



SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE		POLICY NUMBER 700-04	PAGE NUMBER 1 OF 5
		DISTRIBUTION: Public	
		SUBJECT: Dental Scope of Service	
RELATED STANDARDS:	<b>ACA 5-ACI: 6A-19, 6A-19-1, 6A-40</b>	EFFECTIVE DATE: 02/01/2024	
		SUPERSESSION: New Policy	
DESCRIPTION: Clinical Services	REVIEW MONTH: January	 <b>KELLIE WASKO</b> <b>SECRETARY OF CORRECTIONS</b>	

## I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) to provide all offenders with access to necessary dental care.

## II. PURPOSE

The purpose of this policy is to establish the general scope of dental services, as approved by the chief dental officer, which are provided to DOC offenders excluding community placement and parole.

## III. DEFINITIONS

None.

## IV. PROCEDURES

### 1. Overview:

- A. Basic, routine, and emergency dental services are available to each DOC offender. A co-payment fee will be assessed for offender-initiated treatment requests in accordance with DOC policy 700-30 – *Clinical Services Copayment Program*.
- B. *There is a defined scope of available dental services upon admission, which includes the following:*
  1. *Dental Screening upon admission by a qualified healthcare professional or health-trained professional.*
  2. *Oral hygiene, oral disease education, and self-care instruction that are provided by healthcare personnel within 30 days of initial admission into the system.*
  3. *Dental intake assessment by a dentist within 30 days of initial admission into the system to assess dental pain, infection, disease, or impairment of function and establish the overall dental/ oral condition. Consultation and referral to appropriate specialists are provided when medically necessary [ACA 5-ACI-6A-19].*
- C. Intake Dental Screening:
  1. The initial dental screening is completed by nursing staff upon intake. If urgent or emergent dental conditions exist, nurses will make a referral to the dentist for urgent dental treatment needs.
    - a. Intake Criteria for Urgent Dental Referral:

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- 1) Dental needs causing severe pain or acute infection will be scheduled for an urgent dental assessment. An urgent assessment will be completed within one – three (1-3) days. Offenders will attend nurse sick call if their condition worsens prior to the appointment.
  - a) During high intake volume, offenders who show physical signs of acute swelling or infection may take precedence over those with chronic conditions.
- 2) Offenders who report tooth pain, but show no obvious signs of swelling or infection, may be scheduled as a lower priority as determined by the dental practitioner.

D. Intake Dental Exam:

1. The initial full dental examination will be completed by a dental practitioner within thirty (30) days of arrival at DOC consisting of a routine dental examination, instruction on oral hygiene, oral disease education, self-care instructions, periodontal examination, and a panoramic X-ray.
2. The dental practitioner will establish a dental classification code (D-code), formulate a treatment plan for the offender, and discuss treatment needs as indicated. The treatment plan and discussion with the offender will be documented in the electronic health record (EHR).

E. Dental Services:

1. ***Emergent, urgent, and routine dental care is provided to each offender under the direction and supervision of a licensed dentist. There is a defined scope of available dental services with related time frames. Dental examinations and treatment include the following:***
  - a. ***Appropriate uniform dental records using a numbered system such as the Federal Dental International System.***
  - b. ***A medical history, current medications.***
  - c. ***Current vital signs prior to invasive procedure.***
  - d. ***Appropriate radiographs.***
  - e. ***Periodontal screening and recording (PSR) or a recognized periodontal health assessment.***
  - f. ***Priority of treatment.***
  - g. ***Treatment provided within acceptable designated timeframes by priority.***
  - h. ***Consultation and referral to appropriate specialists is provided when medically necessary [ACA 5-ACI-6A-19-1].***
2. Access to Dental Services:
  - a. Sick Call.
    - 1) Offenders may access dental services through the medical/dental sick call procedure. A kite is submitted to request treatment, dental employees and/or medical contract workers will schedule the offender accordingly.
    - 2) Appointments are scheduled according to the dental priority needs. Top priority is given to the offender requiring emergency dental treatment. Pain alone does not constitute a requirement for an emergency dental visit.
    - 3) Treatment Plans:
      - a) A dental examination will be used to develop a treatment plan and to prioritize treatment based on category and urgency.
      - b) The results of all examinations, diagnostic procedures, and treatment plans will be recorded in the dental health section of the EHR.
      - c) Any tooth considered for extensive treatment must be in stable periodontal condition. Offenders with moderate to advanced periodontitis may be denied restorative treatment.
      - d) If, upon assessment, the dental need is not determined to be urgent, the offender will be scheduled according to their level of need within a timeframe determined by the dentist.
      - e) If it is determined that an incident involving an offender meets the criteria for misuse of dental services or any other infraction of clinical services-related rules and regulations as defined in the Offender Living Guide or as determined by clinical services staff, the information will be documented in an incident report with a recommendation for investigation by the special investigations unit (SIU). Dental care will be provided according to the severity of the dental need.

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- f) When the dental practitioner is performing any type of treatment on an offender, the dental assistant will be in the dental clinic assisting the practitioner, which includes taking x-rays, setting up instruments, and updating the EHR. The dental assistant will remain in the dental clinic while the offender is present and for the duration of the dental procedure being performed.
    - b. Emergent/Urgent Dental Needs.
      - 1) Offenders with emergent or urgent needs will notify custody/control.
      - 2) Custody/control will notify the appropriate clinical services department during clinic hours or follow facility guidelines for appropriate notification outside of clinic hours.
  - 3. Dental Adaptive Devices.
    - a. ***Medical or dental adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, or prosthetic devices) are provided when medically necessary, as determined by the responsible health care practitioner being governed by institutional policy respecting treatment classification, resource availability, and treatment planned time-frames [ACA-5-ACI-6A-40].***
    - b. Dentures.
      - 1) Full upper and/or lower dentures and partial dentures will be provided only to offenders who show a severe reduction in masticatory function. Esthetic concerns alone do not constitute a reason for removable prosthetics. Exceptions to the standard criteria may be approved by the chief dental officer for the offender whose health would be adversely affected if denied removable partial dentures.
      - 2) Repairs:
        - a) Two (2) denture repairs and relines will be made within the first three (3) years of intake or denture delivery if ordered by the dental practitioner. During each successive three (3) year period, the offender will be eligible for two (2) additional denture repairs. Three (3) chairside denture adjustments may be allotted within the first six (6) months of denture delivery, and two (2) denture adjustments every six (6) months thereafter.
        - b) Additional repairs or repairs needed after the six (6) month follow-up will accrue a dental appointment copay fee according to Policy 700-30 – *Clinical Services Copayment Program*.
    - c. Replacement:
      - a) Removable prosthetic appliances will be replaced or provided no more than once every five (5) years.
      - b) Appliances will only be remade if the treating dental practitioner determines the existing appliance to be unserviceable or non-repairable and must be proven beyond a reasonable doubt that the offender is not at fault for the unserviceable or non-repairable condition of the removable prosthetic appliances.
      - c) The fabrication and replacement of an item will only occur once the minimum time requirement of five (5) years since last issued.
      - d) The offender will be charged a copayment for each prosthetic, in accordance with Policy 700-30 – *Clinical Services Copayment Program*.
      - e) Requests for replacement will be submitted via kite request for a dental appointment, copay will apply.
- F. Nightguards:
- 1. Dentists may provide night guards for offenders with significant deterioration in masticatory function, such as severe attrition through bruxism, and Temporomandibular Joint Dysfunction (TMJ) disorders that negatively impact activities of daily living. TMJ clicking alone does not constitute legitimate grounds for night guard fabrication.
    - a. Appropriate occlusal guard material (hard or soft) will be determined by the dentist.
    - b. Misuse or suspected misuse of dental adaptive devices will lead to confiscation of the item and termination of the order. Once misuse is confirmed, the item will not be eligible for replacement until a minimum of five (5) years from the documented incident.
      - 1) If approved, the offender will be charged a copayment for each replacement, in accordance with Policy 700-30 – *Clinical Services Copayment Program*.

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G. Dental Property Allowance:

1. Offenders will be allowed two (2) complete full sets of dentures (two (2) upper and two (2) lower) or two (2) complete full sets of partial dentures (two (2) upper and two (2) lower) in their possession.
2. Offenders shall not have more than one (1) night guard in their possession.
3. All approved dental adaptive devices must be listed on their property sheet in accordance with DOC policy 500-02 – *Offender Property*.

H. Additional Considerations:

1. Offenders who require an exception to the dental services, will be referred to the chief dental officer for review and proper service determination.
2. Consultation and referral to dental specialists is provided when medically necessary. The referral must be approved by the CMO.
  - a. Simple or complex extractions/surgical procedures will be considered for approval by the chief dental officer when indicated.
  - b. Root canal treatment and fillings may be provided if the tooth has functional occlusion with the opposing tooth and is restorable without a crown.
3. Orthodontics:
  - c. If an offender arrives at intake with full orthodontic appliances affixed to the teeth, the following will occur:
    - 1) All orthodontic hardware will be removed by a dental practitioner.
  - d. A bonded lingual mandibular retainer will be left in place unless circumstances dictate its removal.
4. If an offender has a removable orthodontic appliance (i.e., Invisalign), they will be allowed to keep the original appliance (top and bottom).
  - a. The offender will be required to sign the *Receipt of Dental Equipment or Appliance* form (see attachment #1).
  - b. If the offender loses, breaks, or modifies the appliance(s), it will be removed from the offender's possession. No further appliances will be allowed into the DOC.
  - c. Dental practitioners will not provide any support for these appliances.
5. A final determination of unique situations will be made by the chief dental officer on a case-by-case basis.
  - a. Eligibility:
    - 1) Extensive oral rehabilitation (such as restoring grossly neglected teeth and multiple extractions) requiring follow-up prosthetic casework will only be provided for offenders with more than six (6) months to their parole eligibility or mandatory discharge date.
    - 2) Individuals within the six (6) month time frame will only be provided emergency dental treatment and routine restorative care.
    - 3) Offenders are not entitled to have routine restorative care completed within the six (6) month timeframe.
    - 4) Prosthetic cases, including night guards, will not be initiated for offenders with less than twenty-four (24) months remaining to discharge and twelve (12) months to the next parole hearing.
    - 5) This time frame will be periodically reviewed by the chief dental officer who may reduce it through dental services guidelines.
    - 6) Offenders with extenuating circumstances, who may never qualify due to periodic parole hearings, will be evaluated for exception to the twelve (12) month time frame on a case-by-case basis by the chief dental officer.
    - 7) If a gold-colored crowned tooth is extracted, the offender may have the crown mailed to family members at their expense. If the offender chooses not to mail the crown, the facility dental clinic will dispose of the crown by placing it in the biohazard container.
  - b. Submissions for consideration will be provided by the dentist, dental hygienist, or dental assistant.
    - 1) Submission will ensure to include the following:
      - a) Length of sentence.
      - b) Date of next anticipated parole hearing.

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c) Date the appliance was last issued.

I. Services Not Provided:

1. Fixed prosthetics (crowns and bridges).
2. Orthodontics unless failure to provide this service will adversely affect the offender's overall health.
3. Implants.
4. Precision attachments.
5. Cast metal framework removable partial dentures.
6. Apicoectomies will not be provided on a routine basis; however, apicoectomies may be performed by a dental practitioner on anterior teeth where conventional treatment has failed.
7. Hemisections or root resections.
8. Cosmetic procedures, including, but not limited to veneers, braces, clear aligners, orthognathic surgery, and Botox injections.

J. Copays will be charged per visit that is initiated by the offender, in accordance with 1.6.A.06 – *Clinical Services Copayment Program*.

1. Copays will not apply to follow-up appointments that are scheduled by the dentist.
2. Follow-up appointments include evaluation of extraction sites, finishing root canals, and reevaluation of oral lesions.
3. Initial treatment plans may not include the completion of all restorative work and may require the offender to reinstate care and therefore incur the appropriate copay charge.
  - a. Each treatment plan requiring multiple fillings is limited to four (4) teeth per visit.

## V. RESPONSIBILITY

The director of Clinical and Correctional Services and the chief dental officer are responsible for the annual review and maintenance of this policy.

## VI. AUTHORITY

SD Dental Practice Law

## VII. HISTORY

February 2024 – New policy

## ATTACHMENTS (\*Indicates document opens externally)

1. Receipt of Dental Equipment or Appliance Form\*
2. DOC Policy Implementation / Adjustments

**SOUTH DAKOTA DEPARTMENT OF CORRECTIONS  
RECEIPT OF DENTAL EQUIPMENT OR APPLIANCE**

<b>Patient Name:</b> _____ <b>DOB:</b> _____ <b>DOC:</b> _____
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Acknowledges receipt of the following dental equipment or appliance:

I hereby confirm that I have received the dental appliance listed above. The appliance is in good working condition and is fully functional. I am aware that the dentist reserves the right to confiscate dental appliances that are broken or not functioning properly. I understand that misuse or suspected misuse of dental adaptive devices will result in both confiscation of the item and termination of the order.

**According to current policy, a new denture or appliance will only be considered for replacement every 5 years.**

**If replacement is deemed necessary by the dentist and approved, a co-pay of the replacement value will be charged.**

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE