

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.40.06	Page 1 of 11
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Chapter: 500 Health Services		
Subject: Routine Dental Treatments		

POLICY

The Division of Adult Institutions shall make available only those routine dental treatment services necessary to meet the inmate patient's serious dental needs and to maintain the inmate patient's health during incarceration. Provision of routine dental services is subject to a Dental Service Request from the inmate patient, a prescription by a Department of Corrections dentist and certain limitations described in this policy.

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2014, P-E-06 – Oral Care

DEFINITIONS, ACRONYMS AND FORMS

AAP – American Academy of Periodontology

Anterior – Refers to teeth located in the front of the mouth.

Apexification – Procedure performed to encourage apical closure prior to root canal therapy.

Apicoectomy – Amputation of the apex of a tooth.

BHS – Bureau of Health Services

Current – A current radiograph is less than 12 months old.

DOC – Department of Corrections

DOC-643 – Interview/Information Request

DOC-3018 – Intake Screening/Medical History

DOC-3018A – Health History Update (Dental Services)

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DOC-3018B – Health History for Dental Practice

DOC-3042 – Dental Examination

DOC-3367 – Authorization and Consent to Surgery and Drug Administration

DOC-3367S – Authorization and Consent to Surgery and Drug Administration (Spanish)

DOC-3402 – Consent for Orthodontic Treatment for Adults

DOC-3414 – Authorization and Consent to Root Canal Treatment (Endodontics) and Drug Administration

DOC-3436 – Prior Authorization for Non-Urgent Care

Endodontics – Treatment of disease or injuries to the pulp of a tooth.

Immediate Denture – A denture constructed for placement immediately after teeth are extracted.

Maintenance – Orthodontic maintenance includes making the appliance passive and replacement of broken brackets or ties as needed.

Mandible – Lower jaw

Maxilla – Upper jaw

Medically necessary – Care necessary for the purpose of controlling or eliminating infection, pain and disease.

Mouthguard – A generic term for a variety of products. Mouthguards that are over-the-counter products are not dentist-prescribed, are also known as sportguards, and are used to protect teeth during contact sports. Dentist-prescribed mouthguards are correctly called “splints” or biteguards and are prescribed to prevent, correct or lessen the impact of certain dental problems (i.e., bruxism, grinding and clenching).

OHI – Oral hygiene instruction

Orthodontic retainer – An appliance that maintains the position of the teeth after orthodontics.

Pericoronitis – Inflammation of the tissue flap over an erupting tooth.

POC-0014 – Dental Services Available During Incarceration

Posterior – Teeth located in the back of the mouth

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Pulpotomy – Removal of the coronal pulp

Quadrant – A section of the mouth beginning at the midline and continuing posteriorly to the end of the arch, consisting of up to 8 teeth.

Routine – Asymptomatic dental conditions for which a delay in completion of up to one year would not result in serious risk to the patient.

Serious dental needs – Dental infection, pain or disease that, if unattended, could result in serious harm to the patient.

Serviceable – Capable of providing the functions for which the dental treatment was intended.

Sleep Apnea Oral Appliance – Prosthetic device fitted to assist breathing during sleep by establishing the jaw and tongue in a forward position, thereby holding the airway open.

Third molar – The most posterior or third molar in each quadrant, commonly referred to as a wisdom tooth.

PROCEDURES

I. General

- A. Routine dental services are elective and provided:
 1. When requested by the inmate patient and/or when determined clinically appropriate by the treating dentist.
 2. After all urgent and essential dental needs within the facility have been treated.

- B. The inmate patient is responsible to maintain his/her own oral health by:
 1. Performing oral hygiene practices daily.
 2. Being an active participant in reaching or maintaining his/her oral health by following the instruction of the dental care provider.
 3. Requesting dental care.

- C. The dentist has the right to delay non-preventive routine dental treatment if the treatment cannot be adequately provided due to the inmate patient's lack of cooperation in practicing personal oral hygiene, until the inmate patient is in compliance; e.g., delay of a filling because the periodontal tissues are so inflamed it would be difficult to maintain a dry environment in order to provide a quality filling.
 1. Inmate patient non-adherence to good oral hygiene practices (e.g., plaque control) shall not be used as a basis to deny needed dental treatment as determined by the treating dentist.

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2. Dental staff shall assist the inmate patient by providing oral hygiene education and necessary preventive services intended to promote compliance.
 3. Compliance is established by the treating dentist's clinical re-evaluation of the inmate patient's oral hygiene efforts. A plaque index may be used.
 4. All information related to the delay of routine care, assistance of the inmate patient with compliance, and the inmate patient's efforts at compliance shall be thoroughly documented.
- D. A clinically appropriate radiograph of the tooth or area is required before providing any type of dental treatment.

II. Oral Examinations

A. Intake oral screening is:

1. Performed by a dentist-trained qualified health care professional.
2. Performed within seven days of admission to the DOC.
3. Documented on DOC-3018 – Intake Screening/Medical History.

B. Intake oral examination is:

1. Performed by a dentist.
2. Within 30 days of admission to the DOC.
3. Includes bitewing radiographs and one panoramic.
4. Documented on DOC-3042 – Dental Examination.

C. Periodic examination is:

1. Performed by a dentist.
2. When requested by the inmate patient and/or when determined clinically appropriate by the treating dentist.
3. Provided if the last recorded examination is more than 12 months old.
4. May include the updating of necessary radiographs.
5. Documented on DOC-3042 – Dental Examination.

III. Restorative Treatments

A. Only basic restorative treatments are available.

B. The treating dentist shall determine the type of restoration and the type of restorative material used.

C. Restorative treatments not available include:

1. Procedures which are cosmetic only.
2. Replacement of restorations which are serviceable, as determined by the treating dentist.
3. Cast crowns, bridges or other cast restorations.
4. Veneers or indirect porcelain restorations.
5. Implants.

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- D. If an inmate patient enters the DOC in the middle of implant restoration, the dentist shall contact the inmate patient's private dentist, explain how long the inmate patient shall be incarcerated, and ask the private dentist to recommend how to proceed with maintaining the inmate patient's implants for the duration of the incarceration period. The inmate patient shall be educated on how to best maintain the implant area until release.
- E. If restorations become defective or require adjustment within six months of placement, these services shall be provided without charging co-pay to the inmate patient.

IV. Endodontics/Root Canal Treatments

- A. Root canal treatment is limited to anterior teeth in most cases.
- B. Root canal treatment is not available for any anterior tooth if:
 - 1. It requires extensive restoration including post/core or crown procedures.
 - 2. The inmate patient exhibits a high caries rate.
- C. An inmate patient qualifies for an anterior root canal if:
 - 1. The inmate patient has adequate posterior occlusion and is not eligible for a partial denture. If the inmate patient qualifies for a partial denture, the anterior tooth/teeth shall be extracted and included in the fabrication of a partial denture.
 - 2. The tooth is an abutment tooth for a fixed bridge or a partial denture and that prosthesis is serviceable, as determined by the treating dentist.
- D. Root canal treatment is generally not available for posterior teeth.
- E. The treating dentist may elect to provide a posterior root canal based on clinical judgment and if:
 - 1. The inmate patient has a medical condition that prohibits extraction, such as osteonecrosis potential.
 - 2. The inmate patient is unable to wear a complete or partial denture for medically documented reasons.
 - 3. Provision of a posterior root canal for any other reasons requires the dentist to obtain prior authorization by submitting a DOC-3436 – Prior Authorization for Non-Urgent Care to the Dental Director.
- F. Apicoectomy Treatments
 - 1. Apicoectomy procedures are provided when a failing root canal can be made clinically functional by this procedure, as determined by the dentist.
 - 2. Apicoectomy procedures are limited to anterior teeth and only available to an inmate patient with full dentition.
- G. A post-treatment periapical radiograph is required of all completed endodontic procedures, except pulpotomy.

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H. The written, informed consent of the inmate patient is required on DOC-3414 – Authorization and Consent to Root Canal Treatment, prior to initiating endodontic procedures.

V. Oral Surgery Treatments

A. Only medically necessary oral surgery treatments are available, as determined by the treating dentist.

B. The written, informed consent of the inmate patient is required on DOC-3367/3367S – Authorization and Consent to Surgery and Drug Administration, prior to initiating oral surgery procedures.

C. The dentist shall inform the inmate patient, prior to his/her signing the DOC-3367 – Authorization and Consent to Surgery and Drug Administration, whether or not:

1. The inmate patient shall be eligible for a denture following the extraction(s) and,
2. There is sufficient time (a minimum of 12 months) to fabricate the denture before release.

D. The facility dentist may refer any oral surgery procedure beyond his/her level of skill to:

1. The regional oral surgery dentist, or
2. The Dental Director for off-site care, via the DOC-3436 – Prior Authorization for Non-Urgent Care.

E. Third molars may be extracted or referred for extraction if any of the following is present:

1. The tooth is symptomatic or has a history of pericoronitis.
2. The tooth is carious or has other pathology.

VI. Orthodontic Treatments

A. Orthodontic treatment shall not be initiated or continued by the DOC.

B. Maintenance of orthodontic appliances already in place at intake may be provided, if directed by the inmate patient's personal orthodontist and the treating DOC dentist.

C. The treating dentist is responsible to:

1. Contact the personal orthodontist.
2. Document the content of all communications with the orthodontist in the dental record or notes.
3. From the orthodontist, establish where the inmate is in the sequence of treatment.

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- a. If near completion, follow the orthodontist's recommendation on whether the appliance shall be removed and whether a retainer is advised.
- b. If not near completion, inform the orthodontist of the inmate patient's mandatory release date and obtain a recommendation on whether to maintain or remove the appliance.
4. If the orthodontist advises removal of the appliance, obtain informed consent on DOC-3402 – Consent for Orthodontic Treatment for Adults, prior to removing the appliance.
5. If the orthodontist advises a retainer and the inmate requests and agrees to wear the retainer, assist the orthodontist in making the retainer as follows:
 - a. Clarify to both orthodontist and inmate patient that the DOC does not pay for retainers.
 - b. Obtain study models and send to orthodontist.
 - c. Orthodontist shall fabricate the retainer and mail to DOC for insertion.
 - d. Insert the retainer.
6. If the orthodontist advises maintenance of the appliance, follow the orthodontist's recommendation on what type of maintenance to provide.
7. Advise the inmate patient of the importance of personal oral hygiene practices to prevent decay around the orthodontic appliance.

VII. Complete and Partial Dentures, Denture Services and Other Removable Oral Appliances

- A. Complete and partial dentures, repairs, relines, rebases and specific other removable oral prosthetic appliances shall be made available to inmate patients who meet clinical, eligibility and frequency criteria as described in this policy.
- B. An edentulous state does not, by itself, adversely affect an inmate patient's overall health.
- C. Eligibility criteria for complete and partial dentures:
 1. The denture is medically necessary, as determined by the treating dentist and/or physician.
 2. Inmate patient **must** be incarcerated for one year prior to being eligible for the removable appliance if the DOC did not extract the teeth to be replaced by a partial or full denture.
 3. The oral structures are able to support a denture, as determined by the treating dentist.
 4. Inmate patient will not be placed on the prosthetic list until all basic dental treatment is completed and surgical sites are healed.
 5. An existing denture is not serviceable due to normal use or aging, and a reline or repair would not correct the denture's function, as determined by the treating dentist.

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6. There is a minimum of 12 months before the inmate patient's release from the date of the DSR.
 7. If a DOC dentist has extracted a tooth/teeth and these extraction/s qualify the inmate patient for a denture, and there is enough time to complete the denture before the inmate patient's release, then the inmate patient qualifies for a denture even if he/she has been in the system for less than one year.
 - a. Enough time is determined by the dental unit's workload.
 - b. The 12 month timeline may be waived in this circumstance.
- D. Additional eligibility criteria for partial dentures.
1. The inmate patient's caries/decay rate is under control.
 2. All abutment teeth are clinically sound in order to properly support the denture.
 3. One or more maxillary anterior teeth are missing.
 4. The inmate patient has less than two posterior teeth per quadrant in occlusion with the opposing quadrant, or, there are less than four posterior teeth in occlusion per side of the mouth.
 5. An inmate patient who is located in WCCS shall be transferred back to a DAI facility for the denture treatment.
 6. Cast frame partials are only available for periodontally stable arches on qualifying inmate patients. Acrylic/nylon partials may be used on periodontally involved arches per treating dentist's recommendations.
- E. Ineligibility criteria for complete and partial dentures.
1. The dental history indicates previous dentures were unsatisfactory for reasons not correctable or due to psychological or physiological reasons or other reasons as determined by the treating dentist.
 2. Immediate dentures are not available.
 3. Partial dentures are not available if the inmate patient is an AAP Class III, IV or V.
 - a. The dentist shall ensure the inmate patient has received OHI and hygiene treatment, which would allow the inmate patient the means to improve his/her own classification status.
 - b. If the dentist chooses to provide a partial denture for an inmate patient who is ineligible per policy criteria, the dentist must document in the dental progress notes the rationale for deviating from standard practice.
 4. Lower anterior teeth shall not be replaced unless the inmate patient also qualifies for a lower partial denture.
 5. Consult with Dental Supervisor with any unique clinical concern.
- F. Other Denture/Oral Appliance Considerations
1. A minimum of six weeks healing of extraction or surgical sites is required before the final impressions may be made. The treating dentist shall

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determine when the healing is complete and whether the healing period needs to be lengthened.

2. The inmate patient must be instructed in the care and maintenance of the dental appliance at the time of insertion. Such instruction shall be documented in the dental notes as provided.
3. The design and material used for a partial denture shall be determined by the treating dentist.

G. Other Dental Prosthetic Appliances

1. Mouthguards
 - a. Sportguards are not provided by DOC dentists.
 - b. Splints or biteguards medically necessary to prevent, correct or lessen the impact of certain dental problems are only available by prescription of a DOC dentist.
 - c. Splints/biteguards shall be available to inmates in all security levels and for use as prescribed by the dentist.
2. Oral Appliance for Sleep Apnea requires an order from a medical Advanced Care Provider for a dentist to provide.

H. Frequency Criteria for Dental Prosthetic Appliances

1. All dentures and partials are limited to one new appliance (per arch, if applicable) per five years and only if the existing appliance is not serviceable, as determined by the treating dentist.
2. If there are extenuating circumstances, the treating dentist shall submit a DOC-3436 – Prior Authorization for Non-Urgent Care to the Dental Director for consideration.
3. Mouth guards may be replaced by the treating dentist based on clinical determination/evaluation of the current condition of the appliance and/or the inmate patient's needs. (prior to the 5 year wait time)

I. Lost, Stolen or Damaged Dental Appliances

1. Class III prior authorization DOC-3436 – Prior Authorization for Non-Urgent Care is required for the replacement of any lost, stolen or severely damaged dental prosthetic appliance.
2. The Class III request shall provide information on each of the following criteria used by the BHS in considering approval for replacement:
 - a. If the appliance is medically necessary.
 - b. If the appliance was being used up to the time of loss or theft.
 - c. If the inmate patient was exercising reasonable care in maintaining the appliance.
 - d. If the loss, theft or damage is either intentional or a repeatedly occurring event.
 - e. If the inmate patient's explanation for the loss, theft or damage in his/her DOC-643 – Interview/Information Request is reasonable.
 - f. If there is no DOC-643 filed by the inmate who would verify the loss, theft or damage, then provide documentation from a non-health care

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staff describing how, when and where the incident happened and what attempts were made to recover the denture.

- g. That the dentist has discussed with the inmate patient a reasonable plan to prevent future loss, theft or damage.
 - i. This discussion is documented in the progress notes.
 - ii. A written summary of this discussion shall be given to the inmate patient.

VIII. Recovery of Precious Metals

- A. Any dental precious metal recovered from an inmate patient’s mouth shall be cleaned, sterilized and secured in a sealed envelope labeled with
 - 1. Inmate patient’s name.
 - 2. DOC number.
 - 3. Description of item recovered.
 - 4. Date recovered.
 - 5. Dentist’s name.
 - 6. Inmate patient’s signature.

- B. The sealed envelope shall be turned over to the facility’s property officer for final disposition. This process is documented in the inmate patient’s dental record by the dentist.

Bureau of Health Services: _____ **Date Signed:** _____
James Greer, Director

_____ **Date Signed:** _____
Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

_____ **Date Signed:** _____
Dr. Man Lee, Dental Director

Administrator’s Approval: _____ **Date Signed:** _____
Jim Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.40.06	Page 11 of 11
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Routine Dental Treatments		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - 1.
 - a.
 - B.
 - C.

- II.
 - A.
 - B.
 - C.