



Washington State Department of
Health
 Dental Hygiene Program
 PO Box 47852
 Olympia, WA 98504-7852
 360.236.4700

Practice Plan and Agreement for Dental Hygiene Services in Senior Centers

New legislation passed in 2009, Substitute House Bill (SHB) 1309, allows dental hygienists to continue to provide limited dental hygiene services in “senior centers” with off-site supervision by a dentist licensed in Washington State. The dental hygienist must continue to submit quarterly data to the Department of Health until October 1, 2013 or this requirement is changed by the legislature.

Under RCW 18.29.056, Practice in a Senior Center is limited to:

- Removal of deposits and stains from the surface of the teeth.
- Application of topical preventive or prophylactic agents.
- Polishing and smoothing restorations.
- Performance of root planning.
- Soft tissue curettage.

Under RCW 18.29.056, Practice in a Senior Center does NOT include:

- Injections of anesthetic agents;
- Administration of nitrous oxide; or
- Diagnosis for dental treatment.

Before providing services a dental hygienist who is contracted with, employed, or retained to perform services in a senior center must enter into a written practice plan and agreement, using this form, with a dentist licensed in Washington State. This agreement must be signed by the supervising dentist and the dental hygienist and must be approved by the Department of Health.

The dentist and dental hygienist must retain their copies of this practice plan and agreement.

Send the original signed agreement to the address shown above.

Signing the agreement does not create an obligation for the dentist to accept referrals of patients receiving services under the program.

Definitions (for the purpose of this agreement)

- **Dental Hygienist:** a dental hygienist that is currently licensed in Washington State to practice dental hygiene and has two years’ practical clinical experience with a licensed dentist, within the past five years.

Dental Hygienist Initials	Off-site Supervising Dentist Initials	Alternate Off-site Supervising Dentist Initials
------------------------------	--	---

- **Dentist:** a dentist that is licensed to practice dentistry in Washington State.
- **Senior Center:** a multipurpose community facility operated and maintained by a non-profit organization or local government for the organization and provision of a combination of some of the following: health, social, nutritional, educational services, and recreational activities for persons 60 years of age or older.
- **Off-Site Supervision:** Off-site supervision means that a licensed dental hygienist has entered into a written practice plan under [RCW 18.29.056](#) with a dentist licensed in Washington. The dentist must agree to be available for contact as documented in the practice plan. The dental hygienist must submit the practice plan to the department for approval. Off-site supervision does not require the physical presence of the supervising dentist at the treatment site. At a minimum, the agreement should include:
 1. Communication between dental hygienist and dentist:
 - Accessibility
 - Frequency of contact
 - Preferred method of contact (phone, fax, email, text message, beeper)
 2. Practice Hours:
 - Days of week
 - Hours of day
 3. Identify locations where services will be provided.
 4. Detailed alternate plan when the off-site supervisor is unavailable. If you have an alternate off-site supervising dentist, you must also have a separate practice plan.

Roles/Responsibilities

Dental Hygienist must:

- Obtain information from the patient’s primary health care provider about any health conditions of the patient that would be relevant prior to the provision of preventive dental care.
- Refer patients seen under this practice plan to licensed dentists for dental planning and treatment, as needed.
- Provide, at a minimum, the following written information specified in [RCW 18.29.230](#) to the patient or parent/legal guardian.
 1. Notice that treatment being given under the program is not a comprehensive oral health care service, but is provided as a preventive service only; and
 2. A recommendation that the patient should be examined by a licensed dentist for comprehensive oral health care services; and
 3. Assist the patient in obtaining a referral for further dental planning and treatment, including providing a written description of methods and sources by which a patient may obtain a referral, if needed, to a dentist, and a list of licensed dentists in the community.

Dental Hygienist Initials	Off-site Supervising Dentist Initials	Alternate Off-site Supervising Dentist Initials
------------------------------	--	---

- Maintain patient records for five years in an orderly, accessible file, available for inspection.
- Complete quarterly reporting. There are two reporting options.
 1. Mail the Dental Hygiene Services Senior Centers Report Form (645-142) for each patient to the Department of Health.
 2. E-mail the approved spreadsheet with all patient data listed for the quarter to vicki.brown@doh.wa.gov.

Approved forms can be located on our website at:

http://www.doh.wa.gov/hsqa/Professions/Dental_Hygiene/documents/PracticePlan.pdf

Quarterly reports are due by:

	January 1, 2012	April 1, 2012
July 1, 2012	October 1, 2012	January 1, 2013
April 1, 2013	July 1, 2013	October 1, 2013

- Display a copy of his/her current license where dental services are being provided, along with a copy of his/her Practice Plan and Agreement.

Dentist agrees to:

- Consult with the dental hygienist for appropriate referral of patients based on oral health assessment, general health, or other findings.
- Participate as an off-site supervisor, as described below, but is not obligated to provide dental services.

Dental Hygienist Name	Contact Telephone Number	License Number
Off-Site Supervising Dentist Name	Contact Telephone Number	License Number

Off-site supervision will be accomplished by: (detail your supervision agreement)

1. Communication to include accessibility, frequency of contact, and preferred method of contact (phone, fax, email, text message, beeper).

2. Practice hours to include days of week and hours of day.

Dental Hygienist Initials	Off-site Supervising Dentist Initials	Alternate Off-site Supervising Dentist Initials
------------------------------	--	---

3. Detailed alternate plan when the off-site supervisor is unavailable.

Note: If additional space is needed, a separate sheet may be attached.

Practice Site(s):

The dental hygienist will be employed, retained, or contracted with, to perform limited services at the following facilities:

Facility Name	Facility Address

Note: If additional space is needed, a separate sheet may be attached.

Termination:

Either party may terminate this agreement with 30 days written notice to the other party. If this agreement is terminated, you must send a copy of the written notice to the Department of Health before the date of termination.

We certify under penalty of perjury based on the laws of the Washington State that the information in the written practice plan is correct to the best of our knowledge and belief. We further certify that we have reviewed the current statutes, rules, and regulations of Washington State pertaining to Dental Hygienists (RCW 18.29), Dentists (RCW 18.32), and Uniform Disciplinary Act (RCW 18.130), the practice plan description and understand our duties and responsibilities.

Print Name	Signature of Dental Hygienist	Date
Print Name	Signature of Supervising Dentist	Date