MONTANA DEPARTMENT OF CORRECTIONS
CLINICAL SERVICES DIVISION
PROCEDURE

Procedure No.: CSD 4.5.26A	Subject: **DENTAL SERVICES**	
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Section 5: Clinical Services		Effective Date: 04/16/2018
Dental Director Signature: /s/ Daniel W. Hash, D.M.D		Revised: 4/19/2021
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I. PURPOSE

The Clinical Services Division of the Department of Corrections will provide offender dental services under the direction and supervision of a licensed dentist, including dental screenings upon admission and clinically indicated services during incarceration.

II. APPLICABILITY

All secure care facilities Department owned and contracted, as specified in contract.

III. DEFINITIONS

Dental Services – Routine and emergency dental care provided to offenders under the direction and supervision of licensed dental providers.

Facility – Refers to any prison or secure care correctional facility under Department jurisdiction or contract.

Health Care – The sum of all actions, preventive and therapeutic, taken for the physical and mental well-being of a population. Health care includes medical, dental, mental health, nutrition, and other ancillary services, as well as maintaining clean and safe environment conditions.

Health Care Staff – Includes qualified health care professionals and non-licensed health care staff (e.g., medical records staff, health care aides) responsible for offender health care administration and treatment.

Oral Care – Instruction in oral hygiene, examination, and treatment of dental problems. Instruction in oral hygiene minimally includes information on plaque control and the proper brushing of teeth.

Oral Examination – Taking or reviewing the patient's oral history, an extraoral head and neck examination, charting of teeth, and examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer, adequate illumination and necessary radiographs by a dentist.

Oral Screening – Visual observation of the teeth and gums, and notation of any obvious or gross anomalies requiring immediate referral to a dentist.

Oral Treatment – The full range of services that in the supervising dentist's judgment are necessary for maintaining the offender's health.

Qualified Health Care Professionals – Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for offenders, including contracted or fee-for-service professionals.

IV. INITIAL DENTAL CARE PROCEDURES

A. Intake Oral Screening

1. All adult offenders arriving at a secure facility will receive an oral screening, as part of the Initial Health Intake Screening process or separately by a member of the dental staff, within 7 days of admission. This should occur even if the offender was a transfer from another Department secure facility.

2. The intake oral screening can be performed by a dentist, dental support staff or by another trained health care professional.

3. All dental support staff or other qualified health care professionals providing intake oral screenings must be appropriately trained. Such training must be done by a dentist and the standardized training program must consist of more than completion of a self-study program.

4. The oral screening is to include a visual observation of the teeth and surrounding soft tissue. Notations should be made of any obvious abnormalities, severe painful conditions, acute infection, or facial trauma requiring immediate referral to a dentist.

B. Comprehensive Oral Examination

1. All adult offenders arriving at a secure facility will receive a comprehensive oral examination within 30 days of admission, juvenile offenders within 60 days of admission. If the offender has transferred from another Department secure facility and has had a comprehensive oral exam within the last 10 months then the oral examination can instead be scheduled for an annual Re-care Examination one year after their last Oral Examination.

2. The comprehensive oral examination shall only be performed by a dentist currently licensed in the State of Montana.

3. All notations concerning the comprehensive oral examination will be made in a standardized Department dental chart. Guidelines set forth by the *Guidelines to the Dental Chart* will be utilized when documenting information resulting from the comprehensive oral examination.

4. Radiographs necessary for the comprehensive oral examination to appropriately develop a triaged dental treatment plan will be utilized.

5. The comprehensive oral examination should include an evaluation of the offender's medical history, the offender's oral history, current complaints, extraoral head and neck evaluation, oral hard and soft tissue evaluation, periodontal screening, examination and charting of teeth, as well as evaluation of current radiographs.

6. If an offender is re-admitted to a secure facility within 10 months and there is a properly documented oral examination on record, a new comprehensive oral examination is not required. If an initial comprehensive examination is not done the offender should be placed on the annual Re-care Examination list appropriate to the date of his last oral examination.

C. Triaged Dental Treatment Plan

1. Through the comprehensive oral exam, a triaged dental treatment plan will be developed identifying existing dental and oral needs and proposed dental treatment.

2. To ensure the most urgent and important dental treatment is completed in a timely manner on all offenders, the proposed clinically-indicated dental treatment is prioritized.

3. The triaged dental treatment provided will be subject to the amount of time the offender is in a Department secure facility.

4. The offender's dental care is part of a continuum of care unaffected by the offender's transfer from one secure facility to another (not including Community Correction facilities).

5. Clinically-indicated dental treatment needs will be prioritized:
   a. Phase 1(P1): Conditions requiring treatment for the elimination of severe pain, acute infections, and trauma. These conditions should be treated as high priority conditions and should be addressed within 24-48 hours once a dentist is available. Nursing Dental Condition Protocols may be followed prior to the offender being seen by the dentist.
   b. Phase 2 (P2): Conditions which if left untreated, will in time likely become a phase 1 condition, or conditions that do not allow for the adequate mastication of food. Phase 2 conditions will be divided into 2 categories in order of priority.
      1) P2a: Conditions while currently not resulting in severe pain or acute infection will require expedited treatment. If in the estimation of the dentist, the tooth condition needs to be addressed within the next 12 months it should be classified as P2a.
      2) P2b: Conditions recognized as requiring treatment in the future, however, in the estimation of the dentist, will not likely result in acute infection, severe pain, pulpal exposure, or significant tooth structure loss even if left un-treated for 12-24 months. P2b restorative needs will, in most cases, not be treated. At the annual Re-care (Periodic) Examination dental treatment needs classified as P2b will be re-evaluated and if necessary re-classified.
   c. Phase 3 (P3): Conditions which are not expected to deteriorate significantly if left untreated, areas to be re-evaluated at subsequent examination appointments (waits / watches) or conditions requiring treatment beyond the dental treatment normally provided by the Department. At the annual Periodic (Re-care) Examination P3 conditions will be re-evaluated.

6. Dental Care Scheduling.
   a. The treatment goals at each appointment will be to take care of the most urgent treatment need(s). This will normally be treatment that can be accomplished in 60 – 90 minutes or less.
      1) P2a Operative treatment: Treatment generally limited to one or two teeth.

2) P2a Extractions / oral surgery: Treatment for a single tooth or limited area for extractions (such as a posterior quadrant).

b. As needed, the offender is re-placed on the P2a treatment list for additional dental care. When the offender comes to the top of the treatment list again the offender's highest priority need(s) will be addressed. This cycle will continue until all the offender's priority dental care needs are resolved or the offender is released.
c. This will allow for the most urgent dental care needs of the largest possible number of offenders to be taken care of.
d. Denture / Partial Dentures. If the offender is at the top zone of the Denture list, then all necessary restorative treatment, for completion of the partial denture, will be expedited.
e. The dentist will still retain the ability to set additional appointments in select cases. The provider can request (through the NV notes) the offender be rescheduled as a priority if deemed necessary. This could occur if the provider feels that another appointment is needed with minimal delay. This should be the exception not the rule for rescheduling dental care.
f. Dental care that normally requires multiple appointments for a given procedure are scheduled by the provider through the NV notes in the timeline that is appropriate.
g. This should maximize the number of offenders seen for a given amount of clinic time. This will distribute dental services equitably. In addition, this guideline should ensure that the highest priority dental care needs are addressed first.

7. ART: Alternative Restorative Technique (ART) is a provisional restoration designed to remove the majority (but not all) of the decay on teeth with large or open areas of decay and restore them with a provisional glass ionomer restoration.
   a. Generally, after the gross decay is removed, a layer of Dycal or other CaOH base may be placed over the remaining deep decay and the tooth is provisionally restored with a glass ionomer material.
   b. Except for anterior teeth where esthetics is a consideration, a glass ionomer such as miracle mix or Fuji Triage should be considered as it would be obvious to another dentist that the tooth was provisionally restored.
   c. During the Comprehensive Oral Exam, the tooth can be charted as a P2a ART with the second line treatment planned as a P2a in the priority section and the involved surfaces noted (see example below).
   d. The goal is to resolve (temporarily) a significant dental condition and allow for potential secondary dentin formation. For this reason, the follow-up basic restoration may be delayed for 12-18 months. Often this can be the difference between having to perform endodontic treatment (with the likely commitment of a crown in the future) or an extraction and eventually being able to restore the tooth with a basic restoration.
   e. This likely will not be successful with teeth exhibiting symptoms of nerve involvement such as constant or throbbing pain or where a clinically evident pulpal exposure exists. It often, however is successful with teeth that are asymptomatic, discomfort when eating, with food impaction, or with teeth with areas of exposed broken tooth structure or restorations.

D. Oral Hygiene Instruction

1. Instruction in oral hygiene and preventive oral education will be given to adult offenders within 30 days of admission and within 14 days of admission for juvenile offenders.

2. Interactive education concerning health care risk with poor oral hygiene, proper brushing and flossing techniques, the need for regular dental cleanings and examinations and general information concern dental health care in a correctional environment will be provided.

3. The Oral Hygiene Instruction (OHI) label will be utilized, signed by the instructor and offender, and placed on the lower left portion of the Dental Chart cover. If during an annual examination or dental cleaning appointment there is no Oral Hygiene Instruction label on the cover, then presume the required OHI instruction has not been given.

4. For more information concerning Oral Hygiene Instruction consult the *Guidelines to the Dental Chart*.

5. Subsequent oral health education should be documented in the Daily Treatment Sheet or the Dental Hygiene Record in the dental chart. Additional oral health education should be provided whenever it is evident the offender's oral health would benefit from the additional instruction.

6. The offender should be offered a copy of the MT DOC Dental Health Care brochure and, if applicable, the MT DOC Denture Care handout.

E. Privacy Notification

1. Privacy Notification information should be presented to each offender. This will usually be done as part of the Comprehensive Oral Exam appointment.

2. The offender should be presented an opportunity to review and receive a copy of the MT DOC Privacy Practices Notification handout.

3. This information does not need to be repeated if the offender already has a completed Privacy Notification label on the Dental Chart.

4. A Privacy Practice Notification label should be placed in the lower right area of the dental chart and signed by the presenter. The offender should initial and sign the label once the information has been presented and any questions answered.

F. Tobacco Cessation

1. Offenders who have indicated in the Drug Use section of the Dental Chart a history of tobacco usage should be presented information concerning tobacco cessation.

2. The presentation should be tailored to whether the past tobacco usage was cigarettes, smokeless or both.

3. Since facilities are tobacco-free, the offenders should be encouraged to take advantage of this and avoid re-starting unhealthy habits.

4. The offender should be offered a copy of the MT DOC Tobacco Cessation brochure.

V. EMERGENT DENTAL CARE PROCEDURES

A. Emergent Dental Treatment

1. Dental emergency evaluation and treatment will be determined and prioritized through the nursing dental protocols and/or emergency dental protocols during regular clinic hours.

B. Nursing Dental Protocols After Hours

1. Primary focus of treatment is alleviation of pain, control of acute infection and oral-facial trauma.
2. Nursing Dental protocols are to be utilized by medical staff after regular dental clinic hours.
3. Documentation of any treatment provided, concerning the dental emergency should be forwarded to the dental department in a timely manner.
4. Depending on the severity of the condition the request for emergency treatment and treatment provided can immediately forwarded to the dental department or the on-call dentist can be contacted.
5. Offenders with life threatening dental emergencies or combination of medical and dental issues will be directed to the medical department.

C. Emergent Dental Protocols

1. The request, once received by the dental department will be expedited and the offender should be scheduled for evaluation and treatment at the earliest available clinic appointment time.
2. Treatment may include, but not be limited to:
   a. No treatment, if not deemed appropriate.
   b. Medications for relief of pain or acute infection.
   c. Sedative or permanent restoration.
   d. Extractions or other oral surgical treatment.
   e. Adjustment of tooth structure, restorations, or prosthetic appliances.
   f. Treatment for acute periodontal conditions.
   g. Pulpotomy or pulpectomy (first step endodontic treatment).
   h. Referral to outside practitioners, the Infirmary, or the hospital emergency center.

D. Treatment Follow-Up

1. When appropriate, the offender should receive an appointment for follow-up dental treatment or post-op evaluation.
2. All offenders referred to outside practitioners or hospital emergency centers for emergency treatment should be set up for a post-op evaluation appointment.

VI. NON-EMERGENT DENTAL CARE PROCEDURES

A. Restorative

1. Basic restorative dental treatment will be provided. Restorative materials utilized will be based on the dentist assessment as to which material will be best suited for the specific situation, the offender's age, general health, and the offender's oral hygiene. The offender will not be given the option of choosing the restorative materials to be utilized.

B. Oral Surgery

1. All basic needed oral surgery within the scope of ability of the dentist is authorized.
2. Assessment of current diagnostic radiographs, the offender's health history and pertinent medical information should be made.
3. A pre-operative consult with the offender, concerning the surgical risk factors should be signed and documented in the Surgery Data Sheet (lilac chart insert).
4. The offender should be informed of any complications that may arise and the expected prognosis. This should be documented and the offender should be placed on the follow-up treatment list. The medical staff may be notified if their involvement in follow-up care is likely.
5. Oral and written post-operative instructions should be provided to the offender.
6. Potential pathological conditions not immediately biopsied or referred should be re-evaluated in 10-14 days.
7. Any surgical conditions beyond the ability or comfort level of the dentist should be reviewed for referral.

C. Endodontic Treatment

1. Endodontic (Root Canal) treatment is authorized in select cases, where endodontic treatment would significantly enhance the offender's oral health, arch integrity or if a required abutment for a partial denture. Endodontic treatment is <u>not</u> recommended if:
   a. The offender does not have the ability or desire to have a cast restoration (if needed) placed on the tooth once they are released from custody.
   b. The overall poor condition of the offender's dentition would make a partial (or full) denture a recommended choice for the offender.
   c. The offender would benefit significantly from a partial denture and the tooth is not an essential abutment tooth for the partial.
   d. The long-term prognosis of the tooth is poor or guarded due to the overall poor condition or lack of long term restorability of the tooth, significant periodontal involvement, or lack of adequate bone support for the tooth.
2. The offender's desire to “keep the tooth” is <u>not</u> an over-riding factor in determining whether endodontic treatment is to be performed. If the offender is scheduled for release within a very short time period a first step endodontic procedure may be provided; however, the offender must be informed (and the dental chart well documented) that they,

not the Department, will be responsible for completion of the endodontic treatment and subsequent restoration.

3. The pre-endodontic consult with the offender should be signed and documented in the RCT Data Sheet (salmon chart insert).

D. Surgical Periodontal Care

1. Surgical Periodontal treatment can be provided, in select cases, for offenders who have limited areas of periodontal disease where periodontal surgery can correct or reduce the periodontal defect. Offenders scheduled to receive a partial denture, who have correctable periodontal defects should have the periodontal surgery, if indicated, prior to construction of the partial denture.

E. Orthodontics

1. Orthodontic services are not normally provided. In special circumstances, orthodontic treatment can be considered with authorization of the Dental Services Review Committee.

2. Offenders entering the correctional facility with fixed or removable orthodontic appliances:
   a. Consult with the offender's orthodontist to determine, based on the offender's projected incarceration time, whether to continue or terminate the orthodontic treatment.
   b. In select cases the offender may be transported to the orthodontist office for evaluation or treatment.
   c. If the orthodontic treatment is to be continued the offender should be set up for regular follow-up appointments with the facility dental staff. Periodontal care and personal oral hygiene with offenders with fixed orthodontic appliances is very important and should be closely monitored.
   d. If the orthodontic appliances are to be removed, written informed consent from the offender should be obtained. In some cases, the orthodontic appliances can be inactivated by removing the wires and elastics but leaving the brackets and bands in place. This should not be done with offenders with long sentences. If the offender refuses to allow the recommended removal of the orthodontic appliance a documented Refusal of Treatment form should be completed.

F. Fixed Prosthodontics

1. Fixed Prosthodontics (cast crowns and bridges) are not normally provided. In special circumstances fixed prosthodontic treatment can be considered with authorization of the Dental Services Review Committee.

2. If the offender has a crown or bridge being fabricated, but not cemented, arrangements should be made to have the appliance delivered to the Dental Department to enable completion of the treatment.

3. The Department is not financially responsible for any cost related to prosthodontic treatment started prior to the offender entering the correctional system, but completed while the offender is under the care of the Department.

G. Implants

1. Dental implant services are not normally provided. In special circumstances, dental implants can be considered with authorization of the Dental Services Review Committee. In cases where dental implants and associated restorative treatment have been initiated but not completed, a consultation with the originating dentist should be made. A determination should be made whether the treatment can be suspended until the offender's release, the restorative phase can be finished at the facility, or if the offender needs to be transported to the originating dentist office for continued treatment.

H. Re-Care (Periodic) Oral Examination

1. Offenders will be given an option be placed on the Re-care (Periodic) Oral examination treatment list.
2. Offenders are authorized to receive a re-care examination on an annual basis.
3. If medically necessary, and with prior approval from the Dental Services Director, an offender may be scheduled for more frequent oral examinations.
4. New bitewing radiographs may be taken during the re-care examination. New Panograph radiographs should be taken every 3 – 5 years.
5. The medical history update section should be completed during the re-care examination.

I. Medically Compromised Offenders

1. Consultation with the appropriate clinical medical staff concerning the offender's medical and dental care is encouraged for medically compromised offenders.
2. Medical tests can be ordered for the offender. Prior approval from the Dental Services Director should be obtained for all non-emergent, non-routine medical tests.

J. Documentation

1. All notations concerning the provision of non-emergent dental care will be made in a dental chart. Guidelines set forth by *Guidelines to the Dental Chart* will be utilized.

VII. PERIODONTAL CARE PROCEDURES

A. Comprehensive Oral Examination – Periodontal Care Treatment Planning

1. An assessment of the offender's overall periodontal condition should be made and a periodontal treatment plan determined.
2. As part of the offender's initial Comprehensive Oral Examination the dentist should complete and document:
   a. A Periodontal Screening Record (PSR).
   b. An evaluation of the offender's general periodontal condition, calculus, and plaque levels.
   c. An assessment of the offender's personal oral hygiene.

d. A periodontal care treatment plan for the offender.
e. Discussions concerning significant periodontal conditions and recommendations.

3. Notations should be made in the Periodontics section at the bottom of page 1 of the Comprehensive Treatment Plan (goldenrod) dental chart insert.

4. Instruction in oral hygiene and preventive oral education should be provided to each offender. The Oral Hygiene Instruction (OHI) label should be utilized and signed by the instructor and Offender. The label should be affixed to the lower left corner of the Dental Chart cover.

B. Periodontal Screening Record (PSR)

1. A PSR record will be determined on each offender. The PSR is the standardized periodontal screening developed by the American Dental Association and the American Periodontal Association. It is an efficient method to determine the offenders overall periodontal condition. The PSR record will determine the course of periodontal treatment the offender will receive.

2. **PSR Records of 2 or less** generally indicates minimal periodontal involvement. The Periodontal Care program for these offenders will consist of:
   a. The offender receiving a periodontal cleaning appointment in conjunction with their first annual Re-care Examination appointment.
   b. Thereafter they can receive annual re-care dental cleanings with their Annual Re-Care Examinations.

3. If the Offender has PSR readings of 2 or less yet has very heavy calculus present and / or very inflamed gingival tissues the offender may receive an Initial Debridement (ID-2) appointment prior to the first Re-care Examination appointment / Initial Debridement (ID-1) appointment.

4. **PSR Records of 3 or 4** indicates generalized periodontal disease or the existences of specific periodontal conditions or defects. The Periodontal Care program for offenders with PSR readings of 3 or 4 (2 sextants of code 3 or 1 sextant of code 4) will consist of:
   a. An Initial Debridement (ID-2) appointment may be made for the offender to remove the bulk of the calculus and dental plaque prior to the first Re-care Examination appointment / Initial Debridement (ID-1) appointment.
   b. The offender should then receive an Initial Debridement (ID-1) appointment in conjunction with the annual re-care examination appointment. At this ID-1 appointment a complete periodontal evaluation, including full mouth probing should be done.
   c. Annual re-care dental cleanings and oral examinations thereafter.

5. **PSR records of *3 or *4.** If an offender has a 3 or 4 reading in only a specific area in a sextant, such as distal to # 18 only, a *3 or *4 will be recorded. Specific notes concerning this should be documented, which could include specific periodontal probe readings for the area. If more than one area is involved in the sextant the *3 or *4 coding should not be utilized. The Periodontal Care protocol for PSR Records of 2 or less should

be followed with offenders with *3 or *4. However, the condition leading to the *3 or *4 should be documented and if appropriate, the offender's treatment plan should reflect the plan for resolving the condition.

C. Initial Debridement – 1(ID-1) Appointments

1. Offenders with 12 months or more time remaining on their incarceration should be given an option to be scheduled for an Initial Debridement appointment.

2. This appointment will be an abbreviated periodontal cleaning with the purpose of removing the majority of the offender's calculus and plaque build-up and to further educate the offender in personal oral health care.

3. The ID-1 appointment should consist of:
   a. A dental cleaning utilizing ultrasonic and hand instrumentation.
   b. A Periodontal Screening Record (PSR).
   c. An assessment of the offender's personal oral hygiene.

4. Additional oral hygiene instruction should be provided, as needed, to improve and reinforce the offender's personal oral health care. Oral Hygiene Instruction will be given and recorded on the OHI label (placed on the front cover of the offender's dental chart) at this appointment if not done at a prior appointment.

5. Complete periodontal evaluations, including full mouth probing will <u>not</u> normally be done at this appointment.

6. Preventive fluoride treatment may be given, if deemed beneficial for dental caries management.

7. If the offender does not desire a dental cleaning appointment they will be instructed to send an OSR if they desire an appointment in the future.

8. Offenders will be given an option to have an annual Periodic (Re-care) Examination and dental cleaning (debridement or adult prophylaxis) appointments thereafter. At each of these appointments a new PSR reading should be determined.

D. Initial Debridement – 2 Appointment

1. Offenders with 2 or more sextants with a PSR code of 3 or one sextant (or more) of PSR code of 4 may receive an Initial debridement (ID-2) appointment prior to the to the first Re-care Examination appointment / Initial Debridement (ID-1) appointment.

2. The ID-2 appointment, like the ID-1 appointment, will be an abbreviated periodontal cleaning with the purpose of removing the majority of the offender's calculus and plaque build-up and to further educate the offender in personal oral health care.

3. Offenders with 2 or more sextants with a PSR code of 3 or one sextant (or more) of PSR code of 4, who receive an Initial Debridement 2 (ID-2) should receive a complete periodontal evaluation, including full mouth probing at the next dental cleaning (ID-1 or adult prophylaxis) appointment.

4. An assessment of the offender's personal oral health care should be made. Additional OHI will be given to the offender as necessary.

5. If the offender is scheduled to receive a partial denture, a dentist should evaluate the offender's periodontal condition prior to placement of the partial denture.

6. If the offender still has not significantly improved their oral hygiene condition, the OHI should be repeated. The offender may be scheduled for re-evaluation of their oral hygiene condition.

E. Oral Hygiene Re-Evaluation

1. If after the Initial Debridement appointment, the offender presents with an apparent lack of desire or ability to properly maintain their oral health they may be placed in an Oral Hygiene Re-evaluation program.

2. The offender should again receive the complete OHI program. Including interactive instruction and instructive aids such as dental models, disclosing tablets and educational literature.

3. The offender's current oral health condition and details related to the OHI provided should be documented in the Daily Treatment Sheet or Periodontal Treatment Sheet.

4. Any member of the dental staff properly trained to provide OHI instruction can provide the instructions.

5. The offender should be scheduled for an oral hygiene re-evaluation in 3-4 weeks.

6. If the offender still has not improved their oral hygiene condition, the OHI should be repeated.

7. The offender should again be scheduled for re-evaluation of their oral hygiene condition. This process can be repeated as often as necessary and as long as the offender desires to improve their personal oral health care.

8. If after 3-4 sessions the offender seems to have the desire to improve their personal oral health care but is not making significant improvements the offender should be referred to a dentist to evaluate for possible medical or physical factors relating to their poor oral health care.

F. Pre-Prosthetic Periodontal Evaluations

1. Offenders scheduled to receive a partial denture should have a dentist evaluate the offender's periodontal health prior to starting construction of the partial denture.

2. Any periodontal compromised teeth should be evaluated to determine if the teeth should be removed or have periodontal surgery prior to placement of the partial. Teeth with poor long-term prognosis should not be maintained unless the loss of these teeth will not have an adverse effect on the partial denture.

3. The dentist evaluating the offender's periodontal condition should date and initial the Pre-prosthetic Evaluation section at the bottom of page 3 of the Comprehensive Treatment Plan (goldenrod) dental chart inserts.

4. The Pre-Prosthodontic Evaluation can be completed intra-orally or by reviewing the Dental Chart records, including the documentations made in the Periodontal Treatment (blue) dental chart insert.

5. Unless the offender's PSR is class 2 or less, the offender should have completed his ID-1 and ID-2 appointment. If not, a full mouth periodontal probing record should be part of the Pre-prosthetic Evaluation.

G. Periodic (Re-Care) Dental Cleaning

1. The offenders should be set up for an annual Periodic (Re-care) Dental Cleaning and Oral Examination after the ID-1 (or ID-2 if applicable) appointment is completed.

2. Normally the offender will receive one periodic dental cleaning appointment per year after the ID-1 (or ID-2) appointment. In select cases, a staff dentist may request the change to the frequency of dental cleanings provided per year. In addition, in select cases a staff dentist can authorize 2 appointments to provide quadrant scaling and root planning (minimum of 2 quadrants per appointment).

3. When possible the Periodic (annual) Oral Examination will be provided at the same time as the Periodic Dental Cleaning appointment. If a dentist is not available then the offender should be scheduled for a Periodic Oral Examination.

4. Radiographs will be ordered at intervals requested by a staff dentist or as set forth by guidelines from the Dental Services Director.

5. The Offender's Medical History (pink chart insert) should be updated at each periodic examination.

6. The dentist needs to evaluate the periodontal condition of the offender by reviewing the latest (and current) Periodontal Treatment Record notations (blue dental chart insert). It may be useful to evaluate the progression of the offender's periodontal health, by evaluation of the series of periodontal treatment record notations.

7. Topical fluoride treatment may be provided at each periodic dental clinic as directed by a staff dentist or as set forth by guidelines from the Dental Services Director.

H. Emergent Periodontal Care

1. Emergent periodontal care is available to all offenders. The offender should be scheduled according to Emergency Dental protocols with the purpose of treating periodontal conditions causing severe pain, severely swollen gingival tissues and/ or excessive gingival bleeding. Treatment will generally consist of a localized or full mouth debridement.

I. Fluoride Treatment

1. All offenders will be given the option to receive topical fluoride treatments.
2. The offender will be given an option to receive topical fluoride during the Initial Debridement appointments and subsequent Periodic (Re-care) Dental Cleaning appointments.
3. Additional applications of topical fluoride can be prescribed by a staff dentist on a case by case basis.
4. Daily topical fluoride gel can be prescribed, in select cases when medically indicated. A dental prescription label is placed on the fluoride gel container and a packet of cotton swabs to allow the offender to take the fluoride to their living quarters.

J. Oral Hygiene Instruction (OHI)

1. Each offender should have been provided Oral Health Instruction within 30 days of arrival at the facility. If any offender is lacking an Oral Hygiene Instruction (OHI) label on the front cover of his dental chart, the offender is to receive instructions on oral hygiene and personal oral care during their ID-1 or periodic (re-care) dental cleaning and examination appointment.
2. The OHI Label should be placed on the lower left corner of the Dental Chart cover. A check mark should be placed on each area of instruction given. The offender should initial, sign and date the OHI label.
3. The instructor should also sign and date the OHI label.
4. Additional OHI sessions can be recommended by the dental hygienist or dentist.

K. Chlorhexidine Mouth Rinses

1. In select cases the offender can be prescribed Chlorhexidine mouth rinse.
2. Alcohol containing Chlorhexidine mouth rinse is more effective, however it may not be provided to the offender in unit and must be utilized in the infirmary area.
3. “Alcohol free” Chlorhexidine mouth wash should be utilized if the offender has a history of alcohol addiction or is in a unit which prevents easy access the Infirmary.

L. Special Needs Care

1. Offenders with special periodontal care needs, where additional Oral Examinations are recommended or customized topical fluoride applications are advised, will have this therapy tracked on the Special Needs List.
2. Offenders with specific high risk situations concerning their oral health will be tracked on the Special Needs Watch List. This will include:
   a. Offenders with HIV.
   b. Offenders on Amitriptyline or other medications known to cause severe dry mouth.

c. Special Management Offenders (SMI). These offenders are tracked due to their high security status. Dental care for these offenders should be closely coordinated with the Command Post.
d. Select at risk offenders, referred from the Mental Health Department, as being potentially susceptible to having dental issues.

3. Any offenders on the Special Needs Watch List who require customized periodontal care or fluoride therapy should be transferred to the main Special Needs List.

4. The Special Needs List will track the type of customized dental care recommended, frequency of the recommended care and the care provided will be documented.

5. Offenders should be removed from the Special Needs List if their need for this customized dental care is no longer deemed necessary.

M. Dental Chart Documentation

1. All notations concerning periodontal care will be made on the dental chart. Guidelines set forth by the *Guidelines to the Dental Chart* will be utilized when documenting information in the dental chart.

VIII. PROSTHETIC DENTAL CARE PROCEDURES

A. Removeable Dentures and Partial Dentures

1. Offenders may receive an evaluation to receive a complete denture, partial denture, repair, or adjustment to an existing dental prosthetic devise or occlusal (night guard) splint through:
   a. Comprehensive Oral Examination or Periodic Oral Examination appointments.
   b. Request for Medical Services – Dental (kite). The offender can request to be evaluated concerning need for new dental prosthetic devices or reline, repair or adjustment to existing dental prosthetic devises.

B. Treatment – New Dental Prosthetic Devices

1. Offender will be evaluated for need and eligibility to receive a new dental prosthetic device. If eligible the offender will be placed on the appropriate dental treatment list.

2. The request will be prioritized depending on the number of functional teeth the offender has per dental arch and medical necessity.

3. The offender's dental prosthetic devises will be started when they are in the top range of the treatment list.

4. Offenders coming into the secure facility without a denture or partial denture (who would qualify for a partial denture), including continuous time served in another secure facility, would qualify for a complete or partial denture after 18 months of time served.

5. Offenders who have all required extractions completed will qualify for a complete or partial dentures after a 6-month healing period. This is the minimum time. In most

cases, a longer time period will occur before the complete or partial dentures are constructed.

6. Offenders transferred to regional correctional facility or to Community Corrections facilities as Offender Workers will continue to be tracked on the treatment list. Once the offender comes to the top of the treatment list arrangements should be made to have the dental prosthetic devise constructed and delivered. This could be provided by a community based dental or denturist clinic, a contract provider or transportation to a capable Department facility for the construction and placement of the dental prosthetic devise. Once delivered and follow-up care is complete, the offender can be returned.

7. Once the dental prosthetic devises have been delivered, access to follow-up care must be provided.

C. Complete and Partial Dentures

1. Offenders with existing teeth, treatment planned to be removed, can be placed on the appropriate dental prosthetic list at the treatment planning session. However, the start of construction of the denture should not occur until after a minimum of six months healing period. Often, a longer time period will occur before the complete or partial dentures are constructed.

2. Partial denture patients should have a pre-prosthetic evaluation prior to commencing construction of the partial denture. This evaluation should include:
   a. Evaluation of current radiographs.
   b. Evaluation of planned restorative treatment.
   c. A periodontal evaluation.
   d. Overall evaluation of existing teeth to ensure the best long-term prognosis of the teeth and partial denture are considered.

3. The Pre-prosthetic Evaluation section located at the bottom of page 3 of the Treatment Plan (goldenrod) dental chart insert should be dated and signed by the evaluating dentist.

4. Minor surgery such as minor ridge bone re-contouring or small root removal may allow for a shortened healing period.

5. Construction of a complete denture may precede that of the offender's partial denture to accommodate completion of restorative or periodontal treatment or if the offender marginally meets the requirements for a partial denture.

6. The offender must be able to demonstrate an ability and desire to maintain their personal oral health. If a minimum oral hygiene standard is not met, the offender should be referred for periodontal care and oral hygiene re-evaluation. Once the offender has demonstrated an acceptable level of personal oral hygiene the partial denture construction should continue.

7. Repairs, adjustments and relines. The request for a repair, adjustment or reline to an existing denture should be evaluated for urgency and medical necessity.

a. If causing significant discomfort or resulting in an inability to utilize the dental prosthesis the repair, adjustment or reline request may be placed on a priority list or taken care of immediately.
b. Normally request for relines will be placed on the same treatment list for new dentures.
c. A temporary reline may be placed to aid in improving function or act as a tissue conditioner until the permanent reline or new denture can be made.
d. Adjustments to new complete or partial dentures should be made in a timely manner.
e. If necessary, an improperly fitting new denture can be re-made or relined.

D. Lost Dentures

1. If a denture is lost the offender may be placed on the appropriate treatment list. Only if it can be substantiated that the correctional facility is responsible for the lost dental prosthetic devise will a prioritization of the replacement be made. If an offender has lost multiple dental prosthetic devices, additional delays in constructing the replacement may be warranted not to exceed 5 years.

E. Prosthetic Devises Outside Location

1. If an offender has a dental prosthetic devise outside of the correctional facility, it may be mailed to the Dental Clinic, Dental Services utilizing signed receipt documentation to enable the dental prosthetic devise to be delivered to the offender.

F. Occlusal Splints/Night Guards

1. Offenders may be provided occlusal splints (night guards) if medically necessary to minimize signs and symptoms of significant TMJ disorders.

2. All necessary restorative treatment of the dental arch in which the occlusal splint is to be placed should be completed prior to placement of the device.

3. In cases of severe TMJ disorders the construction of the occlusal splint can be prioritized.

G. Rehabilitation Considerations Prior to an Offender Release

1. The Department strives to provide offenders an opportunity for rehabilitation, and the Dental Services department may provide dental prosthetic devices prior to release. This effort could improve the offender's ability to secure employment and function within society.

2. The offender is required to have been in the secure facility for a minimum of 18 months beyond arriving at a Department secure facility and 6 months after extraction.

3. The offender must kite the Dental Department as soon as they have documented confirmation of impending release, parole, or transfer to a Community Corrections facility.

4. An effort will be made, as time allows, to provide the offender recommended complete dentures, partial dentures, or acrylic temporary partials prior to release.

5. The emphasis for these cases is providing esthetics as well as function. An increase in the offender's confidence and ability to smile may be a contributing factor in the offender's ability to function in society, secure meaningful employment and may reduce recidivism rates for these offenders.

6. If necessary, with the offender's cooperation a Dental Hold may need to be placed on the offender to ensure the dental prosthetic devices are delivered prior to their release.

7. The Department will not be held responsible if it is not possible to deliver the dental prosthetic devise prior to the offender's release.

IX. DENTAL REFERRAL SERVICES PROCEDURES

A. Request for Referral – Dental Conditions

1. For conditions involving primarily the oral, dental, or maxilla-facial region, dental staff submits a recommendation for a referral to an outside practitioner or specialist utilizing the Clinical Services Department Preauthorization Request Form.

2. The referral request is forwarded, along with documentation and radiographs to the Dental Services Director. The request may be forwarded to the Dental Services Review Committee if appropriate.

3. The Dental Services Director determines if the treatment, diagnostic consultation, or laboratory services are necessary, whether the services could be accomplished by a member of the dental staff, or approves the referral request to an outside practitioner or specialist.

4. A copy of the approved or denied referral request is forwarded to the Managed Care Nurse.

5. The Dental Services Director forwards the request to the medical staff member designated to schedule off-site appointments.

6. The offender is placed on the Offender Treatment Follow-up List. This allows for tracking of offenders scheduled for a consultation or treatment with an outside dentist or other health care provider. In addition, this ensures post-referral follow-up care is completed.

7. Notation is made in the Daily Treatment Sheet in the offender’s dental charts concerning the referral.

B. Request for Referral – Dental/Medical Conditions

1. For conditions where there is an overlap of medical and dental concerns, head and neck conditions (other than dental conditions, above) or for complex conditions where involvement of dental and medical practitioners in the offender's care are anticipated.

2. Dental staff submits a recommendation for a referral to an outside practitioner or specialist utilizing the Clinical Services Department Preauthorization Request Form.

3. The referral request is forwarded, along with documentation and radiographs to the Dental Services Director. The request is then forwarded to Medical Director through the Managed Care Nurse.
4. If approved, the offender is scheduled with an outside practitioner or specialist by the medical staff member designated to schedule off-site appointments.
5. The offender is placed on the Offender Treatment Follow-up List to allow for tracking of offenders scheduled for a consultation or treatment with an outside health care provider. In addition, this ensures post-referral follow-up care is completed.
6. In an emergent situation, referral or direct consultation with a medical provider should be considered.
7. Notation is made in the Daily Treatment Sheet in the offender's dental charts concerning the referral.

C. Results of Referral

1. Resulting documentation from the referral is forwarded to the Dental Clinic and if appropriate to the Medical Department.
2. Determination is made concerning the need for further follow-up or post treatment evaluation or consultation.
3. All documentation concerning the referral should be placed in the offender's dental chart. Notations are made in the dental chart concerning recommended follow-up appointments or routine dental care.
4. After all treatment, follow-up appointments or consultations are completed the offender is removed from the Offender Treatment Follow-up List. If additional follow-up care is recommended such as a 6-month radiograph or evaluation the offender is left on this treatment list.

D. Community Practitioners or Specialists Treating Offenders at a Department Facility

1. Security checks need to be completed on the practitioner or specialist and their staff members prior to entering the facility.
2. The *Authorization for Outside Guest* sheet must be completed and delivered to the Command Post a minimum of 48 hours prior to the initial background security check.
3. Subsequent visits need to be delivered to the Command Post for authorization at least 24 hours prior to the visit.
4. Scheduling should be made in consultation with the medical treatment coordinator to minimize scheduling conflicts, especially with offenders requiring escorting to the dental clinic.

5. All referred dental consultations or treatment should be reviewed by the dentist prior to the planned treatment date, to ensure the referral is necessary and that the treatment cannot be accomplished by dental staff.

6. Scheduling of patients should be made to minimize non-productive time for the visiting practitioner.

7. Dental staff can assist the practitioner or specialist to a limited extent; however, they should provide their own support staff, if needed.

8. The practitioner or specialist must document all consultations and treatment in the offender's dental chart in accordance with the *Guidelines to the Dental Chart.* The practitioner or specialist will have future access to the offender's dental chart if needed for medical or legal requirements.

9. All dental charts seen by the practitioner or specialist should be reviewed by a dentist to ensure follow-up requirements are taken care of and dental chart documentation is complete.

10. All requests for laboratory or referral to outside practitioners or facilities made by the community provider or specialist should follow the standard referral process (above). In cases where it is deemed necessary for immediate referral, Dental Services Director approval can be made after the fact.

E. Outside Dental Referral Log

1. A log of dental referrals for consultation, treatment and/or laboratory services should be maintained to monitor whether:
   a. Referrals have been made in a timely manner.
   b. The scheduled appointments have been kept.
   c. The report back from the referral were received and reviewed by dental staff.
   d. Appropriate follow-up care was made by dental staff.
   e. The offender was consulted concerning the referral or laboratory report.
   f. Notations were properly made in the offender's dental chart.

2. A separate section of the Dental Referral Log should track treatment, for offenders seen at a facility, provided by community practitioners or specialist.

X. REQUEST FOR NON-STANDARDIZED DENTAL TREATMENT

A. Request for Non-Standard Dental Treatment

1. Dental staff may request a review of a dental treatment plan or specific proposed dental treatment not normally provided by the Dental Department. This review request can be for treatment proposed by themselves or by other dental staff members. This request should be in writing to the Dental Services Director.

2. Offenders may request special consideration for dental treatment not normally provided by the Dental Department. In addition, the offender may request a review of proposed specific dental treatment or the proposed dental treatment plan. This request may be

through a Request for Medical Services – Dental (kite) or directly to a member of the Dental staff.

B. Review Process – Dental/Oral Care

1. The request will be forwarded to the Dental Services Director.
2. The Dental Services Director will compile information on the specific request and forward the data to the members of the Dental Services Review committee.
3. The requested non-standard dental treatment will be reviewed and a decision determined by the Dental Services Review committee.
4. The Health Services Bureau Chief should be consulted if the requested non-standard dental treatment expenditures would exceed $2,500 for materials, laboratory fees or referral expenditures.
5. The requesting dental staff member or offender should be provided in writing with the decision made by the Dental Services Review committee.
6. The Dental Services Director retains ultimate responsibility for dental care provided by the Dental Department and can overrule decisions of the Dental Services Review committee.
7. Appeals may be made to the Health Services Bureau Chief.

C. Review Process – Maxilla-facial or Overlapping Medical and Dental Care

1. With cases involving extensive maxilla-facial treatment or complex overlapping medical and dental considerations, the request will be forwarded to the Dental Services Director.
2. The Dental Services Director will compile information on the specific request and complete the Medical Review Panel (MRP) Disposition document.
3. The Dental Services Director should review this with the Medical Director.
4. The MRP Disposition document is forwarded, with supporting information, to the Health Services Bureau Office. It will then be placed on the agenda for the next MRP meeting.
5. The Dental Services Director and/or assigned representative should present the case at the MPR meeting.
6. The MPR Committee will review the Level of Therapeutic Care and appropriateness of the proposed offender medical / dental care.
7. If approved, the treatment plan will be implemented with consultations with the medical staff when appropriate.
8. If the MRP Committee denies the request then the requesting dentist and offender should be notified in writing.
9. Appeals may be made to the Health Services Bureau Chief.

D. Dental Treatment Requiring Authorization

1. The Dental Services Review committee must review all requests for:
   a. Orthodontic treatment exceeding single tooth movement appliances.
   b. Fixed prosthetic appliances. Cast dental crowns, veneers, bridges and implant restorations.
   c. Dental implants and bone grafting for preparation of placement of dental implants.
   d. Advanced periodontal treatment including comprehensive full mouth periodontal surgery, periodontal bone grafting and referrals to an outside dentist or periodontist.
   e. Referrals to an outside dentist or endodontist for endodontic treatment or endodontic surgery.
   f. Referrals for advanced elective oral surgery.
   g. Request for outside dental laboratory or diagnostic services exceeding two thousand, five hundred dollars.
   h. Request for completion of dental treatment started prior to offender arriving to the facility requiring laboratory or referral expenditures.
   i. Extensive maxilla-facial treatment.
   j. Complex cases involving complicated or overlapping medical and dental considerations.
   k. Other dental services not normally provided by the Dental Department.

XI. CLOSING

Questions concerning this procedure should be directed to the Dental Services Director.

XII. REFERENCES

A. 53-1-203, MCA
B. DOC Policy 4.5.26 Dental Services
C. Guidelines to the Dental Chart
D. P-E-06, P-F-01; National Commission on Correction Health Care in Prisons, 2018
E. Y-E-06; National Commission on Correctional Health Services in Juveniles Detention and Confinement Facilities, 2015

XIII. ATTACHMENTS

None