



S . M . I . L . E . S

DENTAL PROJECT

Spanning Miles in Linking Everyone to Services

Relevant State and Federal Requirements for Virtual Dental Home Implementations



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Contents

Federal Expectations of FQHCs	3
Dental Services and FQHCs	3
FQHCs and Community Services	4
FQHCs and Nontraditional Settings of Care	4
FQHCs and the Delivery of Dental Services in Rural Areas	4
New Service Model: The Virtual Dental Home	5
The FQHC-led Virtual Dental Home	5
1. Maintaining the Proper Billing Infrastructure	6
2. Ensuring VDH Services are Included in the FQHC’s Scope of Service	8
Federal Change in Scope	9
State Level Change in Scope	11
3. Regulatory Requirements for New Services and Locations	11
4. Malpractice and Liability Protections.....	11
Independent Practice RDH-Led Virtual Dental Home.....	11
1. Supervision by a Dentist.....	12
2. Billing Infrastructure	12
3. Malpractice and Liability Protections.....	12
Helpful Definitions	12

Federal Expectations of FQHCs

Dental Services and FQHCs

Based on their unique status with the Health Resources and Services Administration (HRSA), Federally Qualified Health Centers (FQHCs) are contractually bound to meet nineteen program requirements¹. Among these are the stipulations requiring that FQHCs provide dental services. The National Network for Oral Health Access (NNOHA) has created a manual for FQHC dental programs that describes the requirements as follows:

Section 330 of the Public Health Service Act (Section 330) requires Health Centers to provide “required primary health services” to all residents of the area served by the center. (Section 330 legislation can be referenced at <http://bphc.hrsa.gov/about/legislation/section330.htm>) See 42 U.S.C. § 254b(a)(1). Primary health services are defined in the statute to include “dental screenings for children” and “preventive dental services.” See 42 U.S.C. §254 (b)(1)(A)(i)(III) (ff) & (hh). The Section 330 statute, itself, does not define the scope of “preventive dental services.” However, the implementing regulations define “preventive dental services” to include services provided by a licensed dentist or other qualified personnel, including (i) oral hygiene instruction; (ii) oral prophylaxis, as necessary; and (iii) topical application of fluorides, and the prescription of fluorides for systematic use when not available in the community water supply. See 42 C.F.R. § 51c.102(h)(6). In addition, BPHC Program Expectations express BPHC’s expectations that Health Centers will provide emergency dental services as well as preventive dental services listed in the statute and regulations. See BPHC Policy Information Notice (PIN) #98-23, Section II.B.1.a, at p.13. (PIN 98-23 can be viewed at <http://bphc.hrsa.gov/policy/pin9823/default.htm>).

In addition, Health Centers can obtain approval from the Department of Health and Human Services (HHS) to provide “supplemental health services,” which can include “dental services other than those provided as primary health services,” within their Scope of Project See 42 C.F.R. § 51c.102(j)(6).19 However, in order to include additional services as part of its Scope of Project (which is a pre-requisite to accessing the related reimbursement and other benefits for such services), the Health Center is obligated to offer such care to all residents of its service area, including those persons who are publicly or privately insured and those who are uninsured, regardless of ability to pay or payor source, and subject to Section 330 discount and sliding fee schedule requirements. As is the case with the required services described above, any supplemental services brought into the Health Center’s Scope of Project that cannot be provided directly by the Health Center must be made accessible through referral or other contractual arrangements with other community dental providers. See BPHC Policy Information Notice (PIN) #98-23, Section II.B.1.a, at p.13. The inclusion of additional services in a Health Center’s Scope of

¹ Retrieved from HRSA at <http://www.bphc.hrsa.gov/programrequirements/summary.html>

Project is necessary to access reimbursement, FTCA coverage and other FQHC benefits for the provision of such services.²

FQHCs and Community Services

A mandate for FQHC's includes the requirement that all FQHCs provide all required "primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals" (Section 330(a) of the PHS Act). Health Centers are further required to "provide services at times and locations that assure accessibility and meet the needs of the population to be served" (Section 330(k)(3)(A) of the PHS Act). This emphasis of supporting both enabling services and prevention strategies has created opportunities for innovation in care delivery that build stronger community partnerships, leverage technology and minimize barriers to access.

FQHCs and Nontraditional Settings of Care

Preventative dental care is a critical component of maintaining oral health. Although the American Dental Association recommends that children be seen by a dentist by their first birthday or first tooth, most parents delay care until much later. One way to increase preventive care for children is through the provision of dental services in schools, WIC sites, Head Start programs and other locations in the community. By expanding services to reach people in the communities where they live, improvements can be made in the oral health outcomes and behaviors of children and families. Similarly, elderly patients or patients with disabilities, can greatly benefit from access community-based dental preventative dental services. Because of the unique relationships that health centers have with the communities where they provide services, FQHCs are forging partnerships with organizations and service providers that expand the reach of FQHC dental services to patients in a variety of settings. FQHCs often represent the main provider of health services in a given community (i.e. rural regions, high-poverty areas) or for particular sub-populations of patients (i.e. migrant workers, homeless patients, school-aged children, etc.). Health centers and their community partners have identified a number of innovative models for bringing medical, dental, and behavioral health services to communities in need. Common examples of nontraditional settings of care include the following:

- Mobile or intermittent services provided at school, Head Start, preschools
- School based health centers
- WIC or family resource centers
- Adult day health care centers
- Residential facilities for dependent people
- Skilled nursing homes
- Migrant health centers

FQHCs and the Delivery of Dental Services in Rural Areas

Disparities in access to dental care for individuals residing in rural areas are well-documented and have received national attention by government agencies, health professional organizations, and researchers. This is a particular challenge for Colorado as 73% of Colorado's 64 counties are rural; 17 are urban, 24 are rural and 23 are frontier, and 77% of Colorado's land mass, or approximately 79,884 square miles, is

² Retrieved from NNOHA <http://www.nnoha.org/nnoha-content/uploads/2013/08/OpManualChapter1.pdf>

rural (see map for designations).³ Access to dental services in these rural and frontier areas has created a critical point. A Colorado Health Institute (CHI) report noted that eight of Colorado's 64 counties are "dental deserts," meaning they are without a licensed dentist, a Federally Qualified Health Center (FQHC) or a Community-Based Dental Clinic (CBDC). While these counties only account for 1% of the total state population, this statistic nonetheless highlights the need for access to quality dental care for this underserved population.⁴ FQHCs in Colorado are a critical component of the health care safety net by leveraging innovative approaches to servicing patients in these rural and frontier areas of the state. FQHCs are able to expand their reach into rural and frontier areas by exploring and implementing new models of care delivery and service expansion strategies. In addition to building new brick and mortar dental clinics, some new models include partnerships with community organizations and FQHC dental sites through a "hub and spoke" model. This model brings services to the fixed dental practice sites into the community with dentists and registered dental hygienists working remotely at community sites.

New Service Model: The Virtual Dental Home

The virtual dental home (VDH) model of care offers a unique approach to providing dental services to some of the hardest to reach patients. Under this model, several innovations in care delivery bring dental services to high-need populations such as pediatric and elderly patients. These are among the populations who can benefit from a community-based approach to patient outreach and intervention. Dental clinics and FQHCs can partner with community partners to bring these services to patients.

By providing much needed dental services outside of the traditional practice site, patients receiving care through the VDH can receive critical services supporting their health and oral health needs that might otherwise go unaddressed. The VDH provides an opportunity to initiate patient care in a community setting, such as a school, Head Start, adult work transition services, and long term care facilities. Under this model, distributed teams of dental providers, connected through the use of telehealth technologies, work collaboratively to bring services to patients in various community locations. By aligning the skills and capacity of licensed registered dental hygienists in the community with a dentist in a traditional dental office, high-quality coordinated care is provided using telehealth and electronic health records (EHRs).

The FQHC-led Virtual Dental Home

This model of care is aligned with the goals of FQHCs and helps them fulfill their mission of providing patient-centered, community based primary and dental care. The registered dental hygienist facilitates the visit through the use of mobile or portable equipment, effectively bringing the FQHC dental office to the community site.

For FQHCs in Colorado seeking to implement this model, several key factors must be addressed to insure administrative, clinical, and regulatory compliance.

³ Colorado Rural Health Center, *Snapshot of Rural Health in Colorado, 2014 Edition*. Retrieved on 11/1/16 <https://coruralhealth.org/wp-content/uploads/2014/09/2014.RuralHealth.Snapshot.pdf>

⁴ Colorado Dental Association, *Hub and Spokes Route Dental Care to Destinations in Need, Spring 2015 Journal of the Colorado Dental Association* Retrieved on 11/1/16 <https://www.cdaonline.org/news/latest-news/hub-and-spokes-route-dental-care-to-destinations-in-need>

1. Maintaining the Proper Billing Infrastructure

To ensure the services provided under the VDH can be sustained and properly reimbursed, FQHCs implementing the model will need to adhere to a number of administrative and regulatory guidelines.

FQHC Billing for Medicaid Services

Assuming all VDH services are included in the FQHC's approved scope of services, FQHCs will bill their approved encounter rate for the services provided to the patient following the standard billing and documentation procedures. Additional discussion on scope of service issues is noted below.

At this time, it understood that Colorado's [House Bill 15-1029](#), the current language that supports the billing of telehealth services applies to the oral health services provided through the VDH concept. Specifically, the bill states:

“Health care services” means any services included in or incidental to the furnishing of medical, mental, dental or optometric care; hospitalization; or nursing home care to an individual, as well as the furnishing to any person of any other services for purpose of preventing, alleviating, curing, or health human physical or mental illness or injury. “Health care services” includes the rendering of the services through the use of TELEHEALTH, AS DEFINED IN SECTION 10-16-123 (4)(3). (sic)⁵

Medicare Billing

The SMILES Dental project intends to expand access to oral health care for Colorado's most vulnerable populations, including elderly patient populations. As such, FQHCs should ensure the providers working on this project are enrolled and credentialed in the Medicare program. The FQHC should then notify CMS of this enrollment into Medicare. The credentialing process with Medicare usually takes between 60 and 90 days, therefore sites seeking to implement the VDH should plan accordingly prior to implementation. If providers are not currently enrolled in Medicare, they can find more information here:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html?redirect=/medicareprovidersupenroll/> .

Location and Providers of Originating Billable Service

FQHCs in Colorado may bill for in-scope VDH home services that are performed both in the field through a community partner as well as for dental services performed at the FQHC by the supervising dentist. The types of sites that are permissible include the following:

- **Fixed Site**—a permanent clinic site operating through a community partner or separately as a free standing FQHC (i.e. school based health clinic, FQHC)
- **Mobile Site**—the use of a mobile vehicle to bring dental equipment and services to designated locations to provide services remotely (i.e. dental outreach van)

⁵ Page 5, House Bill 15-1029 retrieved 10/21/2016

http://www.leg.state.co.us/clics/clics2015a/csl.nsf/fsbillcont3/AC2BDBA13720914B87257D90007666AD?open&file=1029_enr.pdf

- **Portable Site**—the use of portable dental equipment that can be easily transported and accessed to provide services remotely (i.e. temporary use of a space at a school or an adult day health care site where dental staff bring dental equipment in to provide services)

FQHCs may bill their approved encounter rate for these services assuming the following:

1. The services provided are included in the FQHC’s existing and approved scope of service.
2. Any mobile site (i.e. van) used for providing services in included in the FQHC’s existing and approved scope of service.
3. Any “portable” services provided through a community partner are included in the FQHC’s existing and approved scope of service.

Allowable Billable Services

Below is a list of typical VDH billable services. A VDH service, such as the remote exam by a supervising dentist, is billable regardless of the location of the dental staff collecting the information. Dental staff working in the community can use a range of portable equipment to provide billable clinical services to patients in these community sites. More detail about billing procedures can be found in the Colorado Medical Assistance Program Dental Billing Manual that can be found here:

[https://www.colorado.gov/pacific/sites/default/files/Dental%20Billing%20Manual%20\(04-14\).pdf](https://www.colorado.gov/pacific/sites/default/files/Dental%20Billing%20Manual%20(04-14).pdf)

Table 1: Billable services, providers, and locations for VDH services

Services	Provider Type	Location of Service
Diagnostic and Treatment Planning	Dentist	FQHC
Prophylaxis	Registered Dental Hygienist or Dentist	VDH site or FQHC
Early intervention restorative care, including interim therapeutic restorations	Registered Dental Hygienist or Dentist	VDH site or FQHC
Radiographs	Registered Dental Hygienist or Dentist	VDH site or FQHC
Fluoride varnish/ topical fluoride	Registered Dental Hygienist or Dentist	VDH site or FQHC

Billing for Interim Therapeutic Restorations (ITRs)

As a result of recent legislation ([HB15-1309](#)), RDHs can now apply to the state dental board for a permit to place Interim Therapeutic Restorations (ITRs), and must meet the following requirements:

- hold a license in good standing to practice dental hygiene;
- carry professional liability insurance coverage;
- complete the required hours of dental hygiene practice (2,000–4,000 hours); and
- complete a board-approved course.

The placement of ITRs by a RDH working in a FQHC VDH site is permitted since RDH’s are allowable Medicaid Providers in Colorado. The billing for this service is triggered by the RDHs and their face-to-

face interaction with the patient, a requirement to meet the definition of a “FQHC encounter.” To the extent that state Medicaid or children’s basic health plan reimbursement is available for the placement of ITRs, the reimbursement will extend to ITRs placed in accordance with the transmission of medical or dental information to be reviewed by a dentist at a later time. However, a dentist **must provide** a diagnosis, treatment plan and instructions to perform the procedure.

Supervision by a Dentist

In Colorado, there is no requirement that a dentist must authorize or supervise most dental hygiene services. A RDH providing community based services through the VDH concept, may provide the following services: dental hygiene diagnosis, radiographs, remove deposits, accretions, and stains, curettage without anesthesia, apply fluorides and other recognized preventive agents, topical anesthetic, oral inspection and charting. However, for certain dental procedures and services, the RDH must be “indirectly supervised” by a dentist. The Colorado Dental Practice Act defines “indirect supervision” as

"Indirect supervision" means the supervision of those tasks or procedures that do not require the presence of the dentist in the office or on the premises at the time such tasks or procedures are being performed, but do require that the tasks be performed with the prior knowledge and consent of the dentist.

As mentioned above, HB 15-1309 expands the dental hygienist Scope of Practice to place interim therapeutic restorations under the supervision of a dentist, either through an indirect supervision or a “telehealth supervision” mechanism.

Use of Specialty Codes

For the purposes of billing, the only specialty code that is necessary is the code that allows for billing when a dentist review of x-rays taken by another provider (D0391), in this case a RDH, coupled with a place of service. At this time, the Colorado legislation which authorized the placement of interim therapeutic restorations by dental hygienists, specifically authorized Colorado Medicaid and Children’s Basic Health Plan to reimburse for services provided through t the use of telehealth (specific to interim therapeutic restorations).

Excluded Services

While both RDH and licensed dentists may provide services at a VDH remote site, either provider type may only perform services allowable under their respective license. The scope of practice guidelines can be found at the [Colorado Department of Regulatory Agencies](#) website provides numerous resources on regulations and requirements for dental providers. In addition, the Dentist and Dental Hygienist Practice Act provides specific information about the differences in scope of practice can be found [here](#).

2. Ensuring VDH Services are Included in the FQHC’s Scope of Service

FQHCs must take steps to safeguard that the services provided under the VDH concept are included in their federal scope of service, as determined by the federal Health Resources and Services Administration (HRSA). As delineated through federal requirements, each health center must maintain its funded scope of project (sites, services, service area, target population, and providers), including any increases based on recent grant awards. A health center’s scope of project defines the activities that are

supported by the Section 330 project budget. Specifically, scope of project defines the approved service sites, services, providers, service areas and target populations. A health center's scope of project may evolve over time and may expand through new grant awards or approval of a Change in Scope request.⁶

Maintaining an up-to-date scope of service not only allows FQHCs to properly bill for services, but it also extends the coverage of the Federal Tort Claims Act (FTCA) malpractice coverage afforded to FQHCs, as only services "in scope" will be covered by FTCA.

Other critical factors that are impacted by the approval and inclusion of services within the FQHC's federal scope include:

- Inclusion in the 340B Drug Pricing Program, a program that provides discounted drugs;
- Identifies and defines the sites for [Health First Colorado](#), Colorado's state Medicaid Program, to calculate the FQHC's encounter rate for Medicaid payments; and
- Identifies and defines the site for the Center for Medicare and Medicaid Services to determine a health center's FQHC Medicare rate.

Federal Change in Scope

Determining the Need for a Federal Change in Scope

Determining if a change in federal scope is necessary for the VDH requires the FQHC to review their current scope and determine if the services and locations to be offered through project represent any new services or new clinic sites. Guidance for determining current federal scope can be found in the Electronic Handbook (EHB) on forms 5a, 5b, and 5c.

FORM 5a is the list of services provided by a health center, with each one identified as being:

- Column 1: Provided directly by the health center ("grantee")
- Column 2: Provided via contract or referral agreement, where the health center pays
- Column 3: Provided via contract or referral agreement, where the health center does NOT pay

Whenever a change is made for a service from one column to a different column, a federal change in scope is required.

FORM 5b lists all the clinics that are operated by the health center (both state-licensed sites and sites that qualify as intermittent clinic sites under California's definition). Whenever a health center wishes to add a new clinic site (licensed or intermittent), then a federal change in scope is required.

FORM 5c lists a health center's other locations and activities. This is where a health center would specify such things as dental care at multiple school sites on a rotational basis or contracting with private dental offices.⁷

The table below represents options for FQHCs to consider when implementing the VDH concept and reviewing current scope of service.

⁶ Retrieved from <http://www.bphc.hrsa.gov/programrequirements/scope.html>

⁷ California Primary Care Association, *Increasing Access to Oral Health A Technical Assistance Guide for California Health Centers* (March 2016)

Table 2: Change in Scope Contributing Factors

Contributing Factor	Scope Change Required?
FQHC currently provides in-scope dental services at the proposed VDH site.	No
FQHC currently provides dental services but plans to add a new mobile dental van service for its VDH efforts.	Yes
FQHC does not current offer any dental services.	Yes
FQHC provides dental services, but the proposed VDH site is not included in the current scope of service.	Yes

Steps for Initiating a Change in Federal Change in Scope

An FQHC's scope of project defines the activities that are supported by the Section 330 project budget. Specifically, scope of project defines the approved service sites, services, providers, service area(s) and target population(s). An FQHC's scope of project may evolve over time and may expand through new grant awards or approval of a Change in Scope request. Based on the contributing factors noted above, should an FQHC require a Change in Scope, the following steps should be taken.

Step 1: Consult with Project Officer

The health center leadership should reach out and consult with their assigned health center Project Officer on the proposed change.

Step 2: Board of Directors Approval

The FQHC's Board of Directors must approved the new service or service site and the change must be documented in Board meeting minutes.

Step 3: Submit a Formal Change Request

For formal CIS requests, review and follow the guidelines provided in [PAL 2014-10: Updated Process for Change in Scope Submission, Review and Approval Timelines](#).

Step 4: Gather Information

Health center leadership should review resources, sample forms, and instructions below to help gather the information and documentation necessary to submit the change in scope request through the Electronic Handbook (EHB).

Step 5: Submit Request

Complete and submit the official forms online through EHBs.

Step 6: Await Approval from HRSA

Once a formal Change in Scope request has been submitted, reviewed, and approved, a Notice of Award (NoA) (for grantees) or a HRSA notification (for look-alikes) will be issued.

Step 7: Verify the Changes

Health centers must then verify in EHBs that the change has been implemented within 120 days of HRSA's Notice of Award/notification (see Step 6). Once verified, the change will be officially documented in the health center's approved scope of project.

State Level Change in Scope

At this time, Health First Colorado, Colorado's Medicaid program, is currently finalizing the process for state level scope changes so no formal guidance can be provided for this process.

3. Regulatory Requirements for New Services and Locations

FQHCs may provide VDH services in any location, either fixed or mobile, that is currently included in the FQHC's scope of service (see above). If any new locations or services are to extend the FQHC's service reach, the FQHC must apply for a change in scope to include these as billable and FTCA covered services.

Once included in scope, it is recommended that the FQHC put in place a formal agreement, such as a Memorandum of Understanding and Business Associate Agreement, that outlines the roles and responsibilities of the community partner site and the FQHC. A sample of an agreement can be found in Appendix B.

4. Malpractice and Liability Protections

As FQHCs seek opportunities to work in the broader community, extending the reach of their services to patients beyond the four walls of their clinic sites, they are supported in these efforts by an extension of liability protection. By virtue of their federal status, FQHCs are eligible for malpractice coverage through the Federal Tort Claims Act (FTCA). Experience in other states, most notably California which has piloted the VDH concept since 2012, indicates that FTCA coverage extends to the services provided by RDHs practicing in community locations, assuming all services are included in the FQHC's scope of service. As long as the services provided by the RDH are part of the normal scope of their position, and that RDH is working within the Colorado Dental Practice Act, FTCA coverage will apply. This includes all services where an RDH oversees clinical decision making and performs clinical duties related to dental hygiene services within the scope of the Dental Practice Act. In addition, VDH services such as the review of clinical data to support a clinical oral evaluation, including the diagnosis and treatment planning, which remain the responsibility of the dentist, are also covered by FTCA.

It is important to note, however, that while FTCA coverage is a benefit extended to FQHCs, FQHCs must complete an application and ongoing renewal process to maintain this coverage. For information on the FTCA application process, visit the HRSA website at:

<http://bphc.hrsa.gov/ftca/healthcenters/hcappprocess.html>

Independent Practice RDH-Led Virtual Dental Home

As with the FQHC-led VDH, the Independent Practice RDH-led VDH provides an opportunity for oral health services to be extended into the community. The registered dental hygienist facilitates the visit

through the use of mobile or portable equipment, effectively bringing the dental office to the community site.

For independent practice RDH's in Colorado seeking to implement this model, several key factors must be addressed to insure administrative, clinical, and regulatory compliance.

1. Supervision by a Dentist

In Colorado, a RDH may also own an independent dental hygiene practice. A RDH operating an independent practice may provide the following services: dental hygiene diagnosis, radiographs, remove deposits, accretions, and stains, curettage without anesthesia, apply fluorides and other recognized preventive agents, topical anesthetic, oral inspection and charting.⁸ As with RDHs employed by FQHC's to provide community based care, RDHs in independent practice are required to be "indirectly supervised" or be supervised via telehealth supervision in order to perform the placement of interim therapeutic restorations.

2. Billing Infrastructure

RDH's in independent practice may bill for VDH services in the same manner they currently bill. RDH's in independent practice should ensure that proper billing mechanisms and documentation are in place and up to date. Please refer to the sections of this Manual that reference Colorado's scope of practice and billing requirements.

3. Malpractice and Liability Protections

For dental providers not covered by the Federal Tort Claims Act, it is anticipated that malpractice insurance will cover this service as it is within scope of care as specified by the Dental Practice Act. Providers should clarify this with their individual liability providers.

Helpful Definitions

Dental hygiene diagnosis The Colorado Dental Practice Act⁹ defines "dental hygiene diagnosis" as "the identification of an existing oral health problem that a dental hygienist is qualified and licensed to treat within the scope of dental hygiene practice. The dental hygiene diagnosis focuses on behavioral risks and physical conditions that are related to oral health. A dentist shall confirm any dental hygiene diagnosis that requires treatment that is outside the scope of dental hygiene practice pursuant to sections 12-35-124, 12-35-125, and 12-35-128."

Direct Supervision The Colorado Dental Practice Act¹⁰ defines "direct supervision" as "the supervision of those tasks or procedures that do not require the presence of the dentist in the room where performed but require the dentist's presence on the premises and availability for prompt consultation and treatment."

Interim Therapeutic Restorations Colorado's House 15-1309 defines this as a direct provisional restoration placed to stabilize a tool until a licensed dentist can assist the need for further definitive

⁸ American Dental Hygienist Association, retrieved on 10/22/16 https://www.adha.org/resources-docs/7513_Direct_Access_to_Care_from_DH.pdf

⁹Colorado Department of Regulatory Agencies

¹⁰ *Ibid.*

treatment.” It involves the “removal of soft material using hand instrumentation, without the use of rotary instrumentation, and the subsequent placement of a glass ionomer restoration.”¹¹

Moveable Equipment HRSA defines this as equipment that is not permanently affixed and can be easily moved (i.e., medical exam tables, dental chairs, x-ray equipment, computers, modular workstations, autoclaves, freezers, etc.).¹²

Scope of Project HRSA defines this as “activities that the total approved grant-related project budget supports. Specifically, the scope of project defines the service sites, services, providers, service area(s) and target population for which section 330 grant funds may be used. For more information, please see PIN 2008-01 available at: <http://www.bphc.hrsa.gov/policy/pin0801/>.”¹³

Virtual Dental Home The Virtual Dental Home (VDH) creates a community-based oral health delivery system in which people receive preventive and simple therapeutic services in community settings where they live or receive educational, social or general health services. It utilizes the latest technology to link practitioners in the community with dentists at remote office sites. Using the VDH system registered dental hygienists to keep people healthy in community settings by collecting diagnostic records, providing preventive procedures and interim therapeutic restorations education, and case management. Where more complex dental treatment is needed, the Virtual Dental Home connects patients with dentists in the area.¹⁴

Visit (FQHC) HRSA defines an FQHC visit as a “documented, face-to-face contact between a patient and a provider who exercises objective judgment in the provision of services to the patient. To be included as a visit, services rendered must be documented in the patient’s record”.¹⁵

¹¹ House Bill 15-1029 retrieved 10/21/2016

¹² As defined by HRSA retrieved on 11/1/16 <http://www.hrsa.gov/grants/apply/assistance/Buckets/definitions.pdf>

¹³ *Ibid.*

¹⁴ As defined by The Pacific Center for Special Care at the University of the Pacific, Arthur A. Dugoni School of Dentistry <http://dental.pacific.edu/departments-and-groups/pacific-center-for-special-care/innovations-center/virtual-dental-home-system-of-care>

¹⁵ As defined by HRSA retrieved on 11/1/16 <http://www.hrsa.gov/grants/apply/assistance/Buckets/definitions.pdf>