# State of Iowa Department of Corrections

# Policy and Procedures

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Chapter 6: HEALTH SERVICES
Sub Chapter: DENTAL
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PREA Standards: N/A
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Authority:

## 1. PURPOSE

To assure dental examination and continued access to dental services for patients.

## 2. POLICY

It is the policy of the Iowa Department of Corrections (IDOC) that patients will be provided with an initial dental examination and ongoing dental services, as necessary.

**CONTENTS**


A. Initial Dental Screening and Examination

B. Dental Re-Examination/Reviews

C. Dental Treatment Priorities

D. Endodontic Treatment

E. Dentures and Partials

F. Services Not Provided

G. Orthodontics

H. Treatment Refusals

I. Dental Co-Pay Fees

J. Dental Staff – Iowa Board of Dental Examiners

K. Referrals to Dental Specialists

L. Patients Do Not Pay For Dental Treatment

# 3. PROCEDURE

## A. Initial Dental Screening and Examination

Upon admission to each new patient's entry into the IDOC, a dentist will conduct a dental examination. Oral hygiene instructions and dental health education are provided. Findings of the dental examination are documented in the Health Services Dental Record. Each institution has written policy and procedure for providing routine and emergency dental services. Each patient has an individualized treatment plan, consistent with IDOC dental treatment priorities. Procedures for access to dental services are communicated to the patient, i.e., posted in living units, patient handbook, orientation, etc.

Upon examination, patients found to have Priority II treatment needs are placed on the Priority II list. Should the patient develop an emergency prior to being treated from this list, they must submit a Health Services Request or KIOSK Health Services/Dental.

## B. Dental Re-Examination/Reviews

Each patient will receive a dental exam biennially for the duration of their incarceration. A patient returning to the IDOC will be given a dental examination, unless their last examination was completed within the last 12 months. Patients with a previous dental treatment refusal must be given the opportunity to rescind their treatment refusal; and subsequently participate in dental re-examination.

## C. Dental Treatment Priorities

Care and treatment should be provided consistently with the following three priorities and listed examples. The dental practitioner may use their professional judgment to upgrade or downgrade the priority of a patient's dental condition.

1. Priority I – evaluate and/or treat as quickly as possible.

    a. Persistent/moderate/to severe pain.

    b. Facial swelling.

    c. Oral – facial trauma.

    d. Suspected serious pathological conditions.

    e. Profuse bleeding.

2. Priority II – schedule for treatment on priority II list.

    a. Gross caries requiring extraction, pulpotomy, sedative fillings, or major operative treatment.

    b. Initial treatment phase of periodontitis II, III, IV, including scaling, root planning, and oral hygiene instruction.

    c. Non-emergent endodontic treatment.

    d. Re-cementing fixed prostheses.

    e. Removable Prosthetics – reline, repair.

3. Priority III – may be scheduled after all Priority II needs are met.

    a. Small carious lesions.

    b. Prophylaxis.

    c. Removable prosthetic-fabrication.

## D. Endodontic Treatment

1. Endodontic treatment is provided at the dentist's discretion with consideration to:

    a. Strength of remaining tooth structure

    b. Existing bone support

    c. Severity of infection

    d. Procedure level of difficulty

    e. Integrity of dental arch and need for removable prosthetics

    f. Occlusal forces

    g. Caries rate

2. Patients must consent to endodontic treatment knowing that the DOC does not provide crowns, and many endodontically treated teeth will fail due to fracture, often necessitating surgical removal.

3. Once endodontic treatment is initiated, a Medical Hold must be placed on the patient preventing transfer to another institution, until completion of endodontic treatment, including final restoration.

## E. Dentures and Partials (Removable Prosthetics)

1. Removable dental prosthetics (dentures and partials) may be offered to address significant functional impairment related to mastication, speech, or oral health. Prosthetic treatment is not automatically indicated solely due to missing teeth and is not considered routine or cosmetic care.

2. Patients may be placed on a denture waiting list at the dentist's discretion. Placement on a waiting list does not guarantee initiation or completion of prosthetic treatment and does not establish a required timeframe for care.

3. The decision to initiate prosthetic treatment is a clinical determination made on a case-by-case basis, based on documented functional need, overall health status, oral conditions, and the feasibility of treatment within available institutional resources.

4. Patients may remain on the waiting list for extended periods depending on clinical prioritization, institutional resources, staffing availability, and competing treatment needs.

    a. Once active prosthetic fabrication has begun – defined as initiation of impressions, bite registration, or construction of the prosthesis – a medical hold must be placed to prevent transfer until a completion of prosthetic treatment, when clinically appropriate.

    b. An effort will be made, as staffing and operational demands allow, to allocate dedicated clinical time for removable prosthetic services. The amount of time devoted to prosthetic services may vary by facility and is subject to adjustment based on clinical priorities and available resources.

    c. The patient may be financially responsible for damage to their state issued prosthetic device.

5. A dentist must determine the need for prosthetic devices on a case-by-case basis. Prosthetics are offered to provide function; not for cosmetic reasons. Prosthetic services are prioritized based on functional impairment and medical necessity rather than patient preference. Factors to be considered (and appropriately documented in the dental record) in the determination to construct or repair removable prostheses include, but are not limited to:

    a. Ability to adequately chew and maintain nutrition.

    b. Presence of pain, trauma, or oral pathology.

    c. Overall health of the patient.

    d. Availability of staff, time, and equipment.

    e. Number and position of missing teeth: For replacement of posterior teeth only with a removable prosthesis, the patient must have less than 8 posterior teeth in contact. If the missing teeth are a combination of anterior/posterior teeth, a removable prosthesis that includes replacing the missing anterior teeth is at the dentist's discretion.

    f. Oral and psychological conditions affecting acceptance of prostheses.

    g. Stability of oral structures following extractions.

    h. Oral hygiene and ability to maintain the prosthesis.

## F. Services Not Provided

The following services are not provided by the IDOC:

1. Initiation of orthodontic treatment.

2. Fixed prosthodontics, (i.e., cast restorations, fixed bridgework, or other laboratory fabricated fixed restorations).

3. Dental implants.

4. TMJ splints.

5. Custom made mouth guards (exception being: severe attrition).

6. Cosmetic dentistry.

7. Treatment of bruxism (patients may purchase mouth guards if available from IPI).

## G. Orthodontics

1. No orthodontics will be initiated while a patient is incarcerated.

2. For patients entering the IDOC with orthodontic appliances, a consultation with their orthodontist is recommended. The patient's length of sentence should be considered. If it is decided to be in the patient's best interest, e.g., oral hygiene, the appliances will be removed.

3. The removal of orthodontic appliances may be undertaken without a consultation with the treating orthodontist at times when the need is obvious, or when the orthodontist cannot be reached.

## H. Treatment Refusals

Patients have the option to refuse all dental treatment or individual treatment needs. DOC Form **HSF-305** *Treatment Refusal*, is used for complete or partial refusal of dental treatment.

## I. Dental Co-Pay Fees

Assessment and collection of dental co-pay fees shall be consistent with IDOC Policy HSP-505, Health Clinic. Dental Health Services Requests shall be triaged and managed based on clinical need and established scheduling priorities.

Exceptions to co-pay assessment shall be governed by IDOC Policy HSP-505, Health Clinic.

## J. Dental Staff – Iowa Board of Dental Examiners

1. Dental staff provide care consistent with guidelines specified by the Iowa Board of Dental Examiners. Dental hygienists provide care under general supervision and assistants under direct supervision by the dentist.

2. 'Direct supervision' means that the dentist is present in the dental treatment setting at all times while the assistant is performing acts prescribed by the dentist which do not constitute the unauthorized practice of dentistry or dental hygiene. Assistants will not provide any dental treatment or do any dental consultation other than addressing clerical issues and hygiene instruction without a dentist being present. Dental Assistants cannot provide any dental treatment upon the direction of a nurse.

## K. Referrals to Dental Specialists

Consultation and referral to oral surgery and pathologist are provided when necessary.

## L. Patients Do Not Pay For Dental Treatment

The patient's desire to pay for treatment is not a factor in determining dental care and treatment.
Each patient has access to the preventative benefits of fluorides in a form determined by the dentist to be appropriate for the individual's needs.

## (5-ACI-6A-19)

Additional dental healthcare IDOC Policy forms are:

Form **HSF-1001A** *Consent Form for Dentures/Partials*

Form **HSF-1001B** *Dental Surgery Consent*

Form **HSF-1001C** *Endodontic Consent*