I. PURPOSE

To assure dental screening and continued access to dental services for offenders.

II. POLICY

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

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III. DEFINITIONS - See IDOC Policy AD-GA-16 for Definitions.

IV. PROCEDURE

A. Initial Dental Screening and Examination

Within seven (7) days of each new offender's entry into the IDOC, a dentist or dental hygienist will conduct a dental examination/screen. Oral hygiene instructions and dental health education are provided. Offenders will view an ADA video on how to take care of their teeth and gums during orientation. Findings of the dental examination/screening are documented in the Health Services Dental Record. Necessary x-rays are obtained. Each institution has written policy and procedure for providing routine and emergency dental services. Each offender has an individualized treatment plan, consistent with IDOC dental treatment priorities. Procedures for access to dental services are communicated to the offender, i.e., posted in living units, offender handbook, orientation, etc.

Upon examination/screening, offenders 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.

B. Dental Re-Examination/Reviews

Each offender will receive a dental screen at least once every two years following their last dental examination/screen for the duration of their incarceration. An offender returning to the IDOC will be given a dental
examination/screening, unless their last examination/screening was completed within the last six months. The examination/screen should include indicated radiographs. The offender’s dental record is to reflect that an examination/screening was accomplished or refused. Offenders with a valid dental treatment refusal must be given the opportunity to rescind their treatment refusal; and subsequently participate in dental re-examination/screening.

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 an offender’s dental condition.

1. **Priority I** – evaluate and/or treat as quickly as possible, no later than the next working day.
   a. Incapacitating pain.
   b. Facial swelling.
   d. Suspected serious pathological conditions.
   e. Profuse bleeding.

2. **Priority II** – schedule for treatment as soon as possible.
   a. Gross caries requiring extraction, pulpotomy, sedative fillings, or major operative treatment.
   b. Initial treatment phase of periodontitis II, III, IV, including scaling, root planing, and oral hygiene instruction.
   c. Endo filing and obturation.
   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.

D. Federal Detainees

1. No dental examination/screen is routinely provided for federal detainees or patients on violator status, per **HSP-501, Initial Health Screening and Appraisal**. Only emergency treatment is provided for these patients.

2. An exception is made for federal detainees who have been on the facility’s count for more than 24 uninterrupted months with the IDOC. In this case, a panograph is taken, contract locally, if necessary, and place patient on Priority II list should patient have any Priority II needs. All dental treatment will be billed to the Federal Marshall’s Service.

E. Dentures and Partials

1. Patients are placed on the denture list at the dentist’s discretion.

   a. Once dental prosthetic treatment has been undertaken, the offender must be placed on a dental hold, so no transfer can take place until the prosthesis is completed.

   b. An effort should be made to devote one half-day per month, or a comparable percentage of time, in those cases where there is only part-time dental coverage for removable prosthetics.

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

2. 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. 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 function, i.e. masticate.

   b. Acuteness of dental need.

   c. Overall health of the offender.

   d. Availability of staff, time, and equipment.
e. Number and position of missing teeth: If combination of missing anterior/posterior teeth, partial provision is at dentist’s discretion. Title XIX guidelines require that there must be fewer than eight posterior teeth in occlusion to provide a partial replacing posterior teeth.

f. Oral and psychological conditions affecting acceptance of prostheses.

g. Condition of the mouth upon entry into the IDOC, (e.g., edentulous and has not worn dentures); if patient states no problems eating, no treatment is required.

h. Oral hygiene.

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 (offenders may purchase mouth guards if available from IPI).

G. Orthodontics

1. No orthodontics will be initiated while an offender is incarcerated.

2. For offenders entering the IDOC with orthodontic appliances, a consult 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

Dental practitioners frequently receive IDOC Form HSF-505, Health Services Requests, from offenders desiring treatment. Dental staff screen these requests and appoint urgencies as needed; or, send deferral forms to those whose requests are unclear or do not require immediate treatment. Offenders are generally assessed a $3.00 co-pay fee for dental services requests, according to IDOC Policy HSP-505, Health Clinic. This administrative fee is charged for reviewing the patient's chart to answer the Health Services Request (HSR), even in cases where a deferral is sent in lieu of treatment. Defer treatment requested, unless it is an emergency, to be fair to others on the Priority II list.

Instances where a $3.00 co-pay fee is not necessary include:

1. Additional HSRs regarding same complaint/concern, if within a reasonable amount of time (two months).
2. Routine dental exams.
3. Dental appointments initiated by dental staff.
4. Follow-up visits.
5. Answering questions posed by the dentist in response to a deferral.
6. Emergencies which are life threatening in nature.

J. Dental Staff – Iowa Board of Dental Examiners

1. Dental staff provides 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 dental specialists, including oral surgery, are provided when necessary.

L. Offenders Do Not Pay For Dental Treatment

The offender’s desire to pay for treatment is not a factor in determining dental care and treatment.

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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