

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES
Health Care Department Operations Manual

3.3.4.5 Dental Authorization Review Committee

(a) Policy

All California Department of Corrections and Rehabilitation (CDCR) institutions shall maintain a Dental Authorization Review (DAR) Committee and Adult Correctional Dental Care (ACDC) headquarters shall maintain a Dental Program Health Care Review Committee (DPHCRC).

(b) Purpose

To maintain a process for evaluating and approving or disapproving a clinician's request(s) for deviations from treatment policy, otherwise excluded dental services, or medically necessary treatment that can only be provided by a contracted specialist.

(c) Procedure

(1) Membership

(A) DAR Committee

1. The DAR Committee shall consist of:
 - a. A staff dentist elected for a one-year period as chairperson by the other staff dentists at the institution. This individual shall be eligible to serve no more than two consecutive terms before being replaced as chairperson and must wait one year before becoming eligible for re-election to the position of chairperson. Exceptions to this rule may be granted by either the Deputy Statewide Dental Director (DSDD) or Statewide Dental Director (SDD).
 - b. A staff dentist elected for a one-year period as vice-chairperson by the other staff dentists at the facility. This individual shall fulfill the responsibilities of the chairperson in their absence. The vice-chairperson shall be eligible to serve no more than two consecutive terms before being replaced and must wait one year before becoming eligible for re-election to the position of vice-chairperson. Exceptions to this rule may be granted by either the DSDD or SDD.
 - c. Any institutional dentist(s) providing dental services to patients at the institution.
 - d. Representatives from other institution services or divisions as non-voting invitees, when needed.
2. A dentist who has served the maximum allowable period of time as chairperson shall be eligible for election as vice-chairperson for a one-year period and shall be eligible to serve no more than two consecutive terms as vice-chairperson, after having served the maximum allowable period of time as chairperson, before being replaced. This individual must wait one year before becoming eligible for re-election to the position of chairperson or vice-chairperson. Exceptions to this rule may be granted by either the DSDD or SDD.
3. A dentist who has served the maximum allowable period of time as vice-chairperson shall be eligible for election as chairperson for a one-year period and shall be eligible to serve no more than two consecutive terms as chairperson, after having served the maximum allowable period of time as vice-chairperson, before being replaced. This individual must wait one year before becoming eligible for re-election to the position of chairperson or vice-chairperson. Exceptions to this rule may be granted by either the DSDD or SDD.
4. The quorum necessary to determine cases shall be the chairperson or vice-chairperson and two staff dentists. The treating dentist will not be included to meet the quorum.
5. Decisions to approve or disapprove requests for dental services which have been referred to the DAR Committee shall be based upon the decision adopted by a majority of the DAR Committee members present.

(B) DPHCRC

1. The DPHCRC shall consist of, but not be limited to, the following:
 - a. Chief Dentist (CD), Quality Management/Utilization Review, ACDC, DHCS.
 - b. CD, Policy and Risk Management, ACDC, DHCS.
 - c. CD, Training, ACDC, DHCS.
 - d. A minimum of two dentists, ACDC, DHCS.
2. Decisions to approve or disapprove requests for dental services which have been referred by the DAR Committee shall:
 - a. Require the attendance of a minimum of three dentists, ACDC, DHCS, at least one of which must be a CD or their designee.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES
Health Care Department Operations Manual

b. Be based upon the decision adopted by a majority of the DPHCRC members present.

(2) Meetings

(A) DAR Committee

1. The DAR Committee shall meet monthly or as often as necessary to deliberate on and approve or disapprove dental clinician requests as outlined in Section (b).
2. The DAR Committee does not have to meet when there are no cases to deliberate. However, institutions must indicate on the DAR Committee meeting minutes that no meeting was held for the particular month.
3. Committee decisions concerning requests for special dental services shall be based on criteria established in the California Code of Regulations (CCR), Title 15, Division 3, Chapter 2, Subchapter 2, Article 1, Section 3999.200(c).
4. The Health Program Manager (HPM) III shall maintain written minutes recorded by the Office Technician (OT) or designated dental staff of all committee meetings which shall contain date, time and location of the meeting; committee members present; cases discussed; treating dentists; and the decision on the requests. The minutes shall be maintained by the HPM III for a period of three years.
5. The DAR Committee shall review each clinician's request as part of old business at subsequent meetings and shall continue to monitor until resolved.
6. The HPM III, or designee, shall post a copy of the DAR minutes in the institution's DAR folder on the Dental Program headquarters ShareDrive on a monthly basis. If the DAR Committee does not meet during a particular month, the HPM III, or designee, shall post a notice in the institution's DAR folder on the Dental Program headquarters ShareDrive indicating that no DAR Committee meeting was held.
7. DAR Committee requests at the institution level shall be reviewed and either approved or disapproved within 15 business days of receipt by the DAR Committee.

(B) DPHCRC

1. The DPHRC shall meet monthly or as often as necessary to deliberate on and approve or disapprove dental clinician requests as outlined in Section (b).
2. Committee decisions concerning requests for special dental services shall be based on criteria established in the CCR, Title 15, Division 3, Chapter 2, Subchapter 2, Article 1, Section 3999.200(c).
3. A designated DPHCRC member shall maintain written minutes of all committee meetings which shall contain the date; committee members present; cases discussed; and the decision on the requests.
4. The CD, Quality Management/Utilization Review, shall maintain meeting minutes and all documents submitted with each case, including models, for a period of three years.
5. Cases requiring DPHCRC action shall be evaluated and approved or disapproved within 15 business days of receipt by the DPHCRC.
6. The DPHCRC's decision shall be communicated to the Supervising Dentist (SD).
7. Cases denied by the DAR Committee do not require DPHCRC action; however they shall be forwarded to the DPHCRC who shall keep a record of all cases denied by the DAR Committee for quality control purposes.

(3) Requests or Referrals for Treatment by a Specialist

Any dental care that a treating dentist wishes to refer to a specialist for treatment shall be submitted for approval by the DAR Committee prior to initiating the procedure(s) being referred. (Reference Section (4)(E)).

(4) Operational Steps for Requests or Referrals Requiring DAR Committee Action

(A) The treating dentist shall base the request on a documented oral condition. At a minimum, each request submitted for treatment to be performed on grounds by a CDCR dentist or a contracted provider shall include the following:

1. Patient study models that are properly trimmed and labeled with the date and the patient's name and CDCR number.
2. Any other relevant documents or information.

(B) Each request submitted for treatment by an off-site provider shall include:

1. Section (c)(4)(A)1. and 2.
2. Copy of patient dental record pertinent to the case.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES
Health Care Department Operations Manual

3. Copy of current radiographs (i.e., Panoramic, peri-apical, full mouth series) as necessary.
- (C) The treating dentist shall:
1. Complete a CDC 7243, Health Care Services Physicians Request for Services, and a DAR Request if the patient is being referred for treatment by an off-site provider.
 2. Complete only a DAR Request if treatment will be performed on grounds by a CDCR dentist or a contract provider.
 3. Enter the request in the Electronic Dental Record System (EDRS) Treatment Request Manager in accordance with EDRS Workflow 1-7.1 and associated Back Office Job Aid. The treating dentist shall also document the request in a clinical note in the EDRS, in accordance with EDRS Workflow 1-2 and associated Back Office Job Aid.
 4. Assign a DPC 5 to treatment in the EDRS that is planned for referral to the DAR Committee, in accordance with EDRS Workflow 1-3 and associated Back Office Job Aid. (Reference the Health Care Department Operations Manual [HCDOM], Section 3.3.6.6(c)(2) for requirements concerning placing a dental hold).
 5. Discuss the request with the patient.
 6. Obtain the patient's verbal consent for the referral and specific treatment to be done and document this in a clinical note in the EDRS, in accordance with EDRS Workflow 1-2 and associated Back Office Job Aid. The patient and the provider performing the procedure shall sign the appropriate written consent form on the day treatment is provided.
 7. Provide the OT or designated dental staff with a copy of the CDC 7243.
- (D) The treating dentist shall submit the request to the SD for review and approval or disapproval. Approved requests shall be forwarded to the HPM III who shall ensure timely scheduling of the request for consideration by the committee.
- (E) The DAR/DPHCRC approval process may be bypassed if the SD determines that the specialty services or consultation are required because of Emergency or Dental Priority Classification (DPC) 1A conditions.
- (F) For requests not identified as an Emergency or DPC 1A condition, the HPM III shall forward the request to the chairperson to be placed on the agenda for the next DAR Committee meeting by the OT or designated dental staff.
- (G) The agenda shall be formulated under the direction of the chairperson and distributed by the OT or designated dental staff to all attendees prior to each meeting. Requests must be received by the chairperson prior to the scheduled committee meeting.
- (H) Pre-authorization by the SD is required prior to beginning any requested treatment beyond that necessary to relieve symptoms.
- (I) The treating dentist is allowed to present the case and answer any questions the committee members may have but shall not participate in deliberations during the decision process.
- (J) The committee decision shall be based on available dental care outcome data supporting the effectiveness of the service as dental treatment, coexisting medical or dental problems, acuity of the condition, time remaining on the patient's sentence (Reference the HCDOM, Section 3.3.5.3, Appendix 1, Dental Priority Classification), availability of the service(s), and cost.
- (K) Requests Submitted for DAR Committee Deliberation
1. Requests for extractions and treatment of fractures and/or oral pathology shall be submitted to the DAR Committee for deliberation.
 2. Requests for medically necessary pre-prosthetic surgery that cannot be accomplished by CDCR dentists at the local institution (Reference the HCDOM, Section 3.3.2.6(c)(1)(E)) shall be submitted to the DAR Committee for deliberation.
 3. The above requests do not require submission to the DPHCRC for evaluation and final approval.
- (L) Requests submitted to the DAR Committee for services other than those listed in Section (c)(4)(K) shall be forwarded to the DPHCRC.
- (M) The HPM III shall:
1. Ensure that institution DAR Committee decisions requiring DPHCRC involvement are forwarded to the DPHCRC along with all supporting documentation.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES
Health Care Department Operations Manual

2. Monitor the DAR/DPHCRC approval process and ensure scheduling of any approved specialty appointment(s) in conjunction with the UM nurse if necessary.
 3. Request timely notification by the UM nurse of completed specialty care appointments.
 4. Ensure that the required DAR Committee reviews, decisions, notification of treating dentists and referrals to DPHCRC meet the stipulated time limits.
- (N) The SD shall share the DAR Committee's or DPHCRC's approval or denial of a request with the attending dentist. The attending dentist shall document DAR Committee and DPHCRC final decisions in a clinical note in the EDRS, in accordance with EDRS Workflow 1-2 and associated Back Office Job Aid. Only when a request is denied and treatment will not be provided shall the attending dentist promptly inform the patient of the denial and shall document the notification in a clinical note in the EDRS, in accordance with EDRS Workflow 1-2 and associated Back Office Job Aid.
- (5) Operational Steps for Requests or Referrals Not Requiring DAR Committee Action
- (A) For requests or referrals for consultation with institution health care providers, the treating dentist shall enter a Dental Consultation Treatment Request in the EDRS Treatment Request Manager and place the appropriate order in the Electronic Health Record System in accordance with EDRS Workflow 1-7.1 and associated Back Office Job Aid.
- (B) In addition, the treating dentist shall:
1. Document the request in a clinical note in the EDRS, in accordance with EDRS Workflow 1-2 and associated Back Office Job Aid.
 2. Discuss the request or referral with the patient.
- (6) The OT or designated dental staff, under the direction of the treating dentist, shall monitor requests or referrals for consultation as outlined in the HCDOM, Section 3.3.5.8(c)(7).

References

- California Code of Regulations, Title 15, Division 3, Chapter 2, Subchapter 2, Article 1, Section 3999.200(c)
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.2.6, Dental Prosthodontic Services
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.5.3, Dental Priority Classification
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.5.8, Continuity of Care
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.6.6, Dental Holds and Patient Transport-Transfers

Revision History

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