoride applications, sealants, and prophylaxis, which may be performed in community settings by hygienists. To receive reimbursement from Medicaid, the hygienist must make sure that the child or adolescent is enrolled and has not received recent hygiene services from another source.

## **Fees for Service**

ECP hygiene services may charge fees for service when serving children and adolescents who qualify for but do not have Medicaid/HealthWave coverage or qualify for the free and reduced lunch program. (K.S.A. 65-1456(f)). In addition, adults and seniors served in long-term care, local health departments, and indigent clinics may also receive preventive hygiene services on a “fee for service” basis. Sponsoring dentists and ECP sites pay the dental hygienist whatever fees are due for services; dental hygienists are not paid directly by patients (K.S.A. 65-1456(f)(7)&(g)(7)).

## **Community Resources**

Each community has agencies, like United Way, businesses, and individuals who provide funds to improve the quality of life for its residents. To identify funds from these sources requires networking and sales presentations, but often these funds have fewer restrictions and less complicated application processes than federal and state agencies or foundations.

## **Grants**

State and community agencies are eligible to apply for grants to underwrite ECP dental hygiene services for clients and patients. Funds have come from federal grants and foundations. Grant funds are almost always limited to a specific time period, which makes it difficult to sustainability of ECP services funded by grant monies.



## EXTENDED CARE PERMIT FINANCIAL MANAGEMENT

### **Expenses**

Each ECP service will have expenses that match the services, population, community, and ECP site. Here is basic information to begin developing a financial plan.

### **Payment for Hygiene Services**

Hygienists with Extended Care Permits may be paid for their services by

1. The sponsoring dentist
2. The participating organization (K.S.A. 65-1456 (f)(7)&(g)(7)). Who pays for equipment, supplies, salaries, fees for service, continuing education, and travel expenses needs to be worked out in detail with the hygienist, sponsoring dentist and Extended Care Permit site.

### **Payment for Hygiene Services**

There is no set limit on a fee the dentist might charge for reviewing ECP reports. Some dentists charge no fee, others base the amount on the time they need to review reports, while others calculate a percentage based on income from hygiene services.

### **Payment for Financial Management and Administrative Services**

There is not a formula for determining a rate for administration. Extended Care Permit sites or sponsoring dentists determine the cost to administer an ECP hygiene service. Whether or not a hygienist performs some of the administrative tasks will factor into determining the fees for administrative services.

### **Dental Equipment**

This is the most expensive part of start up costs. Some ECP sites may have adequate equipment or an outside source to fund the purchase of equipment– permanent or mobile. It is important that the ECP budget reflects possible repair and replacement costs.

### **Supplies**

These need to be determined in advance and calculated on a use per patient formula. A general guideline in 2010 is \$7-\$9 per patient, but individual circumstances can vary.

### **Other**

Each ECP hygiene service will have its own specific needs– fees, equipment, supplies, and patient education materials. Hygienists who are experienced at operating ECP services are excellent sources of advice.



## Q&A

### FUNDING EXTENDED CARE SERVICES

**Q. How does a hygienist in an extended care setting get paid?**

A. the sponsoring dentist and the participating organization listed in K.S.A. 65-1456(f)(7)&(g)(7) will arrange payment for an ECP hygienist.

**Q. May a patient/client pay the sponsoring agency such as a residence for seniors for ECP hygiene service? Who then pays the hygienist-dentist or agency?**

A. Yes, patients may pay either the sponsoring dentist or the participating organization. The hygienist receives a portion of the payment from whoever collect the fee for service K.S.A. 65-1456(f)(7)&(g)(7). Any payment to the dental hygienist for ECP services is received from the sponsoring dentist or the participating organization found in this subsection.

**Q. What constitutes a “participating organization?”**

A. These organizations: Head Start, schools, local health departments, indigent health clinics, state correctional institution, adult care home, long term care facility, state institution or at home of a homebound person who qualifies for the federal home and community based service (HCBS) waiver-listed in K.S.A. 65-1456(f)&(g)

**Q. Does this include the long-term care facility or school, which do not have dental provider numbers?**

A. Yes

**Q. Can nursing homes file claims for dental hygiene services for patients with their own dental insurance?**

A. Not usually, but in some cases individuals may be able to turn in a receipt to their own dental insurance company for reimbursement.

**Q. Can someone pay a hygienist directly for services if the hygienist then turns the funds over to the participating organization or sponsoring dentist? What if a parent wishes to pay cash? Can the RDH receive the cash from the school/parent? Should the money be passed it on to the DDS or other agency first, and then be reimbursed?**

A. Yes, the hygienist can be the “cashier” as long as the funds are turned over to the dentist or participating organization.

**Q. What are the laws governing Medicaid reimbursement?**

A. Please see <http://www.cms.hhs.gov/medicaid/state.asp?state=ks> for information about Kansas and [http://www.asp.org/research/Medicaid\\_Reimbursement\\_2004-05\\_Interim\\_Report.pdf](http://www.asp.org/research/Medicaid_Reimbursement_2004-05_Interim_Report.pdf) for 2004/5 Medicaid Reimbursement Survey state by state

**Q. Which people/agencies may have dental provider numbers?**

A. Dentists  
Indian Health Services  
Federally Qualified Health Center  
Local Health Departments  
Interim Care Facilities/for Mental Retardation  
Head Start Grantees



## Q&A

### FUNDING EXTENDED CARE SERVICES

**Q. What does Medicaid/HealthWave cover regarding hygiene services? What does it not cover?**

A. Medicaid/HealthWave reimburses for the following dental hygiene services: fluoride applications, sealants, prophylaxis.

