



MINNESOTA BOARD OF DENTISTRY

University Park Plaza, 2829 University Avenue SE, Suite 450
Minneapolis, MN 55414-3249 www.dentalboard.state.mn.us
Phone 612.617.2250 Toll Free 888.240.4762 Fax 612.617.2260
MN Relay Service for Hearing Impaired 800.627.3529

Advanced Dental Therapy Collaborative Management Agreement

Prior to performing any of the services authorized under this chapter, an advanced dental therapist must enter into a written Collaborative Management Agreement with a Minnesota licensed dentist. A collaborating dentist is limited to entering into a collaborative agreement with no more than five dental therapists or advanced dental therapists at any one time. The agreement must include the following information. Each item listed below should be at least one paragraph in length. The advanced dental therapy Collaborative Management Agreement must include:

- (1) Practice settings where services may be provided and the populations to be served – practice settings and populations include those described in Section 150A.105, Subdivision 8;
 1. List the practice settings by zip code and county for data collection;
 2. List the populations in the generally defined categories according to Section 150A.105, Subdivision 8;
 3. Subdivision 8, (6, i through iv), states that in any other clinic or practice setting, at least 50 percent of the total patient base of the advanced dental therapist consists of specific patient populations described in the Statute;
- (2) Any limitations on the services that may be provided by the advanced dental therapist, including the level of supervision required by the collaborating dentist;
 1. List the limitations on the services that may be provided by the advanced dental therapist;
 2. List the services that are within the Scope of Practice of the advanced dental therapist and that are restricted or prohibited by the Collaborative Management Agreement;
- (3) Age and procedure specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;
 1. Provide a description of age specific protocols;
 2. Provide a description of procedure specific protocols;
 3. Provide a description of case selection criteria;
 4. Provide a description of assessment guidelines;
 5. Provide a description of imaging frequency guidelines;

- (4) A procedure for creating and maintaining dental records for the patients who are treated by the advanced dental therapist;
- (5) A plan to manage medical emergencies in each practice setting where the advanced dental therapist provides care;
- (6) A quality assurance plan for monitoring care provided by the advanced dental therapist, including patient care review, referral follow-up and a quality assurance chart review;
 1. Provide a description of the patient care review;
 2. Provide a description of the plan for referral follow-up;
 3. Provide a description of the quality assurance chart review;
- (7) Protocols for providing, dispensing and administering medications authorized under Section 150A.106, Subdivision 4, including the specific conditions and circumstances under which these medications are to be dispensed and administered;
 1. The advanced dental therapist may provide, dispense and administer analgesic, anti-inflammatory and antibiotic medications within the parameters of the Collaborative Management Agreement, within the Scope of Practice, and with the authorization of the collaborating dentist;
 2. The Collaborative Agreement must reflect the process in which the dentist authorizes the prescription, and the advanced dental therapist provides, dispenses and administers these medications;
 3. A certified advanced dental therapist is prohibited from providing, dispensing or administering narcotic medications as defined in Section 152.01, Subdivision 10;
- (8) Criteria relating to the provision of care to patients with specific medical conditions or complex medication histories, including requirements for consultation prior to initiation of care;
- (9) Supervision criteria for dental assistants to the extent permitted in the Collaborative Management Agreement and according to 150A.10, Subdivision 2;
 1. An advanced dental therapist is limited to supervising no more than four licensed dental assistants or non-registered dental assistants at any one practice setting;
- (10) A plan for the provision of clinical resources and referrals in situations which are beyond the capabilities of the advanced dental therapist.
- (11) A plan to refer patients to another qualified dental or health professional to receive any needed services that exceed the Scope of Practice of the advanced dental therapist;

- 1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
- (12) Specific written protocols to govern situations in which the advanced dental therapist encounters a patient who requires treatment that exceeds the authorized Scope of Practice;
 1. The collaborating dentist must ensure that a dentist is available to the advanced dental therapist for timely consultation during treatment if needed;
 2. The collaborating dentist must provide or arrange with another dentist or specialist(s) to provide the necessary treatment to any patient who requires more treatment than the advanced dental therapist is authorized to provide;
 3. The collaborating dentist is responsible for directly providing or arranging for another dentist or specialist(s) to provide any necessary advanced services needed by the patient;

 - (13) Protocol for the oral evaluation and assessment of dental disease, and for the formulation of an individualized treatment plan by the advanced dental therapist and authorized by the collaborating dentist;
 1. The advanced dental therapist shall complete an oral evaluation and assessment of dental disease for the patient, according to Statutes 150A.106 Subdivision 2a. (1) and 150A.05 Subdivision 1b. (3);
 2. The advanced dental therapist shall collaborate with the dentist in the formulation and authorization of the individualized treatment plan, as per the definition of General Supervision;
 3. The authorization process may include indirect methods such as standing orders, written prescriptive orders, emergency palliative protocols, tele-dentistry, additional electronic methods for consultation, and other definitive, non-emergency protocols, all contained within the Collaborative Management Agreement;
 4. In addition, the authorization process may occur simultaneously with providing dental care by the advanced dental therapist, and within the parameters of the Collaborative Management Agreement and the defined limited Scope of Practice of the Advanced Dental Therapist;
 5. The advanced dental therapist and the collaborating dentist shall maintain the patient record through procedures determined by the Collaborative Management Agreement (Minnesota Rule 3100.9600). The record must contain a written and dated treatment plan agreed upon by the patient and authorized by the dentist. The patient record must include all of the elements of informed consent, including that the treatment has been discussed with the patient by the dentist or advanced dental therapist, and consented to by the patient as per Minnesota Rule 3100.9600, Subparts 8 and 9, and that the patient acknowledges a referral for a comprehensive exam by a dentist was made and received.

 - (14) Protocol for the comprehensive oral evaluation by the collaborating dentist;
 1. The collaborating dentist shall perform the comprehensive oral evaluation, determine the diagnosis(es), and formulate the individualized treatment plan upon referral of the patient by the advanced dental therapist as per (6), (10), (11), and (12), and according to Statute 150A.05, Subdivision 1.(1);

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52

- 2. The dentist shall collaborate with the advanced dental therapist for the provision of dental care as limited by the advanced dental therapist Scope of Practice, under General Supervision, and if authorized in advance by the collaborating dentist;
- 3. The dentist, in collaboration with the advanced dental therapist and through procedures determined by the Collaborative Management Agreement, shall maintain the patient record according to Minnesota Rule 3100.9600;

(15) A plan for the nonsurgical extraction of permanent teeth as limited by the Scope of Practice, under General Supervision, and if authorized in advance by the collaborating dentist. A certified advanced dental therapist may perform services under General Supervision as defined by the Scope of Practice unless restricted or prohibited in the Collaborative Management Agreement.

General Supervision is defined in Minnesota Rule 3100.0100 as the supervision of tasks or procedures that do not require the presence of the dentist in the office or on the premises at the time the tasks or procedures are being performed, but requires that the tasks be performed with the prior knowledge and consent of dentist.

A collaborating dentist must be licensed and practicing in Minnesota. The collaborating dentist shall accept responsibility for all services authorized and performed by the advanced dental therapist pursuant to the management agreement. Any licensed dentist who permits an advanced dental therapist to perform a dental service other than those authorized under this section violates sections 150A.01 to 150A.12.

Collaborative Management Agreements must be signed and maintained by the collaborating dentist and the advanced dental therapist. Agreements must be reviewed, updated and submitted to the Board of Dentistry on an annual basis.

The Board of Dentistry may request additional information or clarification for information provided in the Collaborative Management Agreement.

BOD approved 12/4/2010



MINNESOTA BOARD OF DENTISTRY
University Park Plaza, 2829 University Avenue SE, Suite
Minneapolis, MN 55414-3249 www.dentalboard.state.mn.us
MN Relay Service for Hearing Impaired 800.627.3529

Collaborative Management Agreement

Advanced Dental Therapist Data Collection

1. Dentist's Name:

Primary Dental Practice

Address: _____

Secondary Dental Practice Address:

Work Phone: _____ Work Fax: _____

E-Mail Address: _____

Minnesota Dental License Number: _____

Dentist Signature: _____ Date: _____

Dental Therapy/ADT Collaborative agreements licenses:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

2. Dental Therapist Name:

Primary Dental Practice Address:

Secondary Dental Practice Address:

Work Phone: _____ Fax: _____

E-Mail Address: _____

Minnesota Dental Therapist License Number: _____

Dental Therapist Signature: _____ Date: _____