



# 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

## Dental Therapy Collaborative Management Agreement

Prior to performing any of the services authorized under this chapter, a 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 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 dental therapist consists of specific patient populations described in the Statute;
- (2) Any limitations on the services that may be provided by the 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 dental therapist;
  2. List the services that are within the Scope of Practice of the 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;

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3 (4) A procedure for creating and maintaining dental records for the patients  
4 who are treated by the dental therapist;  
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- 6 (5) A plan to manage medical emergencies in each practice setting where the  
7 dental therapist provides care;  
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- 9 (6) A quality assurance plan for monitoring care provided by the dental  
10 therapist, including patient care review, referral follow-up and a quality  
11 assurance chart review;  
12 1. Provide a description of the patient care review;  
13 2. Provide a description of the plan for referral follow-up;  
14 3. Provide a description of the quality assurance chart review;  
15
- 16 (7) Protocols for dispensing and administering medications authorized under  
17 Section 150A.105, Subdivision 5, including the specific conditions and  
18 circumstances under which these medications are to be dispensed and  
19 administered;  
20 1. The dental therapist may dispense and administer analgesic, anti-  
21 inflammatory and antibiotic medications within the parameters of the  
22 Collaborative Management Agreement and within the Scope of Practice;  
23 2. The Collaborative Agreement must reflect the process in which the  
24 dentist prescribes, and the dental therapist dispenses and administers these  
25 medications;  
26 3. A licensed dental therapist is prohibited from dispensing or administering  
27 narcotic medications as defined in Section 152.01, Subdivision 10;  
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- 29 (8) Criteria relating to the provision of care to patients with specific medical  
30 conditions or complex medication histories, including requirements for  
31 consultation prior to initiation of care;  
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- 33 (9) Supervision criteria for dental assistants to the extent permitted in the  
34 Collaborative Management Agreement and according to 150A.10,  
35 Subdivision 2;  
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- 37 (10) A plan for the provision of clinical resources and referrals in situations  
38 which are beyond the capabilities of the dental therapist.  
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41 A licensed dental therapist may perform services under General Supervision or  
42 Indirect Supervision as defined by the Scope of Practice unless restricted or  
43 prohibited in the Collaborative Management Agreement.  
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45 General Supervision is defined in Minnesota Rule 3100.0100 as the supervision of  
46 tasks or procedures that do not require the presence of the dentist in the office or  
47 on the premises at the time the tasks or procedures are being performed, but  
48 requires that the tasks be performed with the prior knowledge and consent of the  
49 dentist.

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Indirect Supervision is defined in Minnesota Rule 3100.0100 as the supervision of tasks or procedures when the dentist is in the office, authorizes the procedures, and remains in the office while the procedures are being performed by the dental therapist.

A collaborating dentist must be licensed and practicing in Minnesota. The collaborating dentist shall accept responsibility for all services authorized and performed by the dental therapist pursuant to the management agreement. Any licensed dentist who permits a 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 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.

Approved by Minnesota Board of Dentistry  
September 24<sup>th</sup>, 2010



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**Collaborative Management Agreement**

**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:

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Primary Dental Practice Address:

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Secondary Dental Practice Address:

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Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Minnesota Dental Therapist License Number: \_\_\_\_\_

Dental Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_