

Attachment S – Medical Evaluations Manual Chapter 11 – Oral Health Program

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

CLINICAL SERVICES

MEDICAL EVALUATIONS MANUAL

Chapter 11
ORAL HEALTH PROGRAM

- I. Policy: Oral health care will be provided to the inmate population in the State's correctional system and will be based on the severity of oral disease, the medical status of the inmate, and the projected length of time of incarceration. Dental sick call services will be provided.

- II. Procedure:
 - A. Each inmate treated in a Division of Correction dental facility will be informed of the status of his/her oral health and of the appropriate procedures to access care. Diagnostic and treatment recommendations will be forwarded with the inmate to any other assigned institution.

 - B. Inmates will be placed into one of the following Oral Health Classification at the institution where dental care is sought. Minimally, all inmates who seek routine dental care will be maintained at a Class II classification.
 - 1. Class I patients:

- a. Will have scheduling priority over other classes of treatment; and
 - b. Shall be provided care immediately, require emergency dental treatment for conditions such as acute oral infections (abscesses, periodontitis), fractured bones, traumatic injury of soft tissues, fractured tooth with vital pulpal exposure, severe pain, suspected neoplasm, or swelling.
 2. Class II patients:
 - a. Will have the second highest scheduling priority.
 - b. Require treatment for conditions such as extensive or advanced caries, severe periodontal disease, asymptomatic pulpal or apical infections, or have a dental status that affects the individual's ability to obtain adequate nutrition.
 3. Class III patients:
 - a. Will have the third highest scheduling priority.
 - b. Require treatment that is not of an urgent nature. Dental conditions in this class include moderate periodontal disease, caries not affecting the pulp, and multiple missing teeth.
 4. Class IV patients:
 - a. Require no dental other than preventive care.
 - b. If their classification changes, care will be provided using the established priorities as noted above.
- C. The maintaining facility to which the inmate is assigned will be responsible for providing oral care under the following Oral Care Criteria:

1. Twenty-four hour emergency care shall be provided to all Class I inmates in all facilities.
 - a. If indicated, hospital-based emergency care will be provided.
 - b. Telephone triage by a dentist will be available to the medical and nursing staff at times when the dentist is not in the facility.
2. Oral self-care education will be provided to as many inmates as resources allow by dental personnel of the maintaining facility.
3. An oral screening will be conducted by health care personnel at the time of reception into the Division.
 - a. The purpose of this screening will be to determine if there are acute dental needs and referral for care if acute problems are identified.
 - b. If resources allow, an examination will be completed on all inmates within three months after assignment to a facility.
 - c. Each patient will be classified according to the priority of his/her dental needs and care will be provided, if needed, under the established priority guidelines.
4. Routine treatment for Class II, III, and IV inmates may include all necessary examinations, radiographs, diagnostic tests, periodontal scaling and root planning procedures, amalgam and composite restorations, limited endodontic treatment (see criteria below), extractions, pre-prosthetic surgery, and full and removable partial dentures.
 - a. Priority on scheduling for routine treatment will be given to those inmates whose remaining sentences are more than 12 months.

- b. Routine dental care will be provided to medically compromised patients, regardless of the length of incarceration, to preclude dental disease as a complication in the overall health status of the patient.
- c. This care, however, shall be appropriate for the health status of the individual and will control foci of infection or other pathological processes that may negatively affect the patient's overall health.
- d. The extent of routine caries will be dictated by patient responsiveness and interest in their oral health, and the availability of dental personnel.
- e. Services will be provided to ensure the patient a healthy oral status that is care free, periodontally stable, and with enough teeth for adequate mastication.

D. There are necessary limitations of care as described below:

- 1. Endodontic care will not be routinely provided and will be limited to structurally and periodontally sound anterior or bicuspid teeth that are critical to the overall oral health of the patient. Since endodontic treatment requires a significant commitment of dental time, treatment planning, and administrative management, endodontic procedures will be monitored to ensure efficiency and conserve resources.
- 2. Treatment of Periodontal Class II or III cases will be limited to the removal of supra and sub gingival calculus and augmentation with self care.
- 3. No cast restorations (crowns, inlays and bridges) will be provided.
- 4. Full dentures will be provided for those patients who need but do not have dentures at the time of incarceration.

- a. Denture relines (lab or chair-side) will be provided where indicated.
- b. Full dentures will not be provided more often than once every six years and reline procedures will not be provided more often than once every two years (regardless of intercurrent release and reincarceration).
- c. Partial dentures will be all acrylic, with or without wrought clasps, and will only be provided where the minimal level of periodontal health has been achieved and all caries have been eliminated.
- d. Replacement of missing teeth for cosmetic reasons will not be performed.
- e. Partial dentures will only be provided to establish a minimal functional occlusion. Minimal functional occlusion shall consist of the presence of posterior masticatory function, functional guidance, and incisal function.
 - i. Posterior masticatory function consists of at least four posterior teeth in each arch in a positive stable occlusion.
 - ii. Functional guidance consists of bilateral cuspid lift or bilateral cuspid/bicuspid group function or any combination there of. Incisal function consists of an adequate number of opposing incisors in each arch to incise food.
 - iii. Third molars are excluded from this definition.
 - iv. Partial dentures will not be replaced more often than once every six years (regardless of intercurrent release and reincarceration).

- f. In the event of a lost or broken appliance, a replacement will be completed.
 - i. However, laboratory and material costs for replacements shall be paid by the inmate.
 - li Dental time priority will be given to inmates requiring initial prosthodontic appliance fabrication.

- E. There are exceptions to the Limitations of Care under the conditions described below:
 - 1. The scope of treatment in the Oral Health Care Program is intended to be limited to those services provided in the general practice of dentistry and as outlined in this program description.
 - 2. All exceptions to this limitation of care shall be approved by the regional director and dental contract administrators before initiating care.
 - 3. The Agency Contract Operations Managers (ACOMS) have the authority to provide a final disposition if conflicts arise. DPSCS dental consultants have the authority to direct the contractor to provide referrals or additional care to inmates on a case-by-case basis.

- F. Accessory treatment includes orthodontic tooth movement, fixed prosthetics, dental implants, edentulous ridge augmentations, orthographic surgery, TMJ appliances or surgery, or any other elective procedure requiring outside hospitalization or treatment by a dental specialist. Accessory treatment services will not be authorized services.

- G. Quality assurance/inmate oral health care services will be evaluated using the DPSCS Oral Health Care Quality Assurance Program.

- H. In the event dental sick-call backlogs to the equivalent of more than one month, the contractor upon the request of the Regional Health Care Manager (ACOM) in consultation with the DPSCS dental consultants will make arrangements to come into compliance within 30 days of the request.

- I. Documentation
 - 1. All oral health care shall be documented in accordance with the oral health care treatment form.
 - 2. All inmates shall consent to and authorize dental treatment and/or oral surgery in accordance with DPSCS policies and procedures

- III. References: DCDs 130-2, 130-4

- IV. Rescissions: DCD: 130-500 Oral Health Care Program Description (issued 1995)

- V. Date issued: October 15, 2007
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