

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

3.3.5.14 Dental Care

(a) Policy

The California Department of Corrections and Rehabilitation (CDCR) shall provide medically necessary dental care for all patients in a timely manner, under the direction and supervision of dentists licensed by the Dental Board of California. Such care shall be based on medical necessity and supported by outcome data as effective dental care.

(b) Purpose

To determine and define the scope of CDCR dental services and to establish procedures and guidelines for the delivery of dental care to patients incarcerated in CDCR facilities.

(c) Procedure

- (1) Dental screenings at Reception Centers (RC) and/or comprehensive dental examinations and treatment plan formulations at RCs or Mainline Facilities shall be performed only by a licensed CDCR or contract dentist.
- (2) Only CDCR employed dental staff, contractors paid to perform health care services for CDCR patients, or persons employed as health care consultants shall be permitted, within the scope of their licensure and professional practice, to diagnose the dental needs of or prescribe medication and/or provide dental treatment for patients.
- (3) Within 60 calendar days of assignment to an RC, all patients shall receive:
 - (A) A dental screening as part of their initial health assessment. (Reference the Health Care Department Operations Manual [HCDOM], Section 3.3.2.2(c)(1)(B) for exceptions).
 1. The dental screening results shall be documented as described in the HCDOM, Section 3.3.2.2(c)(1)(C).
 2. The screening dentist shall review the results with the patient.
 - (B) Education on oral hygiene as outlined in the HCDOM, Section 3.3.2.2(c)(1)(A)2.
- (4) All patients assigned to a Mainline Facility shall be eligible to receive:
 - (A) An initial comprehensive dental examination in the manner and within the timeframes outlined in the HCDOM, Section 3.3.2.3, Comprehensive Dental Examinations – Mainline Facility.
 - (B) Oral hygiene instruction by a dental assistant or other properly trained health care personnel in the manner and within the timeframes outlined in the HCDOM, Section 3.3.2.13, Facility Level Dental Health Orientation/Self-Care.
 - (C) Dental care as medically indicated and documented in the EDRS dental treatment plan. (Reference the eligibility requirements for care outlined in the HCDOM, Section 3.3.5.3, Appendix 1, Dental Priority Classification.
- (5) In the provision of dental treatment, CDCR dentists shall:
 - (A) Monitor patients with the following conditions and shall adhere to the appropriate protocols. [Reference the University of the Pacific, School of Dentistry, Protocols for the Dental Management of Medically Complex Patients (MCV)].
 1. Hypertension.
 2. Anticoagulant therapy.
 3. Infective endocarditis (IE) Risk.
 4. Prosthetic cardiac valve.
 5. Total joint replacement.
 6. HIV/AIDS.
 7. Bisphosphonate therapy.
 8. Diabetes.
 9. Pregnancy.
 - (B) Follow the practice of providing comprehensive care wherever possible, rather than episodic care, and utilizing the principles of quadrant dentistry by performing multiple procedures during an encounter. This includes treating conditions with different Dental Priority Classifications and/or located in different quadrants during the same encounter regardless of eligibility requirements outlined in the HCDOM, Section 3.3.5.3, Appendix 1, Dental Priority Classification.
- (6) CDCR dentists shall refer for follow-up with the facility clinic Registered Nurse or appropriate Mental Health Clinician, any patient who displays inappropriate hygiene management or manifests behavior such as refusing to shower for an extended period of time, fecal smearing, urinating on the floor, food smearing, or similar inappropriate actions. (Reference the HCDOM, Section 4.1.2, Hygiene Intervention).
- (7) The Health Program Manager III of each institution shall be responsible for tracking the scheduling and provision of screenings, examinations and dental care for patients.

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(8) Excluded Services

- (A) Excluded dental services refer to attempted curative treatments and do not preclude palliative therapies to alleviate serious debilitating conditions such as pain management and nutritional support.
- (B) Dental services or treatment shall not be routinely provided for the following conditions:
1. Conditions that improve on their own such as:
 - a. Benign oral lesions.
 - b. Traumatic oral ulcers.
 - c. Recurrent aphthous ulcer.
 2. Conditions that are not readily amenable to treatment, including, but not limited to:
 - a. Shrinkage and atrophy of the bony ridges of the jaws.
 - b. Benign root fragments whose removal would cause greater damage or trauma than if retained for observation.
 - c. Temporomandibular Joint dysfunction.
 3. Cosmetic procedures, which may include, but are not limited to:
 - a. Removal of existing body-piercing metal or plastic rings or similar devices within the oral cavity, except for security reasons.
 - b. Restoration or replacement of teeth for esthetic reasons.
 - c. Restoration of any natural or artificial teeth with unauthorized biomaterials.
 4. Surgery that is not medically necessary, which may include, but is not limited to:
 - a. Extractions of asymptomatic teeth or root fragments unless required for a dental prosthesis, or for the general health of the patient's mouth.
 - b. Removal of a benign bony enlargement (torus) unless required for a dental prosthesis.
 - c. Surgical extraction of asymptomatic un-erupted teeth.
 5. Services that have no established outcome on morbidity or improved mortality for health conditions.
 6. Root canals on posterior teeth (bicuspid and molars).
 7. Implants.
 8. Fixed prosthodontics (dental bridges).
 9. Laboratory processed crowns.
 10. Orthodontics.

(9) Exceptions to Excluded Dental Services

Treatment for conditions that are excluded within these regulations may be provided in cases where all of the following criteria are met:

- (A) The patient's attending dentist prescribes the treatment.
- (B) The treatment is medically necessary.
- (C) The service is approved by the facility's Dental Authorization Review Committee as well as the Dental Program Health Care Review Committee. (Reference the HCDOM, Section 3.3.4.5(c)(3) and (4)). The decision to approve an otherwise excluded service shall be based on:
1. Medical necessity.
 2. Approved health care outcome data supporting the effectiveness of the services as clinical treatment.
 3. Co-existing medical problems.
 4. Acuity.
 5. Length of inmate's sentence.
 6. Availability of service.
 7. Cost.
 8. Other factors.

References

- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.2.2, Dental Care – Reception Center
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.2.3, Comprehensive Dental Examinations – Mainline Facility

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- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.2.13, Facility Level Dental Health Orientation and Self-Care
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.4.5, Dental Authorization Review Committee
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.5.3, Dental Priority Classification
- Health Care Department Operations Manual, Chapter 4, Article 1, Section 4.1.2, Hygiene Intervention

Revision History

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