DEPARTMENT OF CORRECTIONS

Policy Number:	**500.055**
Title:	**Dental Services**
Effective Date:	**4/17/18**

PURPOSE: To provide procedures for delivery of dental services to offenders and juvenile residents. A Minnesota-licensed dentist provides and/or directs responsive, clinically appropriate emergency, urgent, and routine dental care to offenders and residents.

APPLICABILITY: Minnesota Department of Corrections (DOC); all adult facility dental clinics; all juvenile facility dental clinics

DEFINITIONS:
Juvenile resident – an unemancipated offender under the age of 18 upon intake to a DOC facility.

PROCEDURES:

A. A Minnesota-licensed dentist provides and/or directs responsive, clinically appropriate emergency, urgent, and routine dental care to offenders or juvenile residents. Access is accomplished via examination, referral, kite, or sick call.
   1. A nurse practitioner, registered nurse, licensed practical nurse or other health screening staff must complete a dental screening within 24 hours of the offender's arrival to the facility.
   2. Dental staff must ensure each offender receives American Dental Association (ADA) endorsed oral hygiene literature and a department dental care pamphlet summarizing the department dental health care policy and access-to-care instructions.

B. Receiving facility examination for adult offenders
   1. A Minnesota-licensed dentist must complete a dental examination of each offender within 30 days of intake into the DOC for all offenders who have not had a receiving facility examination (RFE) within the past three years (prior incarceration), unless the offender declines.

   2. The attending dentist must take or review the offender's dental and medical history, examine the hard and soft tissues of the oral cavity, and document a periodontal screening report (PSR). Radiographs (x-rays) for diagnostic purposes are taken if deemed necessary. The examination results are recorded in the dental record. The offender receives verbal or written hygiene instructions and access-to-care instructions.

C. Receiving facility examination for juvenile residents
   1. A licensed dentist completes a receiving facility examination (RFE) within 14 days of admission, unless offender declines or documentation of a dental examination completed within the last 6 months, and orders diagnostic x-rays as necessary. Preventive care, including prophylaxis, oral disease education, oral hygiene instructions, is completed by a dentist or dental trained personnel within 14 days of admission unless offender declines or documentation of dental preventive care completed within last 6 months.

D. The attending dentist prioritizes treatment based on six levels of dental care.

1. Emergency dental care – level one: all offenders or residents have access to emergency care at any time through staff referral and proper use of kites and/or sick call.

2. Urgent dental care – level two: urgent care needs are prioritized for treatment contingent upon a department dentist's authorization and appointment availability. Level two care is available to all offenders or residents regardless of time served. The attending dentist must provide or direct urgent periodontal dental treatment when indicated.

3. Routine dental care - restorative – level three
   a) Residents: restorative care is provided as availability permits. Residents are eligible for level three dental care treatment based upon their admission date. Eligibility for routine restorative dental care is available regardless of length of sentence and prioritized by date of admission.
   b) Offenders: restorative care is provided as availability permits. Offenders are eligible for level three care after they have served 36 months of their current sentence and have at least 12 months left on their current sentence remaining. The criteria used prior to initiating routine care is:
      1) Offender's health is stable to proceed with treatment;
      2) Offender understands treatment limitations;
      3) Offender consents to the restorative treatment plan;
      4) Offender is cooperative with realistic expectations;
      5) Offender has documented stable and improving periodontal status; and
      6) Offender has good oral hygiene.
   c) Offenders eligibility: Eligibility for routine restorative dental care begins when the offender requests treatment after completing 36 months of his/her current sentence, beginning at intake. Routine restorative care begins when the offender's name reaches the top of the computerized routine care waiting list and all facility emergent/urgent dental care has been completed. The 36 month criteria may be waived if there are no offenders/residents on the waiting list.
   d) Offender prioritization: Eligibility is prioritized. Specifically, those offenders who have been on the waiting list for a longer period of time have their routine dental care needs addressed before the needs of offenders with initial eligibility. Offenders serving lengthy sentences and who are requesting routine care on an annual basis, must submit a kite request no less than a minimum of one year after the date of completion of the previous routine care.

4. Routine dental care - prosthetics – level four: provided as availability permits. Dental prosthetics are classified as routine treatment to be considered only after the offender's or resident's routine restorative treatment is completed and the offender or resident meets the outlined criteria. The attending dentist classifies the treatment as necessary or elective, as outlined in this directive. Criteria used before starting prosthetic treatment are:
   a) Pre-existing medical conditions must be conducive to a successful prosthetic replacement outcome.
   b) Pertinent medical conditions identified by the medical staff are considered when implementing this directive.
   c) Prosthetics must not normally be provided for cosmetic considerations.
   d) Available treatment alternatives are considered.

e) Patient needs and provider expectations must be ascertained before initiating prosthetic treatment. This is a professional decision made by the department dentist only and is based on both objective and subjective criteria including resident:
   (1) Systemic health is stable;
   (2) Understands treatment limitations;
   (3) Consents to the prosthetic treatment plan;
   (4) Is cooperative with realistic expectations;
   (5) Exhibits the strong desire, physical capacity, and mental capacity to commence and complete the learning process necessary to become proficient in using a prosthetic device;
   (6) Has documented stable and improving periodontal status;
   (7) Has good oral hygiene;
   (8) Restorative treatment is complete;
   (9) Is lacking all teeth or offender or resident's remaining teeth do not provide minimally adequate chewing capacity - defined as the ability to soften and swallow the normal diet of food provided by DOC food services; and
   (10) Remaining teeth should be capable of being retained long-term. Non-viable and questionable teeth should be removed.

5. Elective dental care – open to review – level five: routine procedures that are of limited therapeutic value. Level five treatments are not considered under normal circumstances.
   a) These procedures are not normally considered in the corrections setting, but lend themselves to consideration in unusual circumstances.
   b) The decision to authorize or deny includes these considerations:
      (1) The urgency of the procedure and the length of the resident's remaining sentenced stay. Whether the surgery/procedure could be or could not be reasonably delayed without causing a significant progression, complication, or deterioration of the condition and would not otherwise be in clear violation of sound dental principles.
      (2) The necessity of the procedure/therapy:
         (a) Any relevant functional disability and the degree of functional improvement to be gained;
         (b) Medical necessity-the overall morbidity of the condition if left untreated;
         (c) Pre-existing conditions, whether the condition existed prior to the resident's incarceration and, where prior treatment was not obtained, the reasons for not obtaining treatment should be ascertained;
         (d) The probability the procedure/therapy will have a successful outcome along with relevant risks;
         (e) Alternative therapy/procedures that may be appropriate;
         (f) Resident's desire for the procedure and the likelihood of the resident's cooperation in the treatment efforts, including post-incarceration care;
         (g) Risk/benefits, if known;
         (h) Cost/benefits if known; and
         (i) Pain complaints/pain behaviors.

6. Elective dental care – not open to review - level six: routine procedures cosmetic in nature or of extremely limited therapeutic value and not authorized during incarceration.

E. Private Dental Care

Offenders or residents may obtain optional dental treatment not available in department dental facilities, or offenders or residents that are ineligible may request access to routine care before their eligibility, at their own expense by seeking treatment from practitioners in the community. Offenders and residents must follow the procedures outlined in Division Directive 500.135, "Offender Requested Private Health Care." Department dentists are not obligated to carry out any recommendations or treatment plans formulated by these outside practitioners if ongoing care is required. The outside provider is not authorized to perform care within the correctional facility.

F. Treatment Plan

The attending dentists develops an individualized dental treatment plan before beginning dental treatment.

G. Access to dental care

All offenders and residents access dental care thru KITE system, sick call, or referral from medical practitioner.

H. Offender Co-Payment

Offenders are charged a co-payment for dental services under Division Directive 500.100, "Offender Co-Payment for Health Services."

I. 24-Hour access to care

An on-site medical practitioner or on-call medical physician is contacted for all dental emergencies, when the dentist is not available. Offenders or residents may also be sent to the emergency room for care.

J. Dental standing orders

1. Offenders: Dental standing orders are available to treat non-emergent dental concerns when the dental staff is not available. After treatment by dental standing orders, the offender is referred to the dental clinic.
2. Residents: Nursing dental assessments are available to treat dental emergencies when the dental staff is not available. Twenty-four hour emergency medical and dental care is available through an on-call physician and local hospital emergency care. After treatment by nursing dental standing orders, the resident must be referred to the next available dental clinic.

K. Dental Records

All dental services are documented in the offender's or resident's dental record. Dental records are maintained with the medical record upon release.

INTERNAL CONTROLS:

A. Documentation of the receiving facility dental exams and all other dental care is retained in the offender's or resident's dental record. Dental records are maintained with the medical record upon release.

ACA STANDARDS: 4-4360, 4-4365, 4-4362, 4-4347, 4-4351, 4-4397, 1-ABC-4E-05, 1-ABC-4E-10, 1-ABC-4E-20, 1-ABC-4E-23, 1-ABC-4E-28, 1-ABC-4E-38, 1-ABC-4E-48, 4-JCF-4C-01

REFERENCES: Policy 500.010, “Health Services”
Policy 500.050, “Health Screenings and Full Health Appraisals”
Division Directive 202.040, “Offender Intake Screening and Processing”
Division Directive 500.135, “Offender Requested Private Health Care”
Division Directive 500.040, “Standing Orders”
Division Directive 500.100, “Offender Co-Payment for Health Services”

REPLACES: Division Directive 500.055, "Dental Services," 2/16/16
Division Directive 500.056, "Juvenile Dental Services," 3/1/16.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: None

APPROVALS:
Deputy Commissioner, Community Services
Deputy Commissioner, Facility Services
Assistant Commissioner, Facility Services
Assistant Commissioner, Operations Support