



## **Technical Review Board Dental Pilot Project Program Application Review #300 Meeting Minutes**

**Date:** Wednesday, May 16, 2019  
**Time:** 9:30 AM – 4:00 PM  
**Location:** Oregon Oral Health Coalition  
9140 SW Pioneer Court  
Wilsonville, Oregon

### **Technical Review Board Members Present:**

Daniel Blickenstaff	Oregon Board of Dentistry
Jennifer Lewis-Goff	Oregon Dental Association
Sharon Hagan	Lane Community College
Cara Kao-Young	Portland Community College
Sharity Ludwig	Advantage Dental
Elisa Schofield	Oregon Dental Hygiene Association
Eli Schwarz	OHSU-School of Dentistry
Karen Shimada	Oregon Oral Health Coalition

### **OHA Staff:**

Bruce Austin	Oregon Health Authority
Maria Castro	Oregon Health Authority
Sarah Kowalski	Oregon Health Authority
Jonathan Mcelfresh	Oregon Health Authority
Allison Mobley	Oregon Health Authority
Karen Phillips	Oregon Health Authority

### **Project Sponsor Representatives:**

Gail Aamodt	Pacific University
Toby Absher	Willamette Dental
Amy Coplen	Pacific University
Shannon English	Willamette Dental
Lisa Rowley	Pacific University
Dayna Steringer	Willamette Dental
Elisa Turpen	Willamette Dental

**Public Attendees:** Cassie Leone

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CENTER FOR PREVENTION AND HEALTH PROMOTION  
Oral Health Program

Kate Brown, Governor

**Oregon**  
**Health**  
Authority

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# AGENDA

Technical Review Board  
Dental Pilot Project Program  
Application Review #300  
Oregon Oral Health Coalition  
9140 SW Pioneer Court, Wilsonville, Oregon  
May 16, 2019  
9:30am-4:00pm

9:30-9:40	Official Introductions, Agenda Review, Housekeeping	Sarah Kowalski, RDH, MS
9:40-10:15	Overview of Dental Pilot Project Program; Requirements of Current Administrative Rules; Review revised timeline; Evaluation & Monitoring Requirements; Review Process	Sarah Kowalski, RDH, MS
10:15-10:40	Review Application; Discussion with TRB	TRB Members OHA Program Staff Project Applicant
10:40-10:50	Break	
10:50-12:30	Review of Dental HPSA's and Purpose, Office of Primary Care – Oregon Health Authority, Review Application; Discussion with TRB	Jonathan Mcelfresh TRB Members OHA Program Staff Project Applicant
12:30-1:00	Lunch Break	
1:00-2:45	Review Application; Discussion with TRB	TRB Members OHA Program Staff Project Applicant
2:45-3:00	Break	
3:00-3:55	Review Application; Discussion with TRB	TRB Members OHA Program Staff Project Applicant
3:55-4:00	Follow Up Item, Next Steps	Sarah Kowalski, RDH, MS

**Public Comment Period Information:** Pursuant to OAR 333-010-0730 Dental Pilot Projects: Application Review Process. (5) Once the Authority completes an application review, a Notice of Intent to provisionally approve or deny an application will be provided to the applicant. The Notice will be sent to interested parties and will be posted for **public comment for a period of 30 calendar days**, along with a link to the application and other materials submitted by the applicant.

## Summary of Meeting

**Agenda Item:** Overview of Dental Pilot Project Program; Requirements of Current Administrative Rules; Review revised timeline; Evaluation & Monitoring Requirements; Review Process

**Topic:** Overview of Dental Pilot Project Program

**Summary of Discussion:** Sarah Kowalski provided an overview of the Dental Pilot Project Program including updates to the Oregon Administrative Rules (OARs) which were amended in 2018.

- OHA discussed applicant review process with Technical Review Board (TRB) and Project Applicants.
  - Review of timeline and revised OARs.
- A review worksheet was provided ahead of TRB meeting along with a copy of the application submitted to OHA
  - TRB members were asked to determine if the applicant meets the criteria required under the specific OAR
    - If there are no objections, all affirmative answers, the materials were not covered in the meeting.
    - If there was an objection, a negative answer, or comments on the OAR in question, the materials were covered and discussion was commenced on the topic.
    - It was determined that if the applicant was deficient in a particular area, the TRB will make recommendations to the project to come into compliance with the requirements of the particular OAR.

**Agenda Item:** Review Application; Discussion with TRB

**Topic:** Project Goals, Feasibility of Achieving Project Objectives

**Summary of Discussion:** Discussion of Project Goals and Feasibility of Achieving Project Objectives

- TRB was asked if the applicant clearly states the “project goals” in their application as required under OAR 333-010-0720 and the “feasibility” of achieving their goals or objectives.
- **Primary themes of discussion:**
  - Clarification on the goals of the project is required around the populations that are targeted.
  - Project identifies goals, under short term goals, “In addition, determine if adding a Dental Therapist to the dental team will expand access to consistent, routine, high quality oral health care to populations who experience limited access to care such as: individuals with OHP coverage, uninsured and underinsured individuals, those with infirmity, language barriers, transportation barriers, low socioeconomic status, institutionalized, elderly and children.”

- Concerns that project goals around population served are not clear.
- Feasibility of achieving the project objectives cannot be determined since the project goals are not clear around the populations served or targeted populations.

**Decision:** Project applicant is not in compliance with the OAR 333-010-0720.

**Action:** OHA will consolidate feedback from TRB, describe the concerns or deficiencies and make recommendation to come into compliance with the applicable OAR. Project applicant will review recommendations and make changes to their application.

**Agenda Item:** Review Application; Discussion with TRB

**Topic:** Need for the Project

**Summary of Discussion:** Discussion of Need for the Project

- TRB was asked if the applicant clearly states the “need for the project “ in their application as required under ORS 680.210.
- **Primary themes of discussion:**
  - Background data is extensive but not for the targeted populations that the project intends to serve. There is a misalignment between the global, national and state specific oral health issues without actually describing the needs of the populations that project intends to serve.
  - Background section provides a broad overview of the need for dental care in the nation. Data on Oregon was included regarding health disparities and social determinants of health, however, this information was not included in the Project Summary as guiding the pilot to focus on reaching these populations in need. The Oregon Pilot would benefit from using the background data to select the population to focus on with this project. The needs reported are not aligned with the applicant’s partnerships geographically and data reporting activities do not include race/ethnicity, language and disability.
  - A simple statement of: in order to meet X need, we will serve y patients at N clinic.
  - Barriers to access

**Decision:** Background data and citations must be used to support the need for the project in providing care to all of the intended focused populations. Project applicant is not in compliance with ORS 680.210.

**Action:** OHA will consolidate feedback from TRB, describe the concerns or deficiencies and make recommendation to come into compliance with the applicable OAR. Project applicant will review recommendations and make changes to their application.

**Agenda Item:** Review of Dental HPSA’s and Purpose, Office of Primary Care – Oregon Health Authority, Review Application; Discussion with TRB

**Topic:** Presentation by Jonathan Mcelfresh, Oregon Office of Primary Care, Oregon Health Authority

**Summary of Discussion:** Jonathan Mcelfresh gave a presentation of the purpose and definition of Dental Health Professional Shortage Areas (HPSA).

- Dental HPSA can be geographic, population or facility.
- Geographic HPSA means all individuals in the area are considered to have issues accessing a dental provider.
- Population HPSA means certain populations have issues accessing providers, i.e., low-income individuals, homeless, migrant farm-workers, etc.
- Facility HPSA designations are FQHC's, penitentiaries and other specific types of facilities that treat individuals from the HPSA that may be low-income, etc.
- Designation shows where provider shortages are and where funding should be directed to increase providers
  - Designations do not mean that no one can access oral health care in the designated area
  - They don't mean that everyone in a shortage area is part of an underserved group
  - They don't mean that all people or even a portion of people in the area has any particular rate of disease
- A Dental HPSA is not a population of underserved individuals. A provider may practice in a Dental HPSA and provide care to only insured individuals. This provider would not qualify as seeing individuals necessarily with the highest disease rates and the least access to care. The designation by itself would not satisfy the OHA requirement for populations served under the pilot project.

**Agenda Item:** Review Application; Discussion with TRB

**Topic:** Populations

**Summary of Discussion:** Discussion of the Populations Served by the pilot project.

- TRB was asked if the applicant clearly demonstrates a focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care as required under ORS 680.210.
- **Primary themes of discussion:**
  - The purpose of Dental Pilot Projects is to "focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care."
  - The Dental Workforce Pilot Project (DWPP) has not clearly stated in the summary or evaluation plan which populations will be reached in Oregon. The DWPP would be strengthened by making a stronger connection between the populations in need, where they are located, and how they will be reached.
  - Project Applicant has listed a number of targeted populations to be served. Concerns that not all of the populations listed have supported information in the background of the application and the need for the project.

- Targeted populations listed:
  - Medicaid covered (at % of County Population rate)
  - Children ages 0-18
  - Adults with diabetes ages 19-64
  - Older adults aged 55+
  - Dual Covered – Medicaid and Medicare
  - Non-white ethnic/racial
  - Pregnant women

- It is unclear what the intentions are regarding how much of the targeted populations to be served or what the goal is with the populations listed to be served at each clinic are in the application. Concerns of the TRB and OHA are that the list is too wide to be measurable.
- TRB discussed each of the proposed populations and asked for clarification regarding the percentage of the population at each location that the trainee intends to serve.
- Focus is not quantitatively described in the application and is required to be defined. Applicant must demonstrate a focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to care.
- Project applicant is using terminology incorrectly and must be aligned with Federal definitions around low-income and rural.
- Project is asked to clarify what is meant by “special health care needs” and “high-needs population” as it is confusing and means different things to different people.

**Decision:** Project applicant is not in compliance with ORS 680.210.

**Action:** OHA will consolidate feedback from TRB, describe the concerns or deficiencies and make recommendation to come into compliance with the applicable OAR. Project applicant will review recommendations and make changes to their application.

**Agenda Item:** Review Application; Discussion with TRB

**Topic:** Demographic Data

**Summary of Discussion:** Discussion of demographic data used to support need for the project.

- TRB was asked if the applicant clearly provides demographic data to support the oral health status and the unmet oral health needs of the targeted population that will be served by the proposed project as required under ORS 680.210.
- **Primary themes of discussion:**
  - Data was included, but it does not seem to have been used in the project summary or evaluation plan of who will be reached specifically regarding the underserved target population and how.

- Background information makes the case to focus on racial/ethnic and geographic disparities, but the rationale provided for the program, locations and other details are not in alignment with the areas with most need. In addition, data collection and monitoring plans do not include race/ethnicity, language or disability in the data collection. This does not align with the background information provided by the applicant.

**Decision:** Project applicant is not in compliance with ORS 680.210.

**Action:** OHA will consolidate feedback from TRB, describe the concerns or deficiencies and make recommendation to come into compliance with the applicable OAR. Project applicant will review recommendations and make changes to their application.

**Agenda Item:** Review Application; Discussion with TRB

**Topic:** Access to Care

**Summary of Discussion:** Discussion of Access to Care

- TRB was asked if the applicant clearly provides information on how the proposed pilot project will impact access to care as required under OAR 333-010-0700.
- **Primary themes of discussion:**
  - It is unclear how the applicant will impact access to care for the populations listed. Applicant has not outlined a plan to provide outreach to individuals who are physically unable to get to a dental office due to barriers, i.e., transportation, employment, etc.

**Decision:** Project applicant is not in compliance with OAR 333-010-0700.

**Action:** OHA will consolidate feedback from TRB, describe the concerns or deficiencies and make recommendation to come into compliance with the applicable OAR. Project applicant will review recommendations and make changes to their application.

**Agenda Item:** Review Application; Discussion with TRB

**Topic:** Project Manager

**Summary of Discussion:** Discussion of project director

- TRB was asked if the applicant clearly provides information on how the proposed pilot project will manage the administrative portions of the project as required under OAR 333-010-0720.
- **Primary themes of discussion:**
  - OHA and TRB have concerns regarding the lack of a dedicated full-time project manager due to the size of the proposed pilot project.
  - OHA cannot require more than the OARs state on the topic. OARs do not specify amount of time dedicate to the role of the project director.

**Decision:** Project applicant is in compliance with the requirements under OAR 333-010-0720.

**Action:** Project is not required to implement changes.

**Agenda Item:** Review Application; Discussion with TRB

**Topic:** Instructor and Supervising Dentist, Proposed Number of Supervisors and Qualifications, Sufficient Number of Supervising Dentists/Instructors

**Summary of Discussion:** Discussion of criteria used to select instructors and supervisors, the number of supervisors that will participate in the project and what is a sufficient number to supervise.

- TRB was asked if the applicant clearly provides information the roles of the supervising dentist, the criteria used to select the dentists and what qualifications the dentists have to teach under OAR 333-010-0720.
  
- **Primary themes of discussion:**
  - OHA and TRB do not understand the criteria or qualifications to become a supervising dentist.
  - The OARs require skills necessary to teach the trainees the scope of practice.
  - There are many potential supervisors listed but it does not indicate which ones will actually supervise. Very limited information provided on the supervisors and qualifications individually, or how they were selected.

**Decision:** Project applicant is not in compliance with OAR 333-010-0720.

**Action:** OHA will consolidate feedback from TRB, describe the concerns or deficiencies and make recommendation to come into compliance with the applicable OAR. Project applicant will review recommendations and make changes to their application.

**Agenda Item:** Review Application; Discussion with TRB

**Topic:** Trainees

**Summary of Discussion:** Trainees, Trainees Criteria to Participate, Selection of Trainees

- TRB was asked if the applicant clearly provides information regarding the selection criteria used to select trainees as required under OAR 333-010-0720.
  
- **Primary themes of discussion:**
  - OHA and TRB would like clarification on selection process to become a trainee in the pilot project. Applicant stated that the trainees are their best and their brightest dental hygienists without providing specific criteria.
  - The admissions process does not appear to be developed.
  - Basic criteria was provided in the application but it remains unclear how the trainees were selected.

**Decision:** It is unclear if the information provided in the application is sufficient on this point.



**Action:** OHA will consolidate feedback from TRB, describe the concerns or deficiencies and make recommendation to come into compliance with the applicable OAR. Project applicant will review recommendations and make changes to their application if required.

**Agenda Item:** Review Application; Discussion with TRB

**Topic:** Employment/Utilization Site

**Summary of Discussion:** List of Employment/Utilization Sites and compliance with OAR definition of “Employment/utilization site” under OAR.

- TRB was asked if the applicant clearly provides information regarding the number and location of potential utilization sites and the criteria used to select the sites as under OAR 333-010-0720.
- **Primary themes of discussion:**
  - OHA developed a table outlining a list of proposed sites with further data describing the site.
  - The applicant is required to complete the data including Medicaid percentages each site currently provides care for and additionally, what the corresponding county level Medicaid data is for the most recently available data set. This was completed for many of the sites but not all.
  - The project applicant was asked to clarify the cohorts and sites, see language under timeline.
  - Certain locations do not see any Medicaid clients.
  - TRB and OHA have concerns that the sites selected may not serve enough of the populations that are underserved or targeted.
  - TRB and OHA have concerns that the sites are not in compliance with 333-010-0710, the definition of a utilization site.
  - Data is missing for several of the proposed sites.

**Decision:** Project applicant is not in compliance with OAR 333-010-0720 and OAR 333-010-0710.

**Action:** OHA will consolidate feedback from TRB, describe the concerns or deficiencies and make recommendation to come into compliance with the applicable OAR. Project applicant will review recommendations and make changes to their application if required.

**Agenda Item:**

**Topic:** Competency of Trainee

**Summary of Discussion:** Competency of Trainees prior to entering the utilization phase.

- TRB was asked if the applicant clearly provides information regarding the level of competence the trainees shall have before entering the employment/utilization phase of the project as required under OAR 333-010-0720.
- **Primary themes of discussion:**

- OHA and TRB requested information on what is determined to be passing.
- OHA and TRB requested information on the Central Regional Testing Board (CRDTS) criteria for passing the dental therapy boards.

**Decision:** Project applicant is not in compliance with OAR 333-010-0720 and OAR 333-010-0720.

**Action:** OHA will consolidate feedback from TRB, describe the concerns or deficiencies and make recommendation to come into compliance with the applicable OAR. Project applicant will review recommendations and make changes to their application if required.

**Agenda Item:** Review Application; Discussion with TRB

**Topic:** Preliminary Evaluation and Monitoring Plan

**Summary of Discussion:** Compliance with requirements of Evaluation and Monitoring Plans.

- TRB was asked if the applicant clearly provides information regarding preliminary evaluation and monitoring plans and the requirements outlined in the OARS under 333-010-0720.
- **Primary themes of discussion:**
  - OHA and TRB agree that a plan was submitted however due to the concerns regarding ambiguity over the project goals and focus, it is not sufficient.
  - Concerns were discussed over patient satisfaction surveys.
  - Concerns were discussed over the low number of chart audits being completed by the supervising dentists.
  - It is unclear how the project intends to measure expanded access.
  - During the TRB review, several comments involved confusion over what issue the project was addressing with which population(s). The background section (PN2) should lay the groundwork for the project. The information included should lay out the populations that evidence-based studies have shown have the highest disease rates and the least access to dental care in Oregon.
  - The plan describes better outcomes. It is unclear if the goal is to demonstrate that dental therapists in the pilot project are attempting to produce better-outcomes than a dentist. What is the exact goal with this?
  - Is the goal of the evaluation to see how the dental therapist trainees are doing or the impact to the populations being served or both?
  - There appears to be significant work to be done on the plan. While only preliminary, it is not clear.

**Decision:** Project applicant is not in compliance with OAR 333-010-0720.

**Action:** OHA will consolidate feedback from TRB, describe the concerns or deficiencies and make recommendation to come into compliance with the applicable OAR. Project applicant will review recommendations and make changes to their application if required.

**Summary of Action Items:**

1. OHA will consolidate feedback from TRB, describe the concerns or deficiencies and make recommendation to come into compliance with the applicable OAR.
2. Project applicant will review recommendations and make changes to their application, if required, in blue text.
3. Project applicant will list the changes made to the application.

**Public Comments:** No comments accepted. Pursuant to OAR 333-010-0730 Dental Pilot Projects: Application Review Process. (5) Once the Authority completes an application review, a Notice of Intent to provisionally approve or deny an application will be provided to the applicant. The Notice will be sent to interested parties and will be posted for public comment for a period of 30 calendar days, along with a link to the application and other materials submitted by the applicant.

**Next Meeting:** May 30, 2019, 9:30 AM – 4:00 PM, Oregon Oral Health Coalition

# Dental Pilot Projects Program

Technical Review Board  
Application #300

May 16, 2019



Oral Health Program  
Public Health Division

# Dental Pilot Projects Program



Oregon  
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Authority

# Dental Pilot Projects Program



**Hello**  
my name is

- Name
- Organization
- Dental Pilot Project Interest

# Dental Pilot Projects Program



# Dental Pilot Projects Program

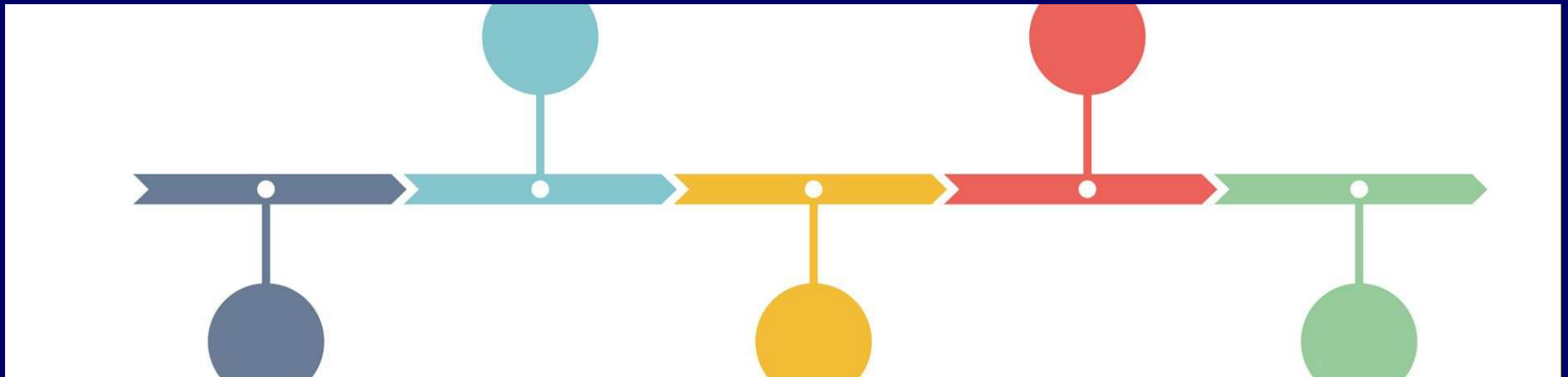




# Dental Pilot Projects Program

The screenshot shows the Oregon Secretary of State's website. The header includes the URL [https://sos.oregon.gov/archives/pages/oregon\\_administrative\\_rules.aspx](https://sos.oregon.gov/archives/pages/oregon_administrative_rules.aspx) and navigation links: Meet the Secretary, About Us, Work with Us, Media Resources, Public Records Request, Financial Transparency, and Contact Us. Below the header is a banner for Oregon Secretary of State Bev Clarno. A navigation bar contains links for Home, Business, Voting & Elections, State Archives (highlighted), Audits, and a search bar. The main content area is titled "Oregon Administrative Rules (OARs)" and "Access Oregon Administrative Rules Database (OARD)". It includes a welcome message and a video link "Video: Tips for...". On the left is a sidebar menu with links: Archival Records, Oregon Administrative Rules (OARs) (highlighted), Agency Access, Public Access, The Oregon Bulletin, Rules Coordinator Contact List, and Training Materials for OARD. The main content area has two boxes: "Public Access" with a "Search Rules" button and "Agency Access" with a "Log in" button. On the right, there is a video player and a "Rules Coordinator" link.

# Dental Pilot Projects Program



## Timeline

# Dental Pilot Projects Program



# TODAY

# Dental Pilot Projects Program

- Role of the Technical Review Board



Process:

1. Does the applicant meet the criteria required under the specific OAR?

A. If there are no objections, all affirmative answers, we will not cover the question from the TRB worksheet.

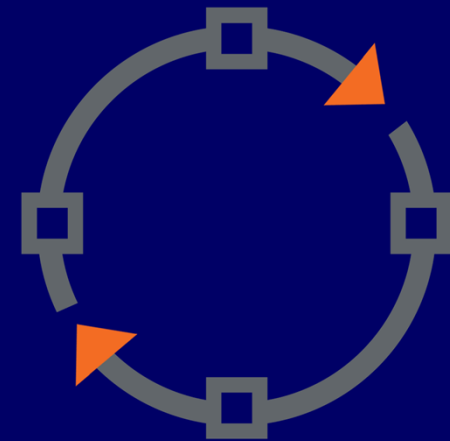
B. If there is an objection, a negative answer, or comments we will cover the themes/comments from the TRB worksheet.

# Dental Pilot Projects Program

- Role of the Technical Review Board

Process:

If the applicant is deficient in a particular area, the TRB will make recommendations to the project to come into compliance with the requirements of the particular OAR.



PROCESS

# Dental Pilot Projects Program

## Application Review



# Dental Pilot Projects Program

## Project Goals



# Dental Pilot Projects Program

## Need for the Project





# Dental Pilot Projects Program

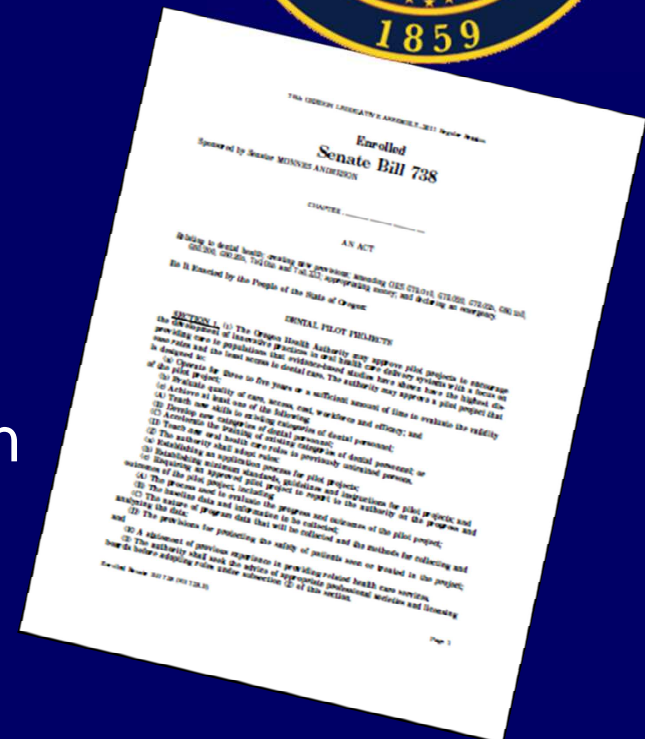
## Populations



# Dental Pilot Projects Program

- Language from SB738

The Oregon Health Authority may approve pilot projects to encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care



Oregon  
Health  
Authority

# What's the Deal With Designations?

Jonathan Mcelfresh

5/16/19

# What is a Designation?

- “Designation” refers to the designation of a Health Professional Shortage Area (HPSA)

# Why are Designations Important?

- A) They are a way of analyzing health care access (or lack of access) for:
- *All* the people in a geographic area (geographic designation)
    - Example: Morrow County
  - *A particular population* in an area:
    - Low Income (under 200% of poverty level) Example: Coos County
    - Migrant and Seasonal Farmworkers Example: Wasco County
    - Homeless Individuals Example: Jackson County
    - Medicaid Eligible Populations No examples in Oregon currently
  - A certain type of *facility*
    - Federally Qualified Health Center (FQHC)
    - Some Rural Health Clinics
    - Penitentiaries—federal, and state maximum and medium

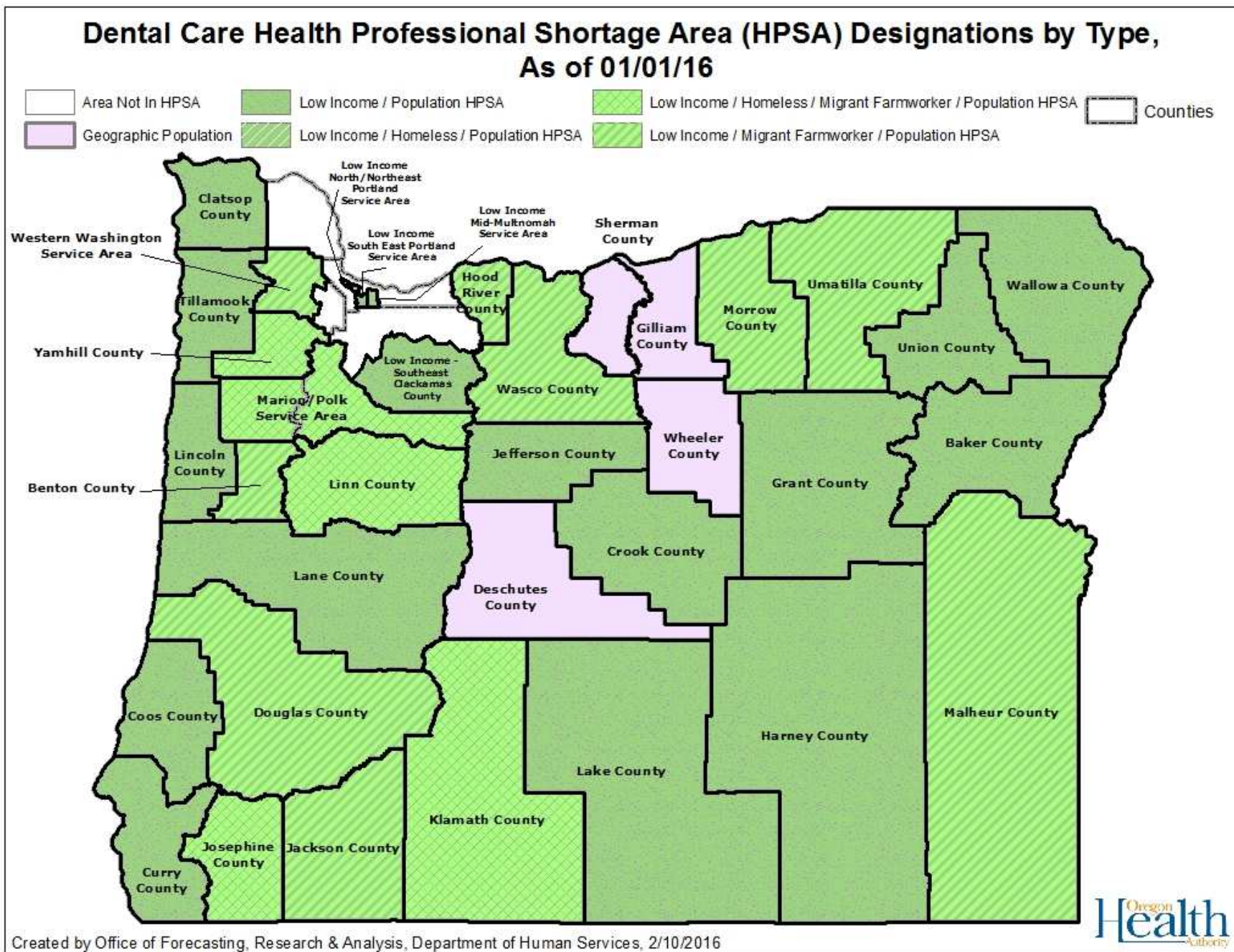
# Facility Qualifications

- Facilities must comply with HRSA standards to qualify for HPSA designation
- Factors include:
  - Have 6 months of data on patient/payer mix that shows evidence of providing care to an underserved population
  - Must reside in a HPSA or treat patients from a HPSA
  - Have a sliding fee scale to ensure that nobody who is unable to pay is denied services
  - Accept assignment of Medicare beneficiaries

## Three disciplines for HPSAs

- Primary Medical Care
- Mental Health Care
- ***Dental Care***

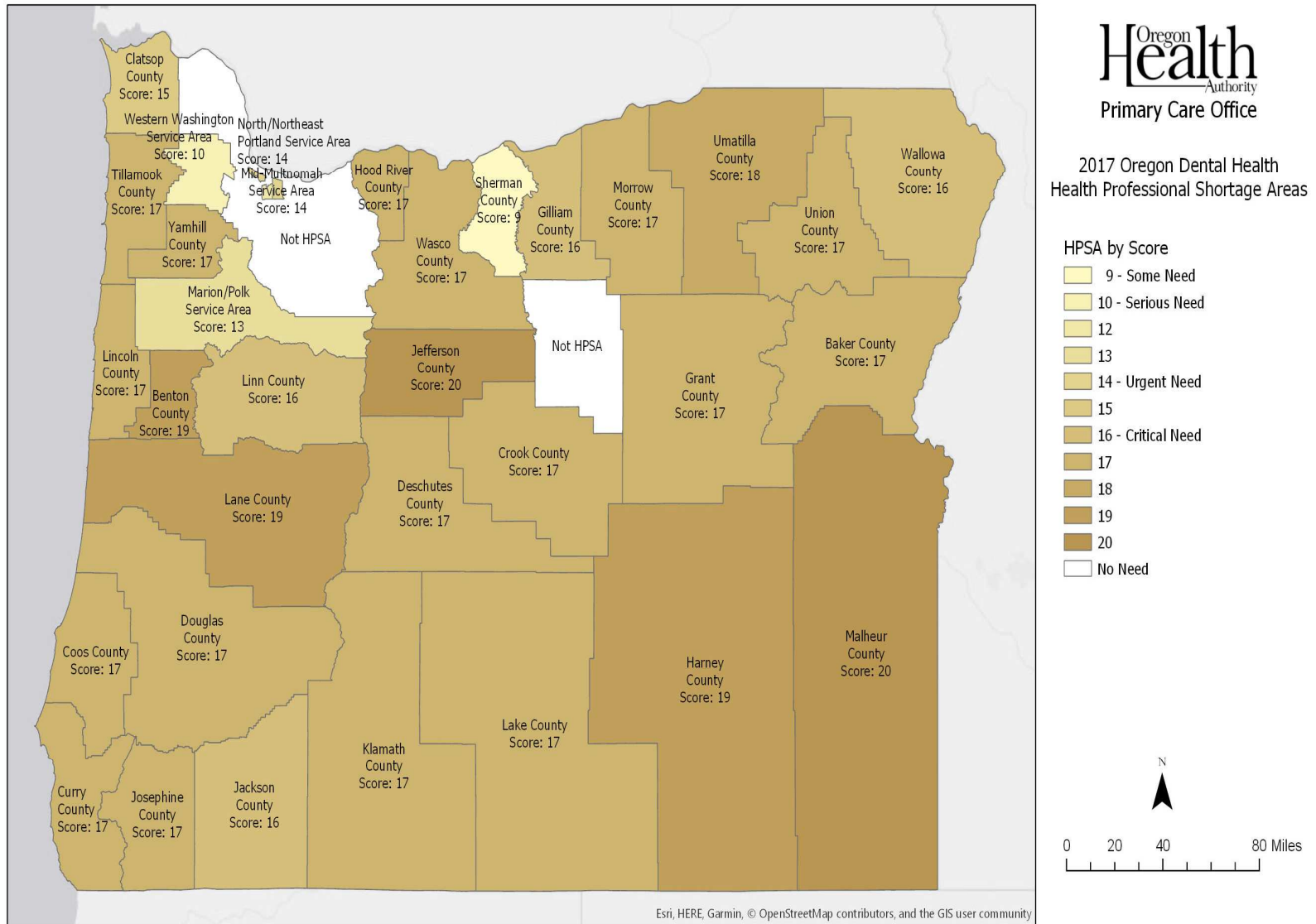






## HPSA Scores connected with perceived need

- “HPSA Score”
- Higher the score, higher the perceived/assessed need
- NHSC Loan Repayment and other federal incentive awards are allocated towards highest needs areas first



## Factors Used to Determine Dental HPSAs

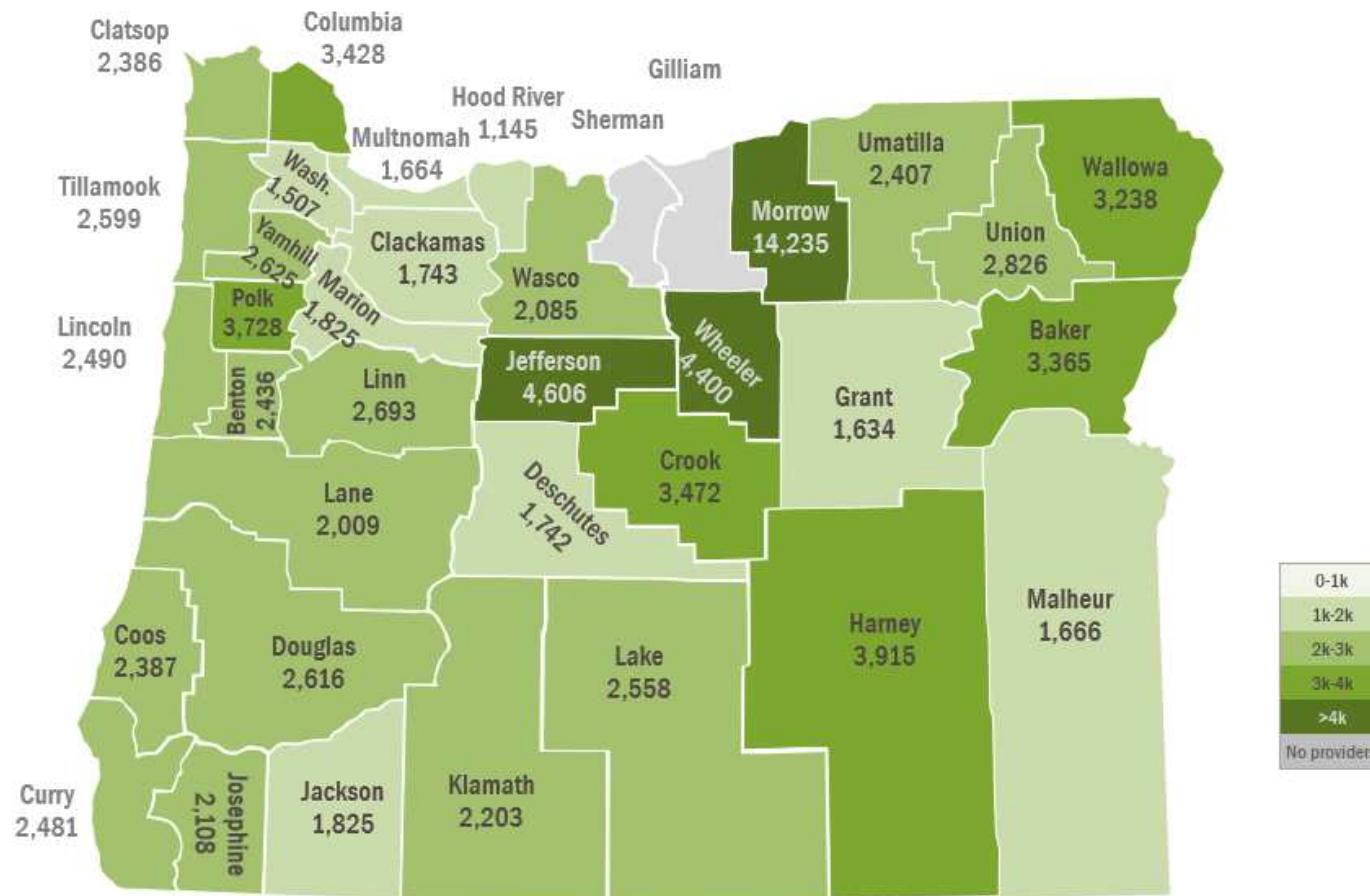
- Population – to – Dental FTE Ratio (10 pts)
- Poverty Level (percentage of target population under 100% of FPL) (10 pts)
- Travel time to nearest non-designated provider (5 pts)
- Percent of population living in non-fluoridated water supply (1 pt)

# Why are Designations Important?

B) Shows where provider shortages are

# Current Dental FTE – Population Ratio

ESTIMATED POPULATION-TO-PROVIDER RATIO



# Why are Designations Important?

- c) HPSA Designations provide access to federal resources
  - Support to increase workforce capacity
    - NHSC – LRP and Scholar Placement
  - Medicare Bonus Payment in geographical areas to physicians
  - FQHC Funding, RHC Funding, OPCA, others—over \$51 million to Oregon in 2011.

# Why are Designations Important?

d) HPSA Designations provide access to state resources

- Health Care Provider Incentive Program
  - ( ~\$4 million in loan repayment for 2017-19)
  - HPSA designation is only one factor; factors to qualify differ slightly from NHSC loan repayment

## Data Sources Used:

- Workforce Database
- All Payers All Claims (APAC)
- US Census
- Public Health Data



## What Dental HPSAs Do NOT Mean

- They don't mean that *no one* can access oral health care in the designated area
- They don't mean that *everyone* in a shortage area is part of an underserved group
- They don't mean that all people or a even a portion of people in the area *has any particular rate of disease*

## The Future...

- Dental Facility HPSA scores currently under review/revision for January 2020 NHSC LRP cycle:
  - FQHCs
  - Tribal

# Questions?

- ?????

# Dental Pilot Projects Program

## Access to Care





# Dental Pilot Projects Program

## Funding



# Dental Pilot Projects Program

## Instructor and Supervisor



# Dental Pilot Projects Program

## Trainee Information





# Dental Pilot Projects Program

## Didactic/Training Phase



Oregon  
Health  
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# Dental Pilot Projects Program

## Employment/Utilization Site



# Dental Pilot Projects Program

## Curriculum



# Dental Pilot Projects Program

## Costs



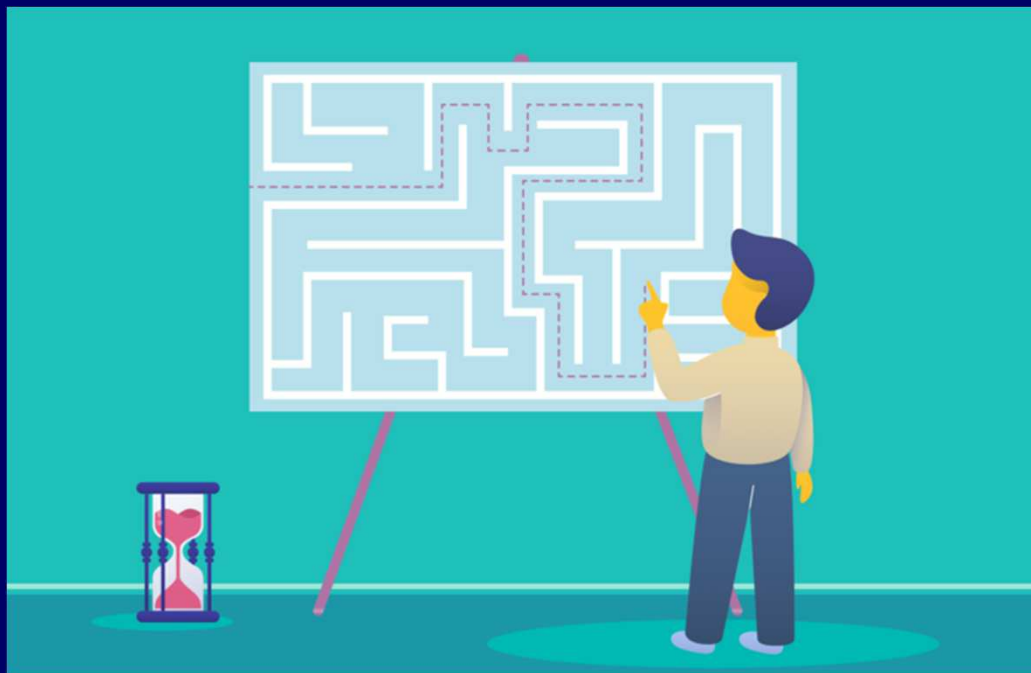
# Dental Pilot Projects Program

## Preliminary Evaluation & Monitoring Plans



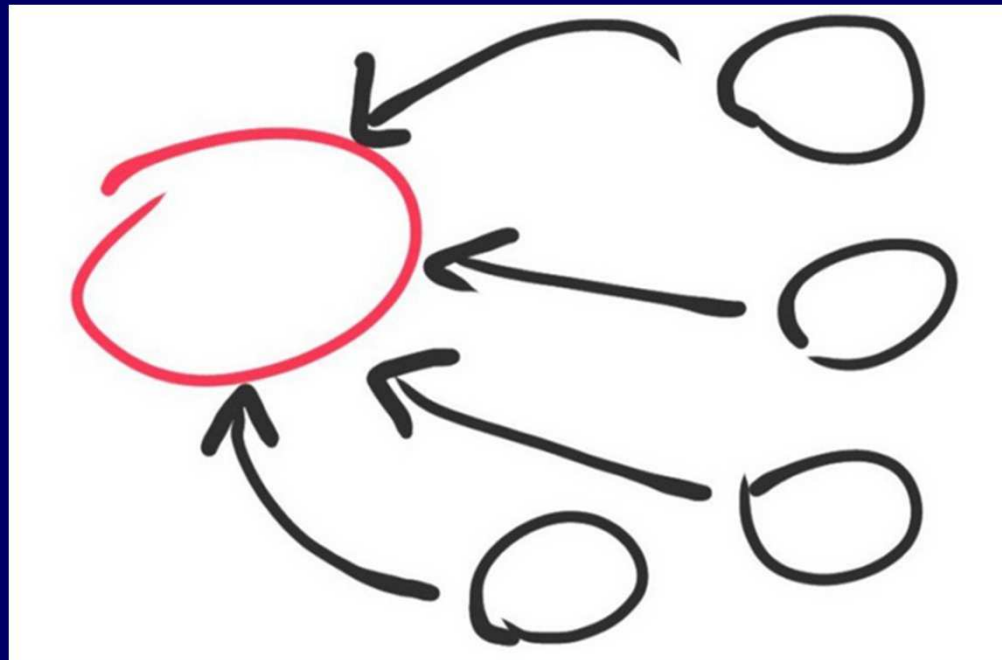
# Dental Pilot Projects Program

## Conclusion



# Dental Pilot Projects Program

## Next Steps





## **DENTAL PILOT PROJECT PROGRAM: TECHNICAL REVIEW BOARD APPLICATION REVIEW WORKSHEET**

### **DENTAL PILOT PROJECTS BACKGROUND INFORMATION:**

In 2011, Senate Bill 738 was passed by the Oregon State Legislature. The Oregon Health Authority may approve pilot projects to encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care.

The Dental Pilot Projects are intended to evaluate the quality of care, access, cost, workforce, and efficacy by achieving one of the following:

- 1. Teaching New Skills to Existing Categories of Dental Personnel**
- 2. Developing New Categories of Dental Personnel**
- 3. Accelerating the Training of Existing Categories of Dental Personnel**
- 4. Teaching New Oral Health Care Roles to Previously Untrained Persons**

**REVIEW PROCESS:** Each project application will be reviewed by a Technical Review Board (TRB) comprised of stakeholders and subject matter experts. The TRB will include appropriate community-level personnel and key individuals, who can provide subject matter expertise, including: local dental public health managers; dental providers; and experts on state Medicaid policies, data, and quality improvement. In addition, Board members may include, but will not be limited to, representatives from the professional and private organizations.

Pursuant to OAR 333-010-0730, no individual who has contributed to or helped prepare an application will be permitted to review the corresponding application.

The role of the TRB is to determine if the project meets the legislative intent of Senate Bill 738 and the requirements of the Oregon Administrative Rules 333-010-0700 through 333-010-0820 and ultimately provide a recommendation for approval or denial based upon review of the project. The TRB does not authorize or approve projects, final authority rests with the OHA.

### **ROLES OF PARTICIPANTS:**

#### **Board Members:**

- Board will consist of between 5-7 positions. The TRB is an interdisciplinary team composed of representatives of the dental boards, professional organizations, other



state regulatory bodies and interested parties that have applied to participate in reviewing a Dental Pilot Project Application.

### **Subject Matter Experts**

- Dental Pilot Project Subject Matter Expert
- Additional Subject Matter Experts as needed

### **Administrative Member:**

- Record Minutes

**PUBLIC COMMENT:** Pursuant to OAR 333-010-0740, once the Authority completes an application review in conjunction with the Technical Review Board, a Notice of Intent to provisionally approve or deny an application will be provided to the applicant. The Notice will be sent to interested parties and will be posted for public comment for a period of 30 calendar days, along with a link to the application and other materials submitted by the applicant.

**PROVISIONAL APPROVAL:** Following the close of the public comment period described in OAR 333-010-0730, the Authority shall review the public comments that were received and issue within 30 calendar days of the close of the public comment period a provisional decision to grant approval of an application or denial of the application.

If the application is provisionally approved, the project sponsor must comply with the requirements in OAR 333-010-0750, before it can receive final approval. Projects that receive provisional approval may begin to provide didactic training however they may not operate or treat live patients until final approval is received from the Authority.

**FINAL APPROVAL:** A project sponsor that has been provisionally approved must, within 90 calendar days of provisional project approval, submit the following to the Authority for approval:

- (a) A detailed evaluation and monitoring plan that meets the requirements in OAR 333-010-0780.
- (b) Written standard operating policies and procedures for the project that ensure compliance with OAR 333-010-0760, Minimum Standards.

Once the Authority has received an acceptable plan and policies and procedures, it will notify the project sponsor that the project has been approved along with the plan and policies and procedures. The final approval letter shall include:

- (a) The permitted scope of the project;
- (b) Any conditions the Authority deems are necessary to protect patient safety;
- (c) Procedures for which the project will be required to obtain written informed consent for treatment under OAR 333-010-0770, Informed Consent; and
- (d) The length of time the project can operate - from between three to five years.

<b>Dental Pilot Project Name:</b>	Dental Hygiene Restorative Function Endorsement Model
<b>ID Number:</b>	Dental Pilot Project #300 (DPP #300)
<b>Project Sponsor:</b>	Willamette Dental Group
<b>Sponsor Type:</b>	Dental Care Organization (DCO)
<b>Purpose:</b>	Develops new categories of dental health care personnel.

**Reviewer:** Please complete your name, title and organization.

Name	Title	Organization
CONSOLIDATED COMMENTS		

### INSTRUCTIONS:

1. The Application Review Worksheet is time-sensitive. Please review the due date on page 4. Application Review Worksheets received after the deadline may not be considered after the due date.
2. Review the enclosed Dental Pilot Project Application.
3. The Application Review Worksheet is provided as a guide to review the Dental Pilot Project Application. It serves as a working document to record an overview of the application and initial strengths and weaknesses.
4. Please keep your comments brief and concise. Please be specific when stating concerns. Please cite all sources. You may attach additional pages if necessary.
5. The Technical Review Board may ask for additional information from applicant(s) at any time during the review process.
6. Comments on the Application Review Worksheet will be compiled by the Oregon Health Authority and distributed to the Technical Review Board prior to the Technical Review Board meeting in person.
7. Comments provided on the Application Review Worksheet are considered public record once in receipt by the Oregon Health Authority.
8. The Technical Review Board will meet to discuss the application and make recommendations to the Dental Director.
  - **Dates: May 16, 2019 and May 30, 2019**
  - **Time: 9:30am-4pm**
  - **Location: Oregon Oral Health Coalition, Wilsonville, Oregon**

9. The Dental Pilot Project applicant may choose to present to the Technical Review Board. The Technical Review Board will have an opportunity to interview the applicants at the conclusion of their presentation.
10. **PLEASE DO NOT DISSEMINATE APPLICATION.** Applications should remain confidential at all times during the Technical Review Process. The Dental Pilot Project Application is subject to Public Records law. Requests for copies of the application must be made through the Oregon Health Authority. If the Technical Review Board recommends approval, a redacted version of the application will be posted online for public comment.
11. Follow submission instruction as outline on page 14.

Please submit the completed application review worksheet no later than the due date indicated:

**DUE DATE: May 8, 2019**

## DIRECTIONS

Please review the Dental Pilot Project application and evaluate its content using the standards in the Oregon Administrative Rules 333-010-0700 through 333-010-0820 as a guide. A copy of the current Oregon Administrative Rules and Senate Bill 738 are attached.

The goal of the TRB is to determine if the project meets the legislative intent of Senate Bill 738 and the requirements of the Oregon Administrative Rules 333-010-0700 through 333-010-0820 and ultimately provide a recommendation for approval or denial based upon review of the project.

## CHECK BOX and COMMENT FIELDS

Review each question and please make a determination whether or not the answer is affirmative or negative and check the corresponding box. If you have determined that the applicant has **not** met the requirement you are **required** to describe your rationale in the comment field.

***If you do not understand a question or you need more information, you may leave the check boxes blank and complete the comment section specifying what other information you require in order to complete your answer.***

## A. PROJECT GOALS

a. Does the applicant clearly state the objectives of the proposed pilot project?

OAR 333-010-0720

☒ Yes ☒ No **(Mix of Yes and No Answers)**

**Comments:** Currently, the objectives are too vague. Project plan will be strengthened and clear when objectives are revised to be SMART (Specific, Measurable, Achievable, Realistic and Timebound).

**Comments:** The purpose of this project is to investigate the feasibility of adopting a dental therapist model as a new category of dental care provider for Oregon.

**Comments:** Page 17 lists 4 general goal categories: Better Outcomes, Lower Cost, Improved clinician experience and improved patient experience

b. Does the applicant demonstrate the feasibility of achieving the project objectives?

OAR 333-010-0720

☒ Yes ☒ No **(Mix of Yes and No Answers)**

**Comments:** It is unclear what will be achieved with the objectives as currently stated.

**Comments:** Population health, Page 19, is not clear. The number of procedures or time to get into be seen doesn't necessarily equate to population health. Clarification as to what provider well being means, it is not clear.

**Comments:** Some clarifying work may need to be done around:

- 1.) Control group needed with patient experience to truly evaluate outcome
- 2.) Lower cost of care needs to include total cost of care—salaries of both DT, dentist, follow up visits needed, etc.
- 3.) "expanded access"

c. Does the applicant outline the goals of the project, including whether the project can achieve at least one of the following: OAR 333-010-0720

- (A) Teach new skills to existing categories of dental personnel;
- (B) Develop new categories of dental personnel;
- (C) Accelerate the training of existing categories of dental personnel; or
- (D) Teach new oral health care roles to previously untrained persons.

☒ Yes    ☐ No

**Comments:** Project selected (B) Develops new categories of dental health care personnel. However, it is not clear why (A) Teach new skills to existing categories of dental personnel, was not also selected since teaching new skills to Dental Hygienists.

**Comments:** Application is really A, B and C.

**Comments:** A, B, C

## B. NEED FOR THE PROJECT

- a. Has the applicant provided sufficient background information including documentation of a need for the pilot project? ORS 680.210

☒ Yes    ☒ No    **(Mix of Yes and No Answers or Not Checked)**

**Comments:** The Background section (page 21 – 27) provides a broad overview of the need for dental care in the nation. Data on Oregon (page 28 – 36), was included regarding health disparities and social determinants of health, however, this information was not included in the Project Summary as guiding the pilot to focus on reaching these populations in need. The Oregon Pilot would benefit from using the background data to select the population to focus on with this project.

However, the needs reported are not aligned with the applicant's partnerships geographically and data reporting activities do not include race/ethnicity, language and disability.

**Comments:** There is extensive information provided on the lack of oral health access in Oregon for some populations. The applicant cites a great deal of information on this point however when the applicant starts to discuss populations they plan to treat, it is really confusing. Where is the lack of access for pregnant women for example –low-income pregnant women but generalizing to all pregnant women isn't accurate. There is no evidence on this in the application but is later used as a focus population.

**Comments:** Great background provided on oral health needs in Oregon. Still seems to be missing the connection between that background and the specific populations at these specific

clinics. A simple statement of: in order to meet X need, we will serve y patients at N clinic).

- a. Does the project possess the potential for developing new or alternative roles for dental health care personnel or for developing a reallocation of health care tasks which would improve the effectiveness of the dental care delivery system? ORS 680.210

☒ Yes   ☐ No

**Comments:**

Yes, based on the data presented, training dental hygienists to perform additional dental therapy tasks appears to be beneficial.

However, the provision of culturally and linguistically appropriate care is only mentioned in the background information and not on the description of the areas to be covered by the curriculum. It is a missed opportunity.

### C. POPULATIONS

- b. Does the applicant demonstrate a focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care? ORS 680.210

☐ Yes   ☒ No

**Comments:** The purpose of Dental Pilot Projects is to “focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care.”

The Dental Workforce Pilot Project (DWPP) has not clearly stated in the summary or evaluation plan which populations will be reached in Oregon. The DWPP would be strengthened by making a stronger connection between the populations in need, where they are located, and how they will be reached.

DWPP could consider segmenting the population of those with the highest disease rates and least access to dental care and prioritize the segments of the population to reach with this Pilot as this would give a more cohesive approach and focus the impact instead of diluting to such a diverse group of individuals.

**Comments:** The list provided by the applicant on p.36 is too wide to be measurable and significant. Background provided by the applicant showed that geographic location us also an

access issue yet, it is not reflected in this criteria.

**Definition/Criterion:** All proposed participating providers, in all proposed access point sites named in this application will focus on scheduling and serving patients who meet at least one of the following:

- Medicaid covered (at % of County Population rate)
- Children ages 0-18
- Adults with diabetes ages 19-64
- Older adults aged 55+
- Dual Covered - Medicaid and Medicare
- Non-white ethnic/racial
- Pregnant women

In addition, Data Collection and Monitoring Plan does not include race/ethnicity, language or disability in the data collection. This does not align with the background information provided by the applicant.

**Comments:** Page 38 lists populations to be served, but it seems overly inclusive while not being specific. I would like to see "X population will be served a N clinic..."

- c. Has demographic data been used and cited to support the oral health status and the unmet oral health needs of the targeted population that will be served by the proposed project? ORS 680.210

☒ Yes    ☒ No (**Mix of Yes and No Answers or Not Checked**)

**Comments:** Data was included, but it does not seem to have been used in the project summary or evaluation plan of who will be reached specifically regarding the underserved target population and how.

Has the DWPP determined how many members of the population will be reached over the course of the project? It might be helpful to include a table with the demographics of the population segments, quantity, and geographical focus in Oregon that will be reached with this project.

**Comments:** The background information makes the case to focus on racial/ethnic and geographic disparities, but the rationale provided for the program, locations and other details are not in alignment with the areas with most need. In addition, data Collection and Monitoring Plan does not include race/ethnicity, language or disability in the data collection. This does not align with the background information provided by the applicant.

**Comments:** General background is provided (extensively). But specific populations still need to be linked to each individual clinic.

#### D. ACCESS TO CARE

a. Does the applicant outline how the proposed pilot project may impact in access to care? OAR 333-010-0700

☒ Yes    ☒ No    **(Mix of Yes and No Answers or Not Checked)**

**Comments:** It was not clear to me how the DWPP will impact “access to care” from a patient’s point of view.

**Comments:** Access seems to be defined in terms of an increase in dental procedures, and lower cost of care.

#### E. PROJECT SPONSOR

a. Does the applicant include a description of the sponsor, including a copy of an organizational chart that identifies how the project relates organizationally to the sponsor? OAR 333-010-0720

*"Sponsor" means an entity that is a non-profit educational institution, professional dental organization, community hospital or clinic, coordinated care organization or dental care organization, tribal organization or clinic." OAR 333-010-0710*

☒ Yes    ☐ No

**Comments:**

The project sponsor Willamette Dental Group is described on page 39 and the organizational chart for the DWPP appears on page 246.

b. Does the applicant include copy of a document verifying the sponsor’s status as a non-profit educational institution, professional dental organization, or community hospital or clinic, coordinated care organization or dental care organization? OAR 333-010-0720

☒ Yes    ☐ No



**Comments:**

- Page 42: Certificate of Incorporation
- Page 43: Dental Care Organization #156616

c. Does the applicant identify collaborative arrangements with other educational institutions and/or health care facilities? OAR 333-010-0700

☒ Yes   ☐ No

**Comments:**

On page 40, participating organizations with a collaborate agreement are listed as Pacific University, VA Garcia, SmileKeepers, AllCare Health, Dr. Sandra Galloway, Dr. Lohring Miller.

d. Does the applicant include a description of the functions of the project director, instructors, and other project staff? OAR 333-010-0720

*"Project director" means the individual designated by the sponsor of a dental pilot project who is responsible for the conduct of the dental pilot project staff, instructors, supervisors, and trainees.*

*"Project Dental Director" means an individual who is actively responsible for oversight of the dental pilot project and who is a dentist or dental hygienist:*

*(a) Licensed in the State of Oregon; or*

*(b) A dentist authorized to practice in the State of Oregon but is exempt from state licensure under ORS 679.020 or 679.025; or*

*(c) A dental hygienist authorized to practice in the State of Oregon but is exempt from state licensure under ORS 680.020*

OAR 333-010-0710

☒ Yes   ☐ No   **(Mix of Yes Answers Checked or Not Checked)**

**Comments:** On page 40, there is a statement for the Project Director and Dental Director but there does not appear to be a detailed job description of activities and time commitment.

This is a large project, however, it appears that Willamette Dental Group is donating Toby Absher's time. Is this realistic on top of his current job? Will someone else take on his current responsibilities to give him more time to work on the DWPP?

It is stated that he will have an increase of 2% in salary and fringe per year, however, this is not included in the budget on page 250 for Pacific University. Is there a Willamette Dental budget on another page?

**Comments:** Is it a conflict for the dental director to also have the roles of instructor and

supervising dentist?

## F. FUNDING

a. Does the applicant include a description of the funding sources for the project? OAR 333-010-0720

☒ Yes    ☒ No    **(Mix of Yes and No Answers or Not Checked)**

**Comments:** The DWPP says they include in-kind and funds from Willamette Dental, Pacific, PEW, Ford Family.

Potential funding could include Cambia Foundation, OCF, Kaiser, Providence and others but it is not stated when or whether this has been confirmed.

b. Does the applicant include documentation of liability insurance relevant to services provided by trainees? OAR 333-010-0720

☒ Yes    ☐ No

**Comments:** On page 49, Liability insurance for Willamette Dental was included.

## G. INSTRUCTOR and SUPERVISOR INFORMATION

a. Does the applicant include the criteria used to select instructors and supervisors? OAR 333-010-0720

*"Clinical instructor" means a person who:*

- (a) Is certified or licensed in the field for which clinical instruction is occurring;*
- (b) Is currently licensed in dentistry or dental hygiene or licensed or certified in another appropriate health discipline; and*
- (c) Has current knowledge and skill in topics they will teach."*

*"Non-clinical instructor" is a person with specific training or expertise as demonstrated through a degree or experience relevant to the content of instruction."*

*"Supervisor" means an individual, licensed in the State of Oregon to practice dentistry, designated by the sponsor to oversee trainees at each approved employment/utilization site, with the skills necessary to teach trainees the scope of practice outlined in the approved project."*  
OAR 333-010-0710

☒ Yes   ☒ No   **(Mix of Yes and No Answers or Not Checked)**

**Comments:** I did not see where this is listed.

**Comments:** Potential supervising dentists listed, but no real criteria included.

I am confused as to if all the instructors have been selected? Page 60 indicates that the instructor dentists will be secured after pilot project approved.

b. Does the applicant include an instructor-to-trainee ratio? OAR 333-010-0720

☒ Yes   ☐ No

**Comments:**

On page 7:

- 2-3 instructor dentists for each on-campus session.
- 8-10 faculty dentists supervise 8 participants off-campus.

If there are 10 participants, does one or more faculty dentist have to double up, is that possible?

On page 8:

- Instructor Dentists to trainee ratio will be 1:10 for online didactic component.
- Instructor dentist to trainee ratio will be 1:5 for on-campus clinical component. with manikins.
- Instructor dentist to trainee ratio will be 1:3 for clinical patient sessions during Dental Therapy I and Dental Therapy II

c. Does the applicant include the background of instructors in training techniques and methodology? OAR 333-010-0720

☒ Yes   ☒ No   **(Mix of Yes and No Answers or Not Checked)**

**Comments:** I did not see where this was listed.

**Comments:** General methodology included

Recommend initial faculty orientation to be repeated at least annually in years 2-4 for new and returning faculty.

Also, why not also consider the addition of first-year cohorts as (additional) potential faculty in the second to fourth years. Would consider students learning from one another in an in-service (monthly?/quarterly?) sharing of each student trainees restorations, within and across each year's cohort.

d. Does the applicant include the number of proposed supervisors and qualifications of supervisors? OAR 333-010-0720

☒ Yes   ☒ No   **(Mix of Yes and No Answers or Not Checked)**

**Comments:** Page 8, Ten supervising dentists. Not sure where qualifications are listed for supervisors.

**Comments:** Unclear. There are many potential supervisors listed pp 61-62, but it does not indicate which ones will actually supervise. Very limited information provided on the supervisors and qualifications individually, or how they were selected.

e. Does the proposed project have a sufficient number and distribution of qualified clinical and non-clinical instructors to meet project objectives? OAR 333-010-0760

☒ Yes   ☒ No   **(Mix of Yes and No Answers or Not Checked)**

**Comments:** Unclear how to determine if sufficient or insufficient.

- Page 61 (PN5). Lists 18 Supervising Dentists; lists 2 Instructor Dentists

**Comments:** Unclear. They have many names listed, but without knowing who is actually participating, how many therapists will be at each location, etc, I cannot answer this question.

Is there a limit to how many therapists can be at one clinic location? Is there a limit to how many therapists a supervising dentist can oversee?

f. Does the applicant include a plan to orient supervisors to their roles and responsibilities? OAR 333-010-0720

☒ Yes   ☐ No

**Comments:** Page 50 (PN4),

- says Pacific University will develop and implement an orientation program for the instructor dentists and the supervising dentists.
- Provide through online module, user-directed time.
- Ten modules to include.

However, I do not see roles and responsibilities clearly outlined.

**Comments:** Initial plan provided. On-going calibration over the five years should occur.

## H. TRAINEE INFORMATION

a. Does the applicant include the criteria that will be used to select trainees? OAR 333-010-0720

☒ Yes   ☒ No   **(Mix of Yes and No Answers or Not Checked)**

**Comments:** On page 63 (PN6), it appears that the admission criteria has not been established. There is a statement that there should be a “diverse student body” however it is not clear what this means.

Ideally it would be best to recruit those that will be able to serve the segment of the population selected by the DWPP. If reaching specific cultural and language groups (i.e., Hispanic) this criteria should be included.

Since only 16 to 24 people will be trained selection will be key to ensure that they can fulfill their commitment to the DWPP.

Will applicants be required to be currently working at one of the DWPP selected sites? How many eligible Dental Hygienists are already at the DWPP selected sites? Could they work at a site that is not a DWPP site and if so, how would the site need to qualify?

Budget says \$15,000 for two rural students. What does this mean? They come from a rural area or work in a rural site? What is a rural site from the list included in DWPP?

**Comments:** Page 8 refers to an admissions process, but aren't the hygienists already picked? Will there be a larger application process for future rounds?

Basic criteria for trainees provided, but unclear how they were selected/solicited.

b. Does the applicant include the number of proposed trainees? OAR 333-010-0720

☒ Yes   ☐ No

Comments:

Page 9:

- 8 participants each year for 2 – 3 years. Total of 16 – 24 dental therapists trained.
- 2 dental hygiene faculty members will be trained each year for 2 – 3 years. Total of 4 – 6 dental therapy educators trained.

c. Does the applicant include the proposed scope of practice for trainees? OAR 333-010-0720

☒ Yes ☐ No

Comments:

d. Does the applicant include information regarding the background check process for participants to determine compliance with OAR 333-010-0760, Minimum Standards.

*(i) Ensure that project participants involved in direct patient care: (A) Have not been convicted of any crimes, within the last 10 years, that is a crime of violence or crime of dishonesty. (B) Have not been denied or disciplined by a state entity that issues licenses or certificates. OAR 333-010-0720*

☒ Yes ☐ No

**Comments:** On page 64, it says all required to complete a certified criminal background check, although I am not sure how this will be done.

**Comments:** P. 64 describes background check—I assume it meets the criteria above?

e. Does the applicant include a plan to inform trainees in writing that there is no assurance of a future change in law or regulations to legalize their role? OAR 333-010-0760

☒ Yes ☒ No **(Mix of Yes and No Answers or Not Checked)**

Comments: The language used meets the letter of the regulation.

I don't think the average person understands the difficulty in changing law, and the benefits may be a bit misleading as to the ease of this change.

Not sure where listed.

## I. DIDACTIC/TRAINING PHASE

- a. Does the applicant describe and identify the location(s) of facilities used in the didactic and clinical phases? OAR 333-010-0760

☒ Yes ☐ No

**Comments:** Page 7: Instructor dentists will teach dental therapy didactic content through on-line modules and dental therapy clinical skills with education manikins through weekend on-campus sessions. On campus is Pacific University in Hillsboro.

Page 68 – 72 lists the potential clinical sites.

**Comments:** Because the specific supervisors haven't yet been named, there are not specific clinics for clinical supervisor identified. Lacking information on which specific sites will be utilized.

Can a dental therapist trainee work at multiple clinics? Can they have multiple supervisors?

## J. EMPLOYMENT/UTILIZATION SITE

- a. Does the applicant provide a list of all employment/utilization sites the proposed project intends to use? OAR 333-010-0720

☒ Yes ☒ No **(Mix of Yes and No Answers or Not Checked)**

**Comments:**

Page 68 (FS3 & PN8), lists examples but not limited to.

Why is the DWPP trying to cover such a large geographic area? Will they be able to show impact? For trainees in Bend, Eugene...who covers travel costs and overnight for Saturday sessions in Hillsboro?

Page 69:

- I am not sure what Medicaid % and County Medicaid % mean. % served or just % registered?
- To meet underserved, how about saying office must be serving 75% or more Medicaid population? Willamette does not seem to be a good fit for Medicaid population. Lents comes closest with 41%.

Page 73: Alternative sites:

- Expand Clinic
- SmileCare Van sounds like unique way to reach diverse population.
- 2 Senior Centers

Are sites chosen for being able to be fully reimbursed?

This is a pilot, but what kind of sample size is needed to show impact? Keep all locations the same for comparison?

**Comments:** To certain extent. One area of concern is the recruitment and admission of a diverse student population as not an area of current focus. The fact that this is not an area of focus goes against the extensive background information provided by the applicant where they state there are obvious disparities on certain populations. Also, the applicant states that an admissions committee will select the participants based on a established criteria. The following items in the criteria as is are too wide to be effective and meaningful. For instance: Experience working with diverse patient populations in a variety of settings – may include (but is not limited to) children, elderly, low SES, Medicare and Medicaid, varying ethnic backgrounds,

schools, institutions, residential facilities, homebound, etc. – years of experience? Language skills?

Excellent communication skills – what's that supposed to mean?

Ability to effectively work in a team environment – how can that be evaluated?

- b. Does the applicant provide documentation that shows that each site listed meets the definition of an employment/utilization site as defined under OAR 333-010-0170.

*"Employment/utilization site" means an Authority approved site for use during the employment/utilization phase that provides care to populations that evidence has shown have the highest disease rates and the least access to dental care. An employment utilization site includes any location where dental health care services are provided by a project's trainees.*

OAR 333-010-0720

☒ Yes   ☒ No

**(Mix of Yes and No Answers or Not Checked)**

**Comments:** No. Each site is not described specifically. They are all grouped together and indicate that they serve a population with "highest disease rates." Each site should be



described by the population being served and why they meet the OAR requirement.

## K. CURRICULUM

a. Does the applicant include a curriculum plan that includes the instructional content required to meet the level of competence? OAR 333-010-0720

☒ Yes ☐ No

**Comments:** Page 74: Section PN9

Dental Therapy I:

- Online, 3 hours week, 15 weeks
- Manikins, 8 hours week, 8 weeks
- Patients, 64 hours of 128 total for DTI and II

Dental Therapy II

- Online, 3 hours week, 15 weeks
- Manikins, 8 hours week, 8 weeks
- Patients, balance of 128 hours total for DTI and II

Later on page 88, see Dental Therapy III

- 300 hours of direct patient care under supervision of the assigned dentist

**Comments:** Would like to see photographic and radiographic images of restorations placed, both failures and successes, and the criteria as defined applied in the grading process.

b. Does the applicant include the skills trainees are to learn? OAR 333-010-0720

☒ Yes ☐ No

**Comments:**

Page 79-80; DTI course objectives and learning outcomes

Page 85 - 86; DTII course objectives and learning outcomes

Page 90: DTIII course learning outcomes

Will someone be checking off whether they learned or not? How determine?

c. Does the applicant include the methodology utilized in the didactic and clinical phases?  
OAR 333-010-0720

☒ Yes ☐ No

**Comments:** Page 77

- 15 week online didactic portion
- 8 week Saturday clinical lab as assigned
- Homework between clinical lab weeks
- Class time – lecture, discussion and group work
- Assigned readings completed before lecture session.
- Powerpoint presentations posted on each topic.
- Practice clinical procedures on training manikins and patients in clinical setting

d. Does the applicant include the evaluation process used to determine when trainees have achieved the level of competence? OAR 333-010-0720

☒ Yes ☐ No

**Comments:**

Page 75: Student evaluation methods:

Online: Case worksheets and quizzes

Clinical procedures on manikins and patients: self evaluation, instructor, supervising dentists using standardized forms using process and product (see PN9C, p. 135)

Page 77: “After passing competency exam on an identified procedure in the lab, they will proceed to provide that clinical procedure on patients in their employment setting under direct supervision of their supervising dentist.”

Not clear on exactly what determines “passing”

**Comments:** How will a successful completion of clinical restorations assisted vs with faculty assistance be documented?

e. Does the applicant include the hours and months of the time required to complete the didactic and clinical phases? OAR 333-010-0720

☒ Yes ☒ No (Mix of Yes and No Answers or Not Checked)

**Comments:** Hours, but not months

- Online, 3 hours week, 30 weeks
- Manikins, 8 hours week, 16 weeks
- Patients, 128 hours total

But not clear if this is rolling or starts in Fall, Winter, Spring or Summer. How structured is missing.

**Comments:** Hours listed not months

f. Does the applicant include the level of competence the trainee shall have before entering the employment/utilization phase of the project? OAR 333-010-0720

*"Employment/utilization phase" means the time period of a project where trainees are applying their didactic and clinical knowledge and skills in an employment setting under the supervision of a supervisor."*

OAR 333-010-0710

☒ Yes ☒ No (Mix of Yes and No Answers or Not Checked)

**Comments:** Page 77:

"After passing competency exam on an identified procedure in the lab, they will proceed to provide that clinical procedure on patients in their employment setting under direct supervision of their supervising dentist."

Not clear on exactly what determines "passing"

**Comments:** I am unclear what competencies must be met before the trainee can start clinical hours with patients

## L. COSTS

- a. Does the applicant include the average cost of preparing a trainee, including but not limited to the cost information related to instruction, instructional materials and equipment, space for conducting didactic and clinical phases, and other pertinent costs?  
OAR 333-010-0720

☒ Yes   ☒ No   **(Mix of Yes and No Answers or Not Checked)**

**Comments:** Not sure where this is.

**Comments:** In a way. Limited cost information per trainee provided on pages 247 and 248. Rest of the information can be assumed but not stated in a manner where this question can easily be answered.

- b. The estimated cost of care provided in the project; the likely cost of this care if performed by the trainees of the project; and the cost for provision of this care by current providers? OAR 333-010-0720

☒ Yes   ☒ No   **(Mix of Yes and No Answers or Not Checked)**

**Comments:** Not sure where this is.

## M. PRELIMINARY EVALUATION and MONITORING PLANS

- a. Does the applicant include a preliminary evaluation plan that contains an outline of how the project sponsor intends to monitor and evaluate the project? OAR 333-010-0720

☒ Yes   ☐ No

**Comments:** Competency Assessment Pilot 300 Evaluation by the Preceptor and Supervising Dentist 13 Point Assessment of Overall Competency on the Criteria Explanation for Evaluators, Criteria #13 (p.191) on "Cultural Sensitivity & Competence: demonstrates effective, sensitive & respectful communication (verbal & nonverbal) and interactions" I see nothing in the people providing this evaluation that will indicate to this reviewer they possess the subject matter expertise to assess this particular competency as written.

**Comments:** A preliminary plan is included (PN13), however, the plan was not clear and there are several areas where it could be revised to improve the clarity. Once the objectives are finalized it will be clearer what data is needed and how to collect it. There may be a way to simplify and consolidate the descriptions included in PN12 and PN13 to have a cohesive plan.

On page 157, states that data collection formats include:

- Baseline

- I am not sure what this includes. Will this data be collected again at the end of implementation for comparison?
- Surveys by patients, via phone, emailed (is this the satisfaction survey? Once after service and then 6 month follow-up? Could surveys be matched for analysis?)
  - **Patient Satisfaction survey** (p. 180). Will patients be able to distinguish dental hygiene care vs. dental therapy? Are you just asking about their experience or trying to determine difference in care by a dental hygienist, therapist, or dentist? On page 152 stated intend to determine if patient's perception of care is less than, equal to or better than that of a dentist for procedures provided. These questions are not included in the patient satisfaction survey. Would you compare the surveys of those receiving Dental Therapist care vs. those receiving Dentist Care?
- Assessments by supervising dentists, dental therapists, auxiliary staff
  - What is included here?
  - Are these the surveys to determine provider well-being? What questions will determine this? When will these surveys be administered? To whom? How often?
- Data and reports from electronic dental health system
  - **Comparing quarterly costs.** I imagine the costs of Dental Therapist will always be lower than Dentist without looking at any numbers. Am I missing something here? Is there some other information that could be analyzed? How many more procedures dentist could perform that could not do before dental therapist implementing?
- Evaluations by supervising dentists.
  - Is this the 5 random chart audits per quarter per participant by supervising dentist?
  - Is this the outside reviewer – supervising dentist submits one case for each of the 12 procedures done by dental therapist?
  - Is this the Dental Director's randomly selected chart audits? How many and when?

Page 153, for Better Outcomes, states that dental therapists will “expand access” but evaluation methods seems to be focusing more on safety and quality of care. If expanding access is the need, there are different questions to assess that. If not, then need to revise the description to support the need to measure changes in safety and quality.

Page 154, Adverse Events. Should there be a procedure for reporting these to Dental Director? Will a tally be collected for Dental Therapists, Dental Hygienists, and Dentists?

Page 154, Student Log. Will the students turn in their daily log of patient care? Is this narrative data? Will someone be analyzing this qualitative data?

Page 154, Dentist 13 point Assessment will be completed at end of semester, weekly during preceptorship and monthly during utilization. Will all of this be reported somewhere? Who will collect?

On Page 162, who are the Evaluation Questions for at the top of the page?

On Page 162, under Evaluation Design, states that Baseline will be conducted monthly, quarterly and yearly, please explain what this means. What is a 6 month baseline? Is the utilization phase and the preceptorship the same thing?

On Page 162-163, under Evaluation Implementation Plan. It is not clear to me how the data listed will answer the objectives outlined for the project; how the data will be collected; when the data will be collected and by whom.

On page 169 for **data collection and monitoring plan** it lists data to be collected, but not how often and by whom. Previously stated that all sites do not have axiUm software, so who will be transferring that data and how often?

Monitoring Plan includes data collection, meetings between Project Director and Dental Director, and bi-annual visits to each site by Project Director and Dental Director.

Quarterly meetings with all Dental Therapists and supervising dentists and a blog for ongoing information.

Advisory Committee will meet quarterly. How many people will be on the committee and how will it be structured? Will they be compensated for their time? Who will take notes and send out?

Quarterly chart audits by supervising dentists. What does this mean?

Other questions:

Is there a way to collect Lessons Learned throughout the project so they can be shared in the quarterly or final report?

Does the sponsoring organization plan to publish the findings? Is IRB required?

- b. Does the applicant include a preliminary evaluation plan that contains descriptions of the key project activities and their intended effects? OAR 333-010-0720

☒ Yes   ☐ No

Comments:

A preliminary plan is included, however, there are several areas where it needs to be revised.

- c. Does the applicant include a preliminary evaluation plan that contains a description of how the project sponsor intends to use the evaluation results for program improvement and decision making? OAR 333-010-0720

☒ Yes   ☒ No   **(Mix of Yes and No Answers or Not Checked)**

**Comments:** I did not see statement about using the evaluation results for program improvement and decision making.

**Comments:** More detail would have been appreciated.

- d. Does the applicant include a preliminary evaluation plan that contains a description of intended patient outcomes and metrics as outlined in the requirements under OAR 333-010-0780, Pilot Project Evaluation and Monitoring by Sponsor.

*"A Project Evaluation and Monitoring Plan required under OAR 333-010-0750, Provisional Approval; Final Approval, must include, but is not limited to:*

- (1) A logic model to depict the project activities and intended effects;*
- (2) A description of key evaluation questions to be addressed by the pilot project, including relevant process and outcome measures;*
- (3) A detailed description of the baseline data and information to be collected about the availability or provision of oral health care services, or both, prior to utilization phase;*
- (4) A detailed description of baseline data and information to be collected about trainee performance, patient and community satisfaction, and cost effectiveness;*
- (5) A detailed description of the methodology and data sources to be used in collecting and analyzing the data about trainee performance, acceptance by patients, quality of care and cost effectiveness;*
- (6) Defined measures to evaluate safety and quality of care provided;*
- (7) A process for ongoing quarterly monitoring in accordance with OAR 333-010-0760, Minimum Standards; and*
- (8) A process for regular evaluation of project activities across the lifecycle of the project for continuous quality improvement purposes."*

OAR 333-010-0435

☒ Yes   ☒ No   **(Mix of Yes and No Answers or Not Checked)**

**Comments:** I did not see description of intended patient outcomes and metrics.

**Comments:** Relevant data will be missing. Data Collection and Monitoring Plan does not include race/ethnicity, language or disability in the data collection. This does not align with the background information provided by the applicant and effectively limits the usability of the information for population health activities and other related activities, such as quality improvement and disparity measurement. This is an oversight that should be remedied.

- e. Does the applicant identify a clinical evaluator who will conduct the clinical evaluation of the project in accordance with the evaluation plan? OAR 333-010-0720

*"Clinical evaluator" means a dentist, licensed in the State of Oregon or another state, who is responsible for conducting a clinical evaluation of an approved dental pilot project; who is unaffiliated with the project; and who has no financial or commercial interest in the project's outcome."* OAR 333-010-0710

☒ Yes    ☐ No

**Comments:**

Page 165. Bill Piskorowski, Health Sciences Clinical Professor in UCLA is listed.

Will Dr. Lisa Nguyen and Dr. Steve Lee also be working on this project?

The Pacific University budget, page 250, lists Gail Aamodt and Alma Marraquin in year 4 for Evaluation and Dissemination. What will they be doing?

What is the \$3,000 travel budget for evaluation?

**Comments:** Will external evaluator evaluate quality of care? Will external evaluator review charts?

Is external evaluator conducting entire evaluation of data?

## N. CONCLUSION

- a. Does the application submitted meet the legislative intent of Senate Bill 738 which authorized the creation of the Dental Pilot Project Program?

*"The Oregon Health Authority may approve pilot projects to encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care."* OAR 333-010-0720, ORS 680.210

☐ Yes    ☐ No

**Comments:** The DWPP has a good start, but additional clarifications in the project design will be needed to strengthen the focus and impact.

**Comments:** Geographic location of the instruction will not take place in rural areas where there is lack of access and hard to serve populations.

Data Collection and Monitoring Plan does not include race/ethnicity, language or disability in the data collection. This does not align with the background information provided by the



applicant.

- b. The Oregon Health Authority program staff may request additional information from an applicant during the Technical Review Process. Do you require any additional information?

**If yes, please provide specific questions or other subject areas that you require clarification from the applicant. Your comments and feedback will be provided to the applicant.**

☒ Yes   ☒ No   **(Mix of Yes and No Answers or Not Checked)**

**Comments:** Is the applicant planning to make treatment consent forms (and all related forms needed to inform the patient and get his or her concern) available in other languages and alternate formats? Where are the plans to ensure patients receive the information needed for consent in a culturally and linguistically appropriate way?

The same question for patient satisfaction surveys.

Description of outreach is not satisfactory.

Why is the applicant not collecting Race, Ethnicity, Language, and Disability (REALD) data?

**Comments:** Does Dr. English have the capacity (time), to serve in all the roles listed in this application? Would it serve the project better to add an additional dentist to help in one of the roles?

How will dental therapists bill Medicaid? Under the dentist? Is there any issue with CMS given that the DT are not licensed in this state? Will there be patients with other insurance served that may not want to reimburse for an unlicensed provider?

More information on each clinic and populations served.

When will supervising dentists/clinics be selected?

How will repeated services provided by DT and/or supervising dentist be documented?

Is there a plan to track individual patients if they see a non-participating provider at a follow up visit?

More information on train-the trainer, calibration of faculty and supervisor dentists would be appreciated.

The training and calibration of the **training** faculty should be repeated annually; case studies from each year's trainee cohort should be presented as examples of both successes and failures "growth potential."

- c. The Technical Review Board may request that the project applicant(s) present to the Technical Review Board. Do you request a presentation by the applicant(s)?

**If yes, please provide specific questions or other subject areas that you require clarification from the applicant. Your comments and feedback will be provided to the applicant.**

☒ Yes    ☒ No    **(Mix of Yes and No Answers)**

If you have addition comments, feedback, etc. please provide them below.

**Additional Comments or Feedback:**

**Comments:** The issue of access is very well presented in the background, Oregon data shows severe needs but not on the areas where the pilot project will take place. In addition, the lack if collection of patient data by race, ethnicity, language and disability is a big shortcoming that should be addressed.

The provision of culturally and linguistically appropriate services is barely brushed by the applicant which is also concerning. In this day and age the shortcomings stated are not acceptable and should be remedied prior to approval.

**Comments:** Recommend initial faculty orientation to be repeated at least annually in years 2-4 for new and returning faculty.

Recommend OHSU adjunct faculty appointments for the duration of PP300; OHSU faculty can help with supervising training and calibration of faculty.

With a five-year project time-line, the project should take into account attrition, both in terms of instructors, supervisors, and trainees.

**Comments:** I wish to listen to the presentation and question the presenters at that time. I have read the materials presented and would like to hear concerns of the committee. The program is comprehensive and with oversight should be able to educate and measure the skills and abilities of the students as identified in the plan.

**Submission Instructions:**

Send completed worksheet via email to [sarah.e.kowalski@state.or.us](mailto:sarah.e.kowalski@state.or.us).

**Technical Review Worksheets received after the due date may not be considered.**

A confirmation of receipt will be emailed upon receipt.

**Contact Information:**

Sarah Kowalski, RDH, MS

Dental Pilot Project Coordinator

CENTER FOR PREVENTION & HEALTH PROMOTION

Oral Health Program, Oregon Health Authority

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Portland, Oregon 97232

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Site Address	Targeted Population	Characteristics of Medicaid/OHP patients seen by site location, self-reported from project sponsor	Dental HPSA and Designation Type <sup>1</sup>	HRSA – Urban Area/Rural Area <sup>23</sup>	National Health Service Corp (NHSC) Approved Sites <sup>4, 5</sup>
Willamette Dental Group Albany 2225 Pacific Blvd SE, Suite 201 Albany, OR 97321	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>	Medicaid %: 16.6%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Linn County ID: 6416954626 <b>Designation Type: HPSA Population</b> Status: Designated Score: 16 Designation Date: 05/08/2008 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	NHSC Approved Site  Approved: 7/31/2018 Expires: 12/31/2021
Willamette Dental Group Beaverton 4925 SW Griffith Drive Beaverton, Oregon 97005	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>	Medicaid %: 21.87%	In a Dental Health HPSA: No	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Willamette Dental Group Bend	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> </ul>	Medicaid %: 20.6%	In a Dental Health HPSA: Yes	HRSA- Rural Designation – No	

<sup>1</sup> <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

<sup>2</sup> [List of Rural Counties and Designated Eligible Census Tracts in Metropolitan Counties, Updated Census 2010, HRSA](#)

<sup>3</sup> <https://www.hrsa.gov/rural-health/about-us/definition/index.html>

<sup>4</sup> [https://ersrs.hrsa.gov/ReportServer?/HGDW\\_Reports/BCD\\_NHSC\\_SITE/NHSC\\_Appr\\_Site\\_List&rs:Format=PDF&theFilterType=region&theWhere=REGION\\_CD=%2710%27](https://ersrs.hrsa.gov/ReportServer?/HGDW_Reports/BCD_NHSC_SITE/NHSC_Appr_Site_List&rs:Format=PDF&theFilterType=region&theWhere=REGION_CD=%2710%27)

<sup>5</sup> <https://nhsc.hrsa.gov/downloads/nhsc-sites/nhsc-site-reference-guide.pdf>

62968 OB Riley Road, Suite 12 Bend, Oregon 97701	<ul style="list-style-type: none"> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		HPSA Name: <b>Low Income/Migrant Seasonal Farmworkers/Homeless</b> - Deschutes County ID: 6412066407 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 08/21/2013 Last Update Date: 10/28/2017	Location: This location is not in an area that qualifies for Rural Health Grants.	
Willamette Dental Group Corvallis 2420 NW Professional Drive, Suite 150 Corvallis, Oregon 97330	<ul style="list-style-type: none"> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>	Medicaid %: 10.84%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker</b> - Benton County ID: 6414065144 <b>Designation Type: HPSA Population</b> Status: Designated Score: 19 Designation Date: 09/06/2006 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Willamette Dental Group Eugene 2703 Delta Oaks Drive, Suite 300 Eugene, OR 97408	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>	Medicaid %: 24.2%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Lane County ID: 6417102319 <b>Designation Type: HPSA Population</b> Status: Designated <b>Score: 19</b> Designation Date: 03/27/2001 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	NHSC Approved Site Approved: 7/31/2018 Expires: 12/31/2021
Willamette Dental Group Grants Pass 2166 NW Vine Street, Suite H Grants Pass, Oregon 97526	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> </ul>	Medicaid %: 21.89%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker</b> - Josephine County ID: 6414221673 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	NHSC Approved Site Approved: 7/31/2018 Expires: 12/31/2021

	<ul style="list-style-type: none"> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>		Designation Date: 05/06/2004 Last Update Date: 10/28/2017		
Willamette Dental Group Gresham 1107 NE Burnside Gresham, OR 97030	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>	Medicaid %: 29.7%	In a Dental Health HPSA: No	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Willamette Dental Group Hillsboro 5935 SE Alexander Street Hillsboro, OR 97123	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>	Medicaid %: 23.7%	In a Dental Health HPSA: No	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Willamette Dental Group Jefferson 1933 SW Jefferson Street Portland, Oregon 97201	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>	Medicaid %: 16.83%	In a Dental Health HPSA: No	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	

Willamette Dental Group Lents 8901 SE Foster Road Portland, OR 97266	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>	Medicaid %: 40.5%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Mid-Multnomah ID: 6414480423 <b>Designation Type: HPSA Population</b> Status: Designated <b>Score: 14</b> Designation Date: 11/30/1999 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Willamette Dental Group Lincoln City 1105 SE Jetty Avenue, Suite B Lincoln City, Oregon 97367	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>	Medicaid %: 33.16%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Lincoln County ID: 6415613792 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 06/15/2006 Last Update Date: 10/28/2017	HRSA- Rural Designation – Yes.  Location: This location is in an area that qualifies for Rural Health Grants.	NHSC Approved Site  Approved: 7/31/2018 Expires: 12/31/2021
Willamette Dental Group Medford 773 Golf View Drive Medford, OR 97504	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>	Medicaid %: 22.8%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Seasonal Farmworkers</b> -Jackson County ID: 6417694621 <b>Designation Type: HPSA Population</b> Status: Designated <b>Score: 18</b> Designation Date: 12/26/2017 Last Update Date: 12/26/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	NHSC Approved Site  Approved: 7/31/2018 Expires: 12/31/2021
Willamette Dental Group Milwaukie	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> </ul>	Medicaid %: 26.8%	In a Dental Health HPSA: No	HRSA- Rural Designation – No	



6902 SE Lake Road, Suite 200 Milwaukie, OR 97267	<ul style="list-style-type: none"> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>			Location: This location is not in an area that qualifies for Rural Health Grants.	
Willamette Dental Group Roseburg 2365 NW Stewart Parkway Roseburg, Oregon 97471	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>	Medicaid %: 6.07%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker</b> - Douglas County ID: 6414631750 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 09/28/2001 Last Update Date: 10/28/2017	HRSA- Rural Designation – Yes.  Location: This location is in an area that qualifies for Rural Health Grants.	NHSC Approved Site  Approved: 7/31/2018 Expires: 12/31/2021
Willamette Dental Group Salem - Lancaster 3490 NE Lancaster Drive Salem, Oregon 97305	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>	Medicaid %: 1.41%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Marion/Polk ID: 6414940200 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/14/1999 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Willamette Dental Group Salem - Liberty 142 Pembroke Street SE Salem, Oregon 97302	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> </ul>	Medicaid %: 0.63%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Marion/Polk ID: 6414940200 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/14/1999 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	



	<ul style="list-style-type: none"> <li>• Pregnant women</li> </ul>				
Willamette Dental Group Springfield 2510 Game Farm Road Springfield, Oregon 97477	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>	Medicaid %: 4.42%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Lane County ID: 6417102319 <b>Designation Type: HPSA Population</b> Status: Designated Score: 19 Designation Date: 03/27/2001 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	NHSC Approved Site  Approved: 7/31/2018 Expires: 12/31/2021
Willamette Dental Group Springfield Specialty 2530 Game Farm Road Springfield, Oregon 97477	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>	Medicaid %: 35.86%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Lane County ID: 6417102319 <b>Designation Type: HPSA Population</b> Status: Designated Score: 19 Designation Date: 03/27/2001 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Willamette Dental Group Stark 1 13255 SE Stark Street Portland, Oregon 97233	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>	Medicaid %: 41.49%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Mid-Multnomah ID: 6414480423 <b>Designation Type: HPSA Population</b> Status: Designated <b>Score: 14</b> Designation Date: 11/30/1999 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Willamette Dental Group Stark 2	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> </ul>	Medicaid %: 77.37%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Mid-Multnomah ID: 6414480423	HRSA- Rural Designation – No	

405 SE 133 <sup>rd</sup> Street Portland, Oregon 97233	<ul style="list-style-type: none"> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>		<b>Designation Type: HPSA Population</b> Status: Designated <b>Score: 14</b> Designation Date: 11/30/1999 Last Update Date: 10/28/2017	Location: This location is not in an area that qualifies for Rural Health Grants.	
Willamette Dental Group Tigard 7095 SW Gonzaga Street Tigard, Oregon 97223	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>	Medicaid %: 30.28%	In a Dental Health HPSA: No	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Willamette Dental Group Tillamook 805 Ivy Avenue, Suite B Tillamook, Oregon 97141	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>	Medicaid %: 52.61%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Tillamook County ID: 6418341991 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 01/12/2004 Last Update Date: 10/28/2017	HRSA- Rural Designation – Yes.  Location: This location is in an area that qualifies for Rural Health Grants.	NHSC Approved Site  Approved: 7/31/2018 Expires: 12/31/2021
Willamette Dental Group Tualatin 17130 SW Upper Boones Ferry Road Durham, Oregon 97224	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> </ul>	Medicaid %: 15.87%	In a Dental Health HPSA: No	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	

	<ul style="list-style-type: none"> <li>Pregnant women</li> </ul>				
Willamette Dental Group Weidler 220 NE Weidler Street Portland, OR 97232	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>	Medicaid %: 27.2%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income-</b> North/Northeast Portland ID: 6413534196 <b>Designation Type: HPSA Population</b> Status: Designated <b>Score: 20</b> Designation Date: 07/23/2018 Last Update Date: 07/23/2018	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Galloway Family Dental 324 SE 9th Avenue, Suite C Hillsboro, OR 97123	<ul style="list-style-type: none"> <li>Elderly</li> <li>Uninsured</li> <li>High needs population</li> </ul>	Medicaid %: 0%	In a Dental Health HPSA: No	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Lohring Miller, DMD 1310 Coburg Road, Suite 2 Eugene, Oregon 97401	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>	Medicaid %: 75%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Lane County ID: 6417102319 <b>Designation Type: HPSA Population</b> Status: Designated <b>Score: 19</b>	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Gentle Dental Albany 2708 Santiam Hwy, SE Albany, Oregon 97322	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Linn County ID: 6416954626 <b>Designation Type: HPSA Population</b> Status: Designated Score: 16 Designation Date: 05/08/2008	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	

	<ul style="list-style-type: none"> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		Last Update Date: 10/28/2017		
Gentle Dental Albany Childrens 2815 Willetta SW Ste.#A1 Albany, Oregon 97321			In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Linn County ID: 6416954626 <b>Designation Type: HPSA Population</b> Status: Designated Score: 16 Designation Date: 05/08/2008 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Gentle Dental Albany Pacific 717 SE Geary Street, Ste. # 102 Albany, Oregon 97321	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Linn County ID: 6416954626 <b>Designation Type: HPSA Population</b> Status: Designated Score: 16 Designation Date: 05/08/2008 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Gentle Dental Bend 20516 Robal Road, Ste. 100 Bend, Oregon 97701	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Seasonal Farmworkers/Homeless</b> - Deschutes County ID: 6412066407 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 08/21/2013 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Gentle Dental Coburg Station	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Lane County	HRSA- Rural Designation – No	

440 Coburg Rd. Ste. #104 Eugene, Oregon 97401	<ul style="list-style-type: none"> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		ID: 6417102319 <b>Designation Type: HPSA Population</b> Status: Designated Score: 19 Designation Date: 03/27/2001 Last Update Date: 10/28/2017	Location: This location is not in an area that qualifies for Rural Health Grants.	
Gentle Dental Corvallis 1830 NW 9th Street, Ste. 106 Corvallis, Oregon 97330	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker</b> - Benton County ID: 6414065144 <b>Designation Type: HPSA Population</b> Status: Designated Score: 19 Designation Date: 09/06/2006 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Gentle Dental Dallas 244 E. Ellendale, Ste. #4 Dallas, Oregon 97338	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Marion/Polk ID: 6414940200 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/14/1999 Last Update Date: 10/28/2017	HRSA- Rural Designation – Yes.  Location: This location is in an area that qualifies for Rural Health Grants.	
Gentle Dental Keizer 6395 Keizer Station Blvd., Ste.101 Keizer, Oregon 97303	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Marion/Polk ID: 6414940200 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	

	<ul style="list-style-type: none"> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		Designation Date: 05/14/1999 Last Update Date: 10/28/2017		
Gentle Dental North Eugene 2401 River Rd. Ste. 120 Eugene, Oregon 97404	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Lane County ID: 6417102319 <b>Designation Type: HPSA Population</b> Status: Designated Score: 19 Designation Date: 03/27/2001 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants	
Gentle Dental Northgate 11 Rossanley Drive Medford, Oregon 97501	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Seasonal Farmworkers</b> -Jackson County ID: 6417694621 <b>Designation Type: HPSA Population</b> Status: Designated Score: 18 Designation Date: 12/26/2017 Last Update Date: 12/26/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants	
Gentle Dental Valley River 1800 Valley River Drive, Ste. 200 Eugene, Oregon 97401	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Lane County ID: 6417102319 <b>Designation Type: HPSA Population</b> Status: Designated Score: 19 Designation Date: 03/27/2001 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants	
SmileKeepers Corvallis	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> </ul>		In a Dental Health HPSA: Yes	HRSA- Rural Designation – No	



1769 NW Kings Blvd. #8 Corvallis, Oregon 97330	<ul style="list-style-type: none"> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		HPSA Name: <b>Low Income/Migrant Farmworker</b> - Benton County ID: 6414065144 <b>Designation Type: HPSA Population</b> Status: Designated Score: 19 Designation Date: 09/06/2006 Last Update Date: 10/28/2017	Location: This location is not in an area that qualifies for Rural Health Grants	
SmileKeepers DUC 1880 Lancaster Dr. NE Ste. 104 Salem, Oregon 97305	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Marion/Polk ID: 6414940200 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/14/1999 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants	
SmileKeepers Eugene 1680 Chambers Rd. Suite 204 Eugene, Oregon 97402	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Lane County ID: 6417102319 <b>Designation Type: HPSA Population</b> Status: Designated Score: 19 Designation Date: 03/27/2001 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants	
SmileKeepers Gateway 948 NE 102nd Ave, Ste. 105 Portland, Oregon 97220	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Mid-Multnomah ID: 6414480423 <b>Designation Type: HPSA Population</b> Status: Designated Score: 14	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	

	<ul style="list-style-type: none"> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		Designation Date: 11/30/1999 Last Update Date: 10/28/2017		
SmileKeepers Grants Pass 1201 NE 7th St., Ste. A Grants Pass, Oregon 97526	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker</b> - Josephine County ID: 6414221673 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 05/06/2004 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
SmileKeepers Lebanon Main 165 Main St. Lebanon, Oregon 97355	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Linn County ID: 6416954626 <b>Designation Type: HPSA Population</b> Status: Designated <b>Score: 16</b> Designation Date: 05/08/2008 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
SmileKeepers Lincoln City 2825 W. Devils Lake Rd. Lincoln City, Oregon 97367	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Lincoln County ID: 6415613792 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 06/15/2006 Last Update Date: 10/28/2017	HRSA- Rural Designation – Yes.  Location: This location is in an area that qualifies for Rural Health Grants.	
SmileKeepers McMinnville	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> </ul>		In a Dental Health HPSA: Yes	HRSA- Rural Designation – Yes.	



510 E 8th St. McMinnville, Oregon 97128	<ul style="list-style-type: none"> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Yamhill C ID: 6413125912 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/23/1978 Last Update Date: 10/28/2017	Location: This location is in an area that qualifies for Rural Health Grants.	
SmileKeepers Medford Children 925 Town Centre Drive, Ste. B Medford, Oregon 97504			In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Seasonal Farmworkers</b> -Jackson County ID: 6417694621 <b>Designation Type: HPSA Population</b> Status: Designated Score: 18 Designation Date: 12/26/2017 Last Update Date: 12/26/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
SmileKeepers Medford Main 826 E. Main St. Medford, Oregon 97504	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Seasonal Farmworkers</b> -Jackson County ID: 6417694621 <b>Designation Type: HPSA Population</b> Status: Designated Score: 18 Designation Date: 12/26/2017 Last Update Date: 12/26/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
SmileKeepers Milwaukie 15121 SE McLoughlin Blvd. Milwaukie, Oregon 97267	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> </ul>		In a Dental Health HPSA: No	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	

	<ul style="list-style-type: none"> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>				
SmileKeepers Newberg 710 E. Foothills Dr., Ste. 710A Newberg, Oregon 97132	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Yamhill C ID: 6413125912 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/23/1978 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
SmileKeepers Salem Capitol 408 Lancaster Dr. NE Salem, Oregon 97301	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Marion/Polk ID: 6414940200 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/14/1999 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
SmileKeepers Salem Childrens 1880 Lancaster Dr. NE Ste. 109 Salem, Oregon 97305			In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Marion/Polk ID: 6414940200 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/14/1999 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
SmileKeepers Salem Lancaster	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Marion/Polk	HRSA- Rural Designation – No	

1251 Lancaster Dr. NE, Ste. A Salem, Oregon 97301	<ul style="list-style-type: none"> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		ID: 6414940200 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/14/1999 Last Update Date: 10/28/2017	Location: This location is not in an area that qualifies for Rural Health Grants.	
SmileKeepers Sheridan 411 W. Main Street Sheridan, Oregon 97378	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Yamhill C ID: 6413125912 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/23/1978 Last Update Date: 10/28/2017	HRSA- Rural Designation – Yes.  Location: This location is in an area that qualifies for Rural Health Grants.	
SmileKeepers Springfield 227 Q. St. Springfield, Oregon 97477	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>	Medicaid %: 95%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Lane County ID: 6417102319 <b>Designation Type: HPSA Population</b> Status: Designated <b>Score: 19</b> Designation Date: 03/27/2001 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
SmileKeepers Stark 13908 SE Stark Street, Ste. E Portland, Oregon 97233	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Mid-Multnomah ID: 6414480423 <b>Designation Type: HPSA Population</b> Status: Designated Score: 14	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	

	<ul style="list-style-type: none"> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		Designation Date: 11/30/1999 Last Update Date: 10/28/2017		
SmileKeepers Stayton 151 W. Washington Street Stayton, Oregon 97383	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Marion/Polk ID: 6414940200 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/14/1999 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Virginia Garcia Dental Clinic Beaverton Wellness Center 2725 SW Cedar Hills Blvd, Suite 200 Beaverton, Oregon 97005	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: No	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Virginia Garcia Dental Clinic Cornelius Wellness Center 1151 N. Adair St. Cornelius, Oregon 97113	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker</b> - Western Washington ID: 6416342887 <b>Designation Type: HPSA Population</b> Status: Designated Score: 10 Designation Date: 01/31/1995 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Virginia Garcia Dental Clinic	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> </ul>		In a Dental Health HPSA: No	HRSA- Rural Designation – No	

Hillsboro Clinics 226 SE 8th Ave. Hillsboro, Oregon 97123	<ul style="list-style-type: none"> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>	Medicaid %: 100%		Location: This location is not in an area that qualifies for Rural Health Grants.	
Virginia Garcia Dental Clinic McMinnville Clinics 115 NE May Lane McMinnville, Oregon 97128	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Yamhill C ID: 6413125912 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/23/1978 Last Update Date: 10/28/2017	HRSA- Rural Designation – Yes.  Location: This location is in an area that qualifies for Rural Health Grants.	
Virginia Garcia Dental Clinic Newberg Clinics 2251 E Hancock St, Suite 103 Newberg, Oregon 97132	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker/Homeless</b> - Yamhill C ID: 6413125912 <b>Designation Type: HPSA Population</b> Status: Designated Score: 13 Designation Date: 05/23/1978 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Virginia Garcia Dental Clinic Women's Clinic 333 SE 7th Ave, Suite 5500 Hillsboro, Oregon 97123	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: No	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	

	<ul style="list-style-type: none"> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>				
Virginia Garcia Dental Clinic Beaverton School District 13000 SW 2nd St Beaverton, Oregon 97005	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 4-20</li> <li>Underserved racial and ethnic populations</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: No	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Virginia Garcia Dental Clinic Forest Grove School District 1715 Nichols Lane Forest Grove, Oregon 97116	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-21</li> <li>Underserved racial and ethnic populations</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker</b> - Western Washington ID: 6416342887 <b>Designation Type: HPSA Population</b> Status: Designated Score: 10 Designation Date: 01/31/1995 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants	
Virginia Garcia Dental Clinic Hillsboro School District 1998 SE Century Blvd. Hillsboro, Oregon 97124	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-21</li> <li>Underserved racial and ethnic populations</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: No	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Virginia Garcia Dental Clinic Tigard High School 9000 SW Durham Road, Building 7110 Tigard, Oregon 97224	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-21</li> <li>Underserved racial and ethnic populations</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: No	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Virginia Garcia Dental Clinic Tualatin High School	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-21</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: No	HRSA- Rural Designation – No	



22300 SW Boones Ferry Road Tualatin, Oregon 97062	<ul style="list-style-type: none"> <li>Underserved racial and ethnic populations</li> </ul>			Location: This location is not in an area that qualifies for Rural Health Grants.	
Virginia Garcia Dental Clinic Willamina School District 1100 NE Oaken Hills Drive Willamina, Oregon 97396	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: Yes HPSA Name: <b>FQHC/Migrant Farmworker/Low Income</b> ID: 6419994166 Designation Type: HPSA Population Status: Designated <b>Score: 17</b> Designation Date: 2/25/2010 Last Update Date: -	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
Pacific University Dental Hygiene Clinics Mountain View Dental 1907 Mountain View Lane, Suite 400 Forest Grove, OR 97116	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>	Medicaid %: 100%	In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker</b> - Western Washington ID: 6416342887 <b>Designation Type: HPSA Population</b> Status: Designated <b>Score: 10</b> Designation Date: 01/31/1995 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
AllCare CCO Coast Community Health Center 1010 1st St SE #110 Bandon, Oregon 97411	<ul style="list-style-type: none"> <li>Medicaid recipients</li> <li>Children ages 0-18</li> <li>Adults with diabetes ages 19-64</li> <li>Older adults ages 55+</li> <li>Dual covered- Medicare and Medicaid</li> <li>Underserved racial and ethnic populations</li> <li>Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Coos County ID: 6414318289 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 04/10/2008 Last Update Date: 10/28/2017	HRSA- Rural Designation – Yes.  Location: This location is in an area that qualifies for Rural Health Grants.	

AllCare CCO Curry Community Health - 5th Street Clinic 615 5th Street Brookings, Oregon 97415	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Curry County ID: 6419812922 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 01/04/2008 Last Update Date: 10/28/2017	HRSA- Rural Designation – Yes.  Location: This location is in an area that qualifies for Rural Health Grants.	
AllCare CCO Curry Community Health - School Based Health Center 629 Easy Street Brookings, Oregon 97415			In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Curry County ID: 6419812922 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 01/04/2008 Last Update Date: 10/28/2017	HRSA- Rural Designation – Yes.  Location: This location is in an area that qualifies for Rural Health Grants.	
AllCare CCO Curry Community Health - Gold Rush Center / Spicer Health Clinic 29692 Ellensburg Ave Gold Beach, Oregon 97444	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Curry County ID: 6419812922 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 01/04/2008 Last Update Date: 10/28/2017	HRSA- Rural Designation – Yes.  Location: This location is in an area that qualifies for Rural Health Grants.	
AllCare CCO Curry Community Health - Clubhouse 29845 Airport Way	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Curry County ID: 6419812922 <b>Designation Type: HPSA Population</b> Status: Designated	HRSA- Rural Designation – Yes.  Location: This location is in an area that qualifies for Rural Health Grants.	



Gold Beach, Oregon 97444	<ul style="list-style-type: none"> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>		Score: 17 Designation Date: 01/04/2008 Last Update Date: 10/28/2017		
AllCare CCO Curry Community Health - Mental Health / Public Health 1403 Oregon Street Port Orford, Oregon 97465	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Curry County ID: 6419812922 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 01/04/2008 Last Update Date: 10/28/2017	HRSA- Rural Designation – Yes.  Location: This location is in an area that qualifies for Rural Health Grants.	
AllCare CCO Curry Health Network 500 5th St Brookings, Oregon 97415	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Curry County ID: 6419812922 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 01/04/2008 Last Update Date: 10/28/2017	HRSA- Rural Designation – Yes.  Location: This location is in an area that qualifies for Rural Health Grants.	
AllCare CCO Rogue Community Health - Medford Health Center 19 Myrtle Street Medford, Oregon 97504	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Seasonal Farmworkers</b> -Jackson County ID: 6417694621 <b>Designation Type: HPSA Population</b> Status: Designated Score: 18 Designation Date: 12/26/2017 Last Update Date: 12/26/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	

AllCare CCO Rogue Community Health - Butte Falls Health Center 722 Laurel Ave Butte Falls, Oregon 97522	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Seasonal Farmworkers</b> -Jackson County ID: 6417694621 <b>Designation Type: HPSA Population</b> Status: Designated Score: 18 Designation Date: 12/26/2017 Last Update Date: 12/26/2017	HRSA- Rural Designation – Yes.  Location: This location is in an area that qualifies for Rural Health Grants.	
AllCare CCO Siskiyou Community Health Center 1701 NW Hawthorne Ave Grants Pass, Oregon 97526	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker</b> - Josephine County ID: 6414221673 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 05/06/2004 Last Update Date: 10/28/2017	HRSA- Rural Designation – No  Location: This location is not in an area that qualifies for Rural Health Grants.	
AllCare CCO Siskiyou Community Health Center - Cave Junction 25647 Redwood Hwy Cave Junction, Oregon 97523	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income/Migrant Farmworker</b> - Josephine County ID: 6414221673 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 05/06/2004 Last Update Date: 10/28/2017	HRSA- Rural Designation – Yes.  Location: This location is in an area that qualifies for Rural Health Grants.	
AllCare CCO Waterfall Clinic - North Bend Clinic 1890 Waite St # 1	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Coos County ID: 6414318289 <b>Designation Type: HPSA Population</b>	HRSA- Rural Designation – Yes.	

North Bend, Oregon 97459	<ul style="list-style-type: none"> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>		Status: Designated Score: 17 Designation Date: 04/10/2008 Last Update Date: 10/28/2017	Location: This location is in an area that qualifies for Rural Health Grants.	
AICare CCO Waterfall Clinic – Marshfield Clinic 826 S 11th Street Coos Bay, Oregon 97420	<ul style="list-style-type: none"> <li>• Medicaid recipients</li> <li>• Children ages 0-18</li> <li>• Adults with diabetes ages 19-64</li> <li>• Older adults ages 55+</li> <li>• Dual covered- Medicare and Medicaid</li> <li>• Underserved racial and ethnic populations</li> <li>• Pregnant women</li> </ul>		In a Dental Health HPSA: Yes HPSA Name: <b>Low Income</b> - Coos County ID: 6414318289 <b>Designation Type: HPSA Population</b> Status: Designated Score: 17 Designation Date: 04/10/2008 Last Update Date: 10/28/2017	HRSA- Rural Designation – Yes.  Location: This location is in an area that qualifies for Rural Health Grants.	

OREGON ADMINISTRATIVE RULES  
OREGON HEALTH AUTHORITY, PUBLIC HEALTH DIVISION  
CHAPTER 333

**DIVISION 10**

**HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION**

**333-010-0700**

**Dental Pilot Projects: Purpose**

(1) The Dental Pilot Projects are intended to evaluate the quality of care, access, cost, workforce, and efficacy by teaching new skills to existing categories of dental personnel; developing new categories of dental personnel; accelerating the training of existing categories of dental personnel; or teaching new oral health care roles to previously untrained persons. The purpose of Dental Pilot Projects are to encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care. (2) These rules establish the requirements of Dental Pilot Project applications; the process for reviewing applications; approval or denial of applications; minimum standards for approved projects; evaluation and monitoring of Dental Pilot Projects; suspension or termination of an approved Dental Pilot Project; and discontinuation or closure of a project.

(3) These rules apply to:

(a) Applications for Dental Pilot Projects received on or after December 1, 2018; and

(b) Dental Pilot Projects approved before or after December 1, 2018.

(4) A dental pilot project that was approved and was operating before December 1, 2018 has until June 1, 2019 to come into compliance with the minimum standards in OAR 333-010-0760.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

**333-010-0710**

**Dental Pilot Projects: Definitions**

For purposes of OAR 333-010-0700 through 333-010-0820, the following definitions apply:

(1) "Adverse event" means harm caused by dental treatment, regardless of whether it is associated with error or considered preventable.

(2) "Authority" means the Oregon Health Authority.

(3) "Business day" means any 24-hour day other than a Saturday, Sunday or federal or state legal holiday.

(4) "Clinical evaluator" means a dentist, licensed in the State of Oregon or another state, who is responsible for conducting a clinical evaluation of an approved dental pilot project; who is unaffiliated with the project; and who has no financial or commercial interest in the project's outcome.

(5) "Clinical instructor" means a person who:

(a) Is certified or licensed in the field for which clinical instruction is occurring;

(b) Is currently licensed in dentistry or dental hygiene or licensed or certified in another appropriate health discipline; and

(c) Has current knowledge and skill in topics they will teach.

- (6) "Clinical phase" means the time period of an approved project where a trainee treats patients, supervised by an instructor, applying knowledge presented by an instructor.
- (7) "Complications" means a disease or injury that develops during or after the treatment of an earlier disorder.
- (8) "Didactic phase" means the time period of a project during which trainees are presented with an organized body of knowledge by an instructor.
- (9) "Employment/utilization phase" means the time period of a project where trainees are applying their didactic and clinical knowledge and skills in an employment setting under the supervision of a supervisor.
- (10) "Employment/utilization site" means an Authority approved site for use during the employment/utilization phase that provides care to populations that evidence has shown have the highest disease rates and the least access to dental care. An employment utilization site includes any location where dental health care services are provided by a project's trainees.
- (11) "Non-clinical instructor" is a person with specific training or expertise as demonstrated through a degree or experience relevant to the content of instruction.
- (12) "Program" means the Dental Pilot Projects Program administered by the Authority.
- (13) "Program staff" means the staff of the Authority with responsibility for the Dental Pilot Projects Program.
- (14) "Project" means a Dental Pilot Project approved by the Authority.
- (15) "Project director" means the individual designated by the sponsor of a dental pilot project who is responsible for the conduct of the dental pilot project staff, instructors, supervisors, and trainees.
- (16) "Project Dental Director" means an individual who is actively responsible for oversight of the dental pilot project and who is a dentist or dental hygienist:
- (a) Licensed in the State of Oregon; or
  - (b) A dentist authorized to practice in the State of Oregon but is exempt from state licensure under ORS 679.020 or 679.025; or
  - (c) A dental hygienist authorized to practice in the State of Oregon but is exempt from state licensure under ORS 680.020,
- (17) "Project evaluation" means a systematic method for collecting, analyzing and using data to examine the effectiveness and efficiency of a pilot project by the project sponsor.
- (18) "Reviewer" means an individual designated by the Authority to review and comment on all or portions of a project application.
- (19) "Sponsor" means an entity that is a non-profit educational institution, professional dental organization, community hospital or clinic, coordinated care organization or dental care organization, tribal organization or clinic that:
- (a) Submits a dental pilot project application; and
  - (b) If a dental pilot project is approved by the Authority, has overall responsibility for ensuring the project complies with these rules.
- (20) "Standard operating procedures" means the written documented processes that describe the project's regularly recurring operations to ensure that the operations are carried out correctly and consistently and in accordance with these rules.
- (21) "Supervisor" means an individual, licensed in the State of Oregon to practice dentistry, designated by the sponsor to oversee trainees at each approved employment/utilization site, with the skills necessary to teach trainees the scope of practice outlined in the approved project.
- (22) "These rules" means OAR 333-010-0700 through 333-010-0820.

(23) "Trainee" means an individual who is part of an existing category of dental personnel; a new category of dental personnel; or a category of previously untrained dental personnel who has agreed to participate in a project and will be taught the scope of practice identified by the project.

(24) "Training program" means an organized educational program within a project that includes at least a didactic phase and a clinical phase.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

### **333-010-0720**

#### **Dental Pilot Projects: Application Procedure**

(1) A sponsor who wishes to operate a pilot project must submit an application in a form and manner prescribed by the Authority.

(2) The application must demonstrate how the pilot project will comply with the requirements of these rules.

(3) The Authority will not accept new applications if it determines:

(a) There are a sufficient number of projects to provide a basis for testing the validity of the model as determined by the Authority.

(b) It does not have adequate resources to provide an appropriate level of oversight required by these rules.

(4) An application must include, at a minimum, the following information and documentation:

(a) The goals of the project, including whether the project can achieve at least one of the following:

(A) Teach new skills to existing categories of dental personnel;

(B) Accelerate the training of existing categories of dental personnel;

(C) Teach new oral health care roles to previously untrained personnel; or

(D) Develop new categories of dental personnel.

(b) Sponsor information:

(A) A description of the sponsor, including a copy of an organizational chart that identifies how the project relates organizationally to the sponsor;

(B) A copy of a document verifying the sponsor's status as a non-profit educational institution, professional dental organization, community hospital or clinic, coordinated care organization or dental care organization, or a tribal organization or clinic;

(C) A description of the functions of the project director, project dental director, instructors, and other project staff;

(D) Documentation of the funding sources for the project;

(E) Documentation of liability insurance relevant to services provided by trainees; and

(F) A statement of previous experience in providing related health care services.

(c) Instructor and Supervisor information:

(A) The criteria used to select instructors and supervisors;

(B) Instructor-to-trainee ratio;

(C) The background of instructors in training techniques and methodology;

(D) The number of proposed supervisors and qualification of supervisors; and

(E) An explanation of how instructors and supervisors will be oriented to their roles and responsibilities and these rules.

(d) A training program that includes, but is not limited to, a description of:

(A) The instructional content required to meet the level of competence;

- (B) The skills trainees are to learn;
- (C) The methodology utilized in the didactic and clinical phases;
- (D) The evaluation process used to determine when trainees have achieved the level of competence;
- (E) The amount of time required to complete the didactic and clinical phases; and
- (F) The level of competence the trainee shall have before entering the employment/utilization phase of the project.
- (e) Trainees:
  - (A) The criteria that will be used to select trainees;
  - (B) The number of proposed trainees;
  - (C) The proposed scope of practice for trainees; and
  - (D) Information regarding the background check process for participants to determine compliance with OAR 333-010-0760, Minimum Standards.
- (g) Employment/utilization sites:
  - (A) A list of all employment/utilization sites the proposed project intends to use; and
  - (B) Documentation that shows that each site listed meets the definition of an employment/utilization site.
- (h) Costs:
  - (A) The average cost of preparing a trainee, including but not limited to the costs related to instruction, instructional materials and equipment, space for conducting didactic and clinical phases, and other pertinent costs;
  - (B) The estimated cost of care provided in the project; the likely cost of this care if performed by the trainees of the project; and the cost for provision of this care by current providers.
  - (C) A budget narrative that lists costs associated with key project areas, including but not limited to:
    - (i) Personnel and fringe benefits for project director, project dental director, instructors, and staff associated with the project;
    - (ii) Contractors and consultants to the project;
    - (iii) Materials and supplies used in the clinical, didactic, and employment/utilization phases of the project;
    - (iv) Equipment and other capital costs associated with the project; and
    - (v) Travel required for implementing and monitoring the project.
  - (i) An explanation of the feasibility of achieving the project objectives.
  - (j) A preliminary evaluation plan that includes, but is not limited to:
    - (A) How the project sponsor will monitor and evaluate the project;
    - (B) A description of the key project activities and their intended effects;
    - (C) How the project sponsor intends to use the evaluation results for program improvement and decision making; and
    - (D) A description of intended patient outcomes and metrics as outlined in the requirements under OAR 333-010-0780, Pilot Project Evaluation and Monitoring by Sponsor.
  - (k) An identified clinical evaluator who will conduct the clinical evaluation of the project in accordance with the evaluation plan.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

**333-010-0730****Dental Pilot Projects: Application Review Process**

- (1) The Authority shall review an application to determine if it is complete within 60 calendar days from the date the application was received.
- (a) If an applicant does not provide all the information required, and the application is considered incomplete, then the Authority shall notify the applicant of the information that is missing and shall allow the applicant 30 calendar days to submit the missing information.
- (b) If an applicant does not submit the missing information within the timeframe specified in the notice, then the application shall be rejected as incomplete. An applicant whose application is rejected as incomplete may reapply at any time.
- (2) An application deemed complete will continue through a review process.
- (3) The Authority may have individuals outside the Authority, including representatives of appropriate professional societies and licensing boards, review applications, but no individual who has contributed to or helped prepare an application will be permitted to conduct a review.
- (4) The Authority may request additional information from an applicant during the review process.
- (5) Once the Authority completes an application review, a Notice of Intent to provisionally approve or deny an application will be provided to the applicant. The Notice will be sent to interested parties and will be posted for public comment for a period of 30 calendar days, along with a link to the application and other materials submitted by the applicant.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

**333-010-0740****Dental Pilot Projects: Project Application Provisional Approval or Denial**

- (1) Following the close of the public comment period described in OAR 333-010-0730, Application Review Process, the Authority shall review the public comments that were received and issue within 30 calendar days of the close of the public comment period:
- (a) A provisional decision to grant approval of an application; or
- (b) A denial of the application.
- (2) If the application is provisionally approved, the project sponsor must comply with the requirements in OAR 333-010-0750, Provisional Approval; Final Approval, before it can receive final approval. Projects that receive provisional approval may begin to provide didactic training however they may not operate or treat live patients until final approval is received from the Authority.
- (3) If the Authority denies the application, the denial must be in writing and must describe the reasons for the denial. An application may be denied for any of these reasons:
- (a) The application does not demonstrate that the project can meet the minimum standards or other provisions in these rules;
- (b) The application does not demonstrate that the project is financially feasible; or
- (c) The Authority has previously approved a similar project.
- (4) A sponsor whose project has been denied may not submit a new application within six months from the date the Authority denied the application.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716



**333-010-0750****Dental Pilot Projects: Provisional Approval; Final Approval**

(1) A project sponsor that has been provisionally approved must, within 90 calendar days of provisional project approval, submit the following to the Authority for approval:

(a) A detailed evaluation and monitoring plan that meets the requirements in OAR 333-010-0780, Pilot Project Evaluation and Monitoring by Sponsor.

(b) Written standard operating policies and procedures for the project that ensure compliance with OAR 333-010-0760, Minimum Standards. Standard operating policies and procedures shall include, but are not limited to:

(A) Clinical policies and procedures that describe the steps required for implementation of the project at each site;

(B) Administrative policies and procedures that describe protocols;

(C) Administrative protocols for mandatory record keeping;

(D) Data collection policies and procedure protocols that:

(i) Require data capture and data entry, including identification of the staff positions or other individuals responsible for these activities;

(ii) Define policies for protection and security of patient data;

(E) The protocol for orientating supervisors to their roles and responsibilities; and

(F) The process for ensuring that potential problems and root causes for deviations and non-conformances are identified, possible consequences assessed, actions to prevent recurrence considered, and corrective actions are taken if necessary.

(2) The Authority will review the documentation required in section (1) of this rule and notify the project sponsor if the plan and policies and procedures are acceptable. The Authority may request additional information and may request that the project sponsor revise the plan or policies and procedures to meet the requirements in these rules.

(3) Once the Authority has received an acceptable plan and policies and procedures, it will notify the project sponsor that the project has been approved along with the plan and policies and procedures. The final approval letter shall include:

(a) The permitted scope of the project;

(b) Any conditions the Authority deems are necessary to protect patient safety;

(c) Procedures for which the project will be required to obtain written informed consent for treatment under OAR 333-010-0770, Informed Consent; and

(d) The length of time the project can operate - from between three to five years.

(4) The Authority shall notify the Oregon Board of Dentistry when a project is approved.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

**333-010-0760****Dental Pilot Projects: Minimum Standards**

An approved dental pilot project shall:

(1) Provide for patient safety as follows:

(a) Comply with informed consent in accordance with OAR 333-010-0770, Informed Consent;

(b) Prohibit a trainee from performing procedures the trainee is not capable of performing based on the trainee's level of education, training and experience, physical or mental disability, or

which are outside of the trainee's approved scope of practice as outlined in the approved application by the Authority;

- (c) Provide or arrange for emergency treatment for a patient currently receiving treatment and needs emergency care;
- (d) Not use the behavior management technique of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient;
- (e) Comply with ORS 419B.005 to 419B.010 related to the mandatory reporting of child abuse;
- (f) Comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of X-ray machines;
- (g) Comply with ORS 679.520 or rules adopted pursuant thereto relating to the treatment of dental waste materials;
- (h) Comply with ORS 679.535 or rules adopted pursuant thereto relating to the requirement to test heat sterilization devices; and
- (i) Ensure that project participants involved in direct patient care:
  - (A) Have not been convicted of any crimes, within the last 10 years, that is a crime of violence or crime of dishonesty.
  - (B) Have not been denied or disciplined by a state entity that issues licenses or certificates.
- (2) Ensure that participants in the project, including trainees, do not engage in unprofessional conduct as that is defined in ORS 676.150.
- (3) Ensure that an accurate patient record is prepared and maintained for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the trainee rendering the service and include, but is not limited to:
  - (a) Name and address and, if a minor, name of guardian;
  - (b) Date and description of examination and diagnosis;
  - (c) An entry that informed consent has been obtained in accordance with OAR 333-010-0770, Informed Consent;
  - (d) Date and description of treatment or services rendered;
  - (e) Date and description of all radiographs, study models, and periodontal charting;
  - (f) Health history; and
  - (g) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.
- (4) Have a sufficient number and distribution of qualified clinical and non-clinical instructors to meet project objectives, as identified in the approved application.
- (5) Provide instruction to trainees following the training program outlined in the approved application by the Authority.
- (6) Assure that trainees achieve a minimal level of competence before they are permitted to enter the employment/utilization phase. The sponsor must provide notice to the Authority within 14 business days of a trainee entering the employment/utilization phase. The notice shall include, but is not limited to, the following:
  - (a) Name, work address, electronic mail address and telephone number of the trainee;
  - (b) Name, work address, electronic mail address, telephone number and license number of the supervisor;
  - (c) Information regarding the trainee's responsibilities and limitations under Oregon Laws 2011, chapter 716 and these rules; and
  - (d) A disclaimer that there is no assurance of a future change in law or regulations that will allow them to practice without a license outside an approved dental pilot project.
- (e) Trainee monitoring records shall be provided to the Authority.

- (7) Comply with the requirements of the Dental Pilot Projects statute, Oregon Laws 2011, chapter 716; these rules; and the approved application including, but not limited to, the evaluation and monitoring plan.
- (8) Evaluate quality of care, access, cost, workforce, and efficacy in accordance with the evaluation and monitoring plan approved by the Authority and as described in OAR 333-010-0780, Pilot Project Evaluation and Monitoring by Sponsor.
- (9) Within 24 hours of any incident involving a patient in the care of a trainee which results in any medical occurrence that is life-threatening, requires hospitalization, results in disability or permanent damage, requires medical or surgical intervention or results in death, the sponsor must ensure that a detailed written report, along with the patient's complete dental records, is submitted to the Authority by the supervising dentist.
- (10) Submit detailed quarterly monitoring reports in a format prescribed by the Authority that include but are not limited to the following categories for the previous quarter:
- (a) Accomplishments or highlights.
  - (b) Challenges faced and continuous quality improvement activities.
  - (c) Updated project timeline.
  - (d) Data reports:
    - (A) A comprehensive breakdown of each of the data points the project is capturing in its approved evaluation and monitoring plan including anonymized client level data.
    - (B) Data generated by the clinical evaluator.
    - (C) Number and type of any adverse event or complication that occurred during the reporting period.
- (11) Follow written standard operating policies and procedures approved by the Authority as outlined in OAR 333-010-0750, Provisional Approval; Final Approval.
- (12) Use templates and follow guidelines for the submission of documents and other reporting requirements as prescribed by the Authority.
- (13) Provide care only at Authority approved employment/utilization sites.
- Statutory/Other Authority: 2011 OL Ch. 716  
Statutes/Other Implemented: 2011 OL Ch. 716

### **333-010-0770**

#### **Dental Pilot Projects: Informed Consent**

- (1) A sponsor must ensure that each patient or person legally authorized to provide consent on behalf of the patient:
- (a) Is provided written information about the dental pilot project and who will be providing treatment;
  - (b) Gives written consent to be treated by the dental pilot project trainee; and
  - (c) Gives informed consent for treatment by the trainee.
- (2) Written information about the project and who will be providing treatment must include, but is not limited to:
- (a) An explanation of the role and status of the trainee, any certification or licenses a trainee may hold, the education and training of the trainee and the availability of the trainee's supervisor for consultation;
  - (b) An explanation that the patient can refuse care from a trainee without penalty for such a request; and

(c) A statement that consenting to treatment by a trainee does not constitute assumption of risk by the patient.

(3) At a minimum, the following language must be included on the document that requests consent to be treated by the dental pilot project:

"I \_\_\_\_\_ [name of patient or person acting on patient's behalf] have received information about this dental pilot project and provider type. I have been given the opportunity to ask questions and have them fully answered. I have read and understand the information and I agree to the trainee of this project providing me treatment."

\_\_\_\_\_  
Signature of patient or person acting on patient's behalf

\_\_\_\_\_  
Date

(4) Informed consent for treatment:

(a) Each patient must give informed consent to the procedure. Informed consent means the consent to a procedure obtained by:

(i) Providing a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures; and

(ii) Asking the patient, or the patient's guardian, if there are any questions and providing thorough and easily understood answers to all questions asked.

(b) Patient records must document an entry that informed consent for treatment has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or "SOAP" (Subjective Objective Assessment Plan) or their equivalent;

(c) Informed consent for treatment must be obtained in writing for procedures identified by the Authority in the application approval letter, and such consent must be included and documented in the patient's record; and

(d) A trainee may not perform any procedure for which the patient or patient's guardian has not given informed consent provided; however, in the event of an emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a trainee may render treatment in a reasonable manner according to community standards and in accordance with the trainees approved scope of practice.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

### **333-010-0780**

#### **Dental Pilot Projects: Pilot Project Evaluation and Monitoring by Sponsor**

A Project Evaluation and Monitoring Plan required under OAR 333-010-0750, Provisional Approval; Final Approval, must include, but is not limited to:

(1) A logic model to depict the project activities and intended effects;

(2) A description of key evaluation questions to be addressed by the pilot project, including relevant process and outcome measures;

(3) A detailed description of the baseline data and information to be collected about the availability or provision of oral health care services, or both, prior to utilization phase;

(4) A detailed description of baseline data and information to be collected about trainee performance, patient and community satisfaction, and cost effectiveness;

(5) A detailed description of the methodology and data sources to be used in collecting and analyzing the data about trainee performance, acceptance by patients, quality of care and cost effectiveness;

(6) Defined measures to evaluate safety and quality of care provided;

(7) A process for ongoing quarterly monitoring in accordance with OAR 333-010-0760, Minimum Standards; and

(8) A process for regular evaluation of project activities across the lifecycle of the project for continuous quality improvement purposes.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

### **333-010-0790**

#### **Dental Pilot Projects: Authority Responsibilities**

(1) Project monitoring. Program staff shall monitor and evaluate approved projects which shall include, but is not limited to:

(a) Periodically requesting written information from the project to ascertain the progress of the project in meeting its stated objectives and in complying with program statutes and regulations:

(b) Periodic, but at least annual, site visits to one or more project offices, employment/utilizations sites, or other locations where trainees are being prepared or utilized; and

(c) Reviewing the quarterly reports submitted by the project as described in OAR 333-010-0760, Minimum Standards.

(2) Advisory committee. The Authority may convene an advisory committee for each approved dental pilot project.

(a) Individuals eligible to serve on an advisory committee include but are not limited to:

(A) Representatives from:

(i) The Oregon Board of Dentistry;

(ii) Professional dental organizations or societies;

(iii) Educational institutions;

(iv) Health systems; and

(v) Individuals representing the target population served by the pilot project.

(B) Individuals with an interest in public health, oral health or expanding access to medical and dental care.

(b) The purpose of the advisory committee is to gather its members' collective knowledge, experience, expertise, and insight to assist the Authority in meeting its responsibilities.

(c) If the Authority convenes an advisory committee it will solicit members for an advisory committee by public announcement; Individuals interested in serving on the committee are required to complete an application.

(d) From the applications received, the Authority will appoint no more than 15 members who are willing to undertake the duties of an advisory committee member and adhere to the committee charter adopted by the Authority. The Authority will notify each applicant in writing whether they have been appointed to the committee.

(e) An advisory committee member must:

(A) Attend meetings;

(B) Review approved pilot project quarterly reports at the request of the Authority;

(C) Attend approved pilot project site visits if invited; and

(D) Comply with any confidentiality requirements established by the Authority.

(3) Site visits.

(a) Site visits shall include, but are not limited to:

(A) Determination that adequate patient safeguards are being utilized;

(B) Validation that the project is complying with the approved or amended application;

(C) Interviews with project participants and recipients of care; and

(D) Reviews of patient records to monitor for patient safety, quality of care, minimum standard of care and compliance with the approved or amended application.

(b) If the Authority has convened an advisory committee, representatives of the committee may be invited by the Authority to participate in the site visit though the Authority may, at its discretion, limit the number of members who can participate;

(c) Written notification of the date, purpose and principal members of the site visit team shall be sent to the project director at least 90 calendar days prior to the date of the site visit;

(d) Plans to interview trainees, supervisors, and patients or to review patient records shall be made in advance through the project director;

(e) An unannounced site visit may be conducted by program staff if program staff have concerns about patient or trainee safety;

(f) The Authority will provide the project sponsor with at least 14 business days to submit to the Authority required patient records, data or other documents as required for the site visit; and

(g) Following a site visit the Authority will:

(A) Within 60 calendar days, issue a written preliminary report to the sponsor of findings of the site visit, any deficiencies that were found, and provide the sponsor with the opportunity to submit a plan of corrective action;

(i) A signed plan of correction must be received by the Authority within 30 calendar days from the date the preliminary report of findings was provided to the project sponsor;

(ii) The Authority shall determine if the written plan of correction is acceptable no later than 30 calendar days after receipt. If the plan of correction is not acceptable to the Authority, the Authority shall notify the project sponsor in writing and request that the plan of correction be modified and resubmitted no later than 10 business days from the date the letter of non-acceptance was mailed to the project sponsor;

(iii) The project sponsor shall correct all deficiencies within 30 calendar days from the date of correction provided by the Authority, unless an extension of time is requested from the Authority. A request for such an extension shall be submitted in writing and must accompany the plan of correction.

(iv) If the project sponsor does not come into compliance by the date of correction reflected on the approved plan of correction, the Authority may propose to suspend or terminate the project as defined under OAR 333-010-0820, Suspension or Termination of Project.

(B) Within 90 calendar days of receipt of a plan of correction, issue a final report to the sponsor; and

(C) If there are no corrections needed, the Authority will issue a final report within 180 calendar days.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

### **333-010-0800**

#### **Dental Pilot Projects: Project Modifications**

- (1) Any modifications to an approved project shall be submitted in writing to program staff, except as specified in section (4) of this rule. All modifications require Authority approval. Modifications include, but are not limited to the following:
  - (a) Changes in selection criteria for trainees, supervisors, or employment/utilization sites;
  - (b) Addition of employment/utilization sites; and
  - (c) Changes in the scope of practice for trainees.
- (2) Upon receipt of a request for a modification approval, the Authority will inform the project sponsor in writing on the timeline for review of the request and decision response deadline.
- (3) If the Authority has convened an advisory committee for an approved project, the Authority may confer with the advisory committee regarding the proposed modification.
- (4) Changes in project staff or instructors are not considered a modification and do not require prior approval by program staff, but shall be reported to the program staff within two weeks after the change occurs along with the curriculum vitae for the new project staff and instructors.
- (5) The Authority may approve or deny a request for modification. A modification may be denied if:
  - (a) It does not demonstrate that the project can meet the minimum standards or other provisions in these rules; or
  - (b) The modification would result in a substantial change to underlying purpose and scope of the pilot project as originally approved.
- (6) Projects are not permitted to implement the proposed modification until approval has been rendered by the Authority.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

### **333-010-0810**

#### **Dental Pilot Projects: Discontinuation or Completion of Project**

- (1) An approved project must notify the Authority in writing if it intends to discontinue its status as a Dental Pilot Project, at least 60 calendar days prior to discontinuation. Notification must include a closing report that includes, but is not limited to:
  - (a) The reasons for discontinuation as a pilot project;
  - (b) A summary of pilot project activities including the number of persons who entered the employment/utilization phase; and
  - (c) A description of the plan to inform trainees of the project's discontinuation and that they are precluded from performing the skills authorized under the pilot project after discontinuation unless the provider type has been legalized by the State of Oregon.
- (2) The project must obtain written acknowledgement from trainees regarding notification of the project's discontinuation and preclusion from performing skills authorized under the pilot project after discontinuation, unless the provider type has been legalized and the trainee has met necessary licensure requirements.
- (3) Project completion. A project sponsor must provide a full report of findings to the Authority within 180 calendar days of the completion of the project in a format prescribed by the Authority.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

**333-010-0820****Dental Pilot Projects: Suspension or Termination of Project**

(1) A pilot project may be suspended or terminated for violation of 2011 Oregon Laws, chapter 716 or any of these rules.

(2) Failure of a sponsor or anyone involved with an approved pilot project to cooperate with a reasonable request for records, interviews or a site visit is grounds for the Authority to suspend or terminate a project. Failure to cooperate includes, but is not limited to, failure to provide information or documents in a manner requested by the Authority or within the timeframe requested by the Authority.

(3) If the Authority determines that a dental pilot project is in violation of 2011 Oregon Laws, chapter 716 or these rules, the Authority may:

(a) Require the sponsor to implement an approved corrective action plan in accordance with OAR 333-010-0790, Authority Responsibilities; or

(b) Issue a Notice of Proposed Suspension or Notice of Proposed Termination in accordance with ORS 183.411 through 183.470.

(4) A sponsor who receives a Notice may request an informal meeting with the Authority. A request for an informal meeting does not toll the period for filing a timely request for a contested case hearing as described in section (5) of this rule.

(5) If the Authority issues a Notice of Proposed Suspension or Notice of Proposed Termination the sponsor is entitled to a contested case hearing as provided under ORS chapter 183. The sponsor has 30 calendar days to request a hearing.

(6) If the Authority terminates a dental pilot project, the order shall specify when, if ever, the sponsor may reapply for approval of a dental pilot project.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716



## Enrolled Senate Bill 738

Sponsored by Senator MONNES ANDERSON

CHAPTER .....

AN ACT

Relating to dental health; creating new provisions; amending ORS 679.010, 679.020, 679.025, 680.150, 680.200, 680.205, 750.055 and 750.333; appropriating money; and declaring an emergency.

**Be It Enacted by the People of the State of Oregon:**

### DENTAL PILOT PROJECTS

**SECTION 1. (1) The Oregon Health Authority may approve pilot projects to encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care. The authority may approve a pilot project that is designed to:**

**(a) Operate for three to five years or a sufficient amount of time to evaluate the validity of the pilot project;**

**(b) Evaluate quality of care, access, cost, workforce and efficacy; and**

**(c) Achieve at least one of the following:**

**(A) Teach new skills to existing categories of dental personnel;**

**(B) Develop new categories of dental personnel;**

**(C) Accelerate the training of existing categories of dental personnel; or**

**(D) Teach new oral health care roles to previously untrained persons.**

**(2) The authority shall adopt rules:**

**(a) Establishing an application process for pilot projects;**

**(b) Establishing minimum standards, guidelines and instructions for pilot projects; and**

**(c) Requiring an approved pilot project to report to the authority on the progress and outcomes of the pilot project, including:**

**(A) The process used to evaluate the progress and outcomes of the pilot project;**

**(B) The baseline data and information to be collected;**

**(C) The nature of program data that will be collected and the methods for collecting and analyzing the data;**

**(D) The provisions for protecting the safety of patients seen or treated in the project; and**

**(E) A statement of previous experience in providing related health care services.**

**(3) The authority shall seek the advice of appropriate professional societies and licensing boards before adopting rules under subsection (2) of this section.**

**(4)(a) Notwithstanding ORS 679.020 and 680.020, a person may practice dentistry or dental hygiene without a license as part of a pilot project approved under this section under the general supervision of a dentist licensed under ORS chapter 679 and in accordance with rules adopted by the authority.**

**(b) A person practicing dentistry or dental hygiene without a license under this section is subject to the same standard of care and is entitled to the same immunities as a person performing the services with a license.**

**(5) The authority may accept gifts, grants or contributions from any public or private source for the purpose of carrying out this section. Funds received under this subsection shall be deposited in the Dental Pilot Projects Fund established under section 17 of this 2011 Act.**

**SECTION 2. Section 1 of this 2011 Act is repealed on January 2, 2018.**

## Enrolled Senate Bill 606

Sponsored by Senator MONNES ANDERSON, Representative KENY-GUYER; Senator JOHNSON

CHAPTER .....

AN ACT

Relating to dental pilot project; creating new provisions; amending section 2, chapter 716, Oregon Laws 2011; and declaring an emergency.

**Be It Enacted by the People of the State of Oregon:**

**SECTION 1.** In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2015, out of the General Fund, the amount of \$100,000, which may be expended for extending the dental pilot project described in section 1, chapter 716, Oregon Laws 2011.

**SECTION 2.** A provider of dental services in a dental pilot project approved by the Oregon Health Authority pursuant to section 1, chapter 716, Oregon Laws 2011, is eligible to be reimbursed for covered services provided to a recipient of medical assistance.

**SECTION 3.** Section 2, chapter 716, Oregon Laws 2011, is amended to read:

**Sec. 2.** (1) Section 1 [*of this 2011 Act*], chapter 716, Oregon Laws 2011, is repealed on January 2, [2018] 2025.

(2) Section 17, chapter 716, Oregon Laws 2011, as amended by section 2, chapter 113, Oregon Laws 2013, is repealed January 2, 2025.

(3) **Section 2 of this 2015 Act is repealed on January 2, 2025.**

**SECTION 4.** Section 2 of this 2015 Act applies to services provided on or after the effective date of this 2015 Act.

**SECTION 5.** This 2015 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect on its passage.