

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

**3.3.5.4 Dental Priority Classification (E)**

**(a) Policy**

The dental treatment needs of California Department of Corrections and Rehabilitation (CDCR) patients shall be addressed based on the priority of need, time remaining on their sentence (Reference Appendix 1, Dental Priority Classifications), and where applicable, the patient's demonstrated willingness to engage in proper oral hygiene. A CDCR dentist shall assign an objective Dental Priority Classification (DPC) to each newly admitted patient upon entering the CDCR and after each dental encounter.

**(b) Purpose**

To ensure that all patients have equal access to dental services based upon the occurrence of disease, significant malfunction, or injury and clinical necessity.

**(c) Procedure**

- (1) All patients shall be assigned a DPC at the Reception Center Screening, at the time of their comprehensive dental examination at a Mainline Facility and after each face-to-face triage, limited problem focused exam or treatment encounter. This DPC shall be reviewed and appropriately modified after each dental encounter.
- (2) Dental treatment shall be prioritized as follows:
  - (A) DPC 1A, 1B, 1C: Urgent Care.
  - (B) DPC 2: Interceptive Care.
  - (C) DPC 3: Routine Rehabilitative Care.
  - (D) DPC 4: No Dental Care Needed.
  - (E) DPC 5: Special Dental Needs Care.
- (3) Emergency dental treatment shall be available on a 24 hour, seven days per week basis.
- (4) In general, dental encounters shall be scheduled based on the patient's DPC, as determined by a CDCR dentist.
- (5) Once a dentist has diagnosed a dental condition, treatment shall be initiated within the timeframes indicated for each DPC and subject to the limitations listed in Section (c)(7) and (8).
- (6) The DPC timeframe shall be adhered to so long as it is consistent with the community standard of care for general dentistry. Deviation from the DPC timeframe is permitted if complying with the DPC timeframes is not, for whatever reason, in the best interest of the patient. In such instances, the clinician shall document in the progress notes that he or she is deviating from the Health Care Department Operations Manual (HCDOM), Chapter 3, Article 3, Dental Care and that the deviation is consistent with the community standard of care.
- (7) Patient eligibility for DPC 3 care shall be subject to the requirements outlined in the HCDOM, Section 3.3.2.13(c)(2).
- (8) Patients with less than 12 months of verifiable, continuous incarceration time remaining on their sentence in a Mainline Facility shall receive only Emergency and DPC 1 and 2 dental care. Patients with less than six months of verifiable, continuous incarceration time remaining on their sentence in a Mainline Facility shall receive only Emergency and DPC 1 dental care.
- (9) Each institutional dental department shall generate a CDCR 128-D, Dental Priority Classification Chrono, indicating when a patient's dental condition changes from one DPC to another. The CDCR 128-D shall indicate the patient's new DPC.
  - (A) Copies shall be distributed to the health record, Central File and Correctional Counselor if the patient is housed at an institution where the Electronic Health Records System (EHRS) has not been implemented.
  - (B) Dental staff shall generate the CDCR 128-D by placing an order in PowerChart if the patient is housed at an institution where the EHRS has been implemented. The DPC is automatically sent to the Strategic Offender Management System therefore distributing copies of the CDCR 128-D is not necessary.

**Revision History**

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**Appendix 1**  
**Dental Priority Classifications**

Dental Priority Classification (DPC)	DESCRIPTION OF NEED	ELIGIBILITY REQUIREMENTS**
<b>Emergency Care:</b> Immediate Treatment	Any dental condition for which evaluation and treatment are immediately necessary to prevent death, severe or permanent disability, or to alleviate or lessen disabling pain as determined by health care staff.	All patients are eligible for Emergency Care regardless of time remaining on their sentence or PI score.
<b>DPC 1A – 1C* Urgent Care:</b>		
<b>1A:</b> Treatment within one calendar day.	Patients with a dental condition of sudden onset or in severe pain, which prevents them from carrying out essential activities of daily living.	All patients are eligible for DPC 1 Care regardless of time remaining on their sentence or Plaque Index (PI) score.
<b>1B:</b> Treatment within 30 calendar days.	Patients requiring treatment for a sub-acute hard or soft tissue condition that is likely to become acute without early intervention.	
<b>1C:</b> Treatment within 60 calendar days.	Patients requiring early treatment for any unusual hard or soft tissue pathology.	
<b>DPC 2*</b> Interceptive Care: Treatment within 120 calendar days.	Advanced caries or advanced periodontal pathology requiring the use of intermediate therapeutic or palliative agents or restorative materials, mechanical debridement, or surgical intervention. Edentulous or essentially edentulous (with no posterior teeth in occlusion) requiring a complete and/or removable partial denture. Moderate, Severe, or Aggressive Periodontitis requiring scaling and root planing. (Reference the Health Care Department Operations Manual [HCDOM], Section 3.3.2.4, Periodontal Disease Program). Restoration of essential physiologic relationships.	Patients must have over six (6) months remaining on their sentence within a CDCR institution at the time DPC 2 care is initiated and are eligible regardless of PI score.
<b>DPC 3*</b> Routine Rehabilitative Care: Treatment within one year.	An insufficient number of posterior teeth to masticate a regular diet (seven [7] or fewer occluding natural or artificial teeth), requiring a maxillary and/or mandibular partial denture; one or more missing anterior teeth resulting in the loss of anterior dental arch integrity, requiring an anterior partial denture. Carious or fractured dentition requiring restoration with definitive restorative materials or transitional crowns. Gingivitis requiring routine prophylaxis or Mild Periodontitis requiring scaling and root planing. (Reference the HCDOM, Section 3.3.2.4, Periodontal Disease Program). Definitive root canal treatment for anterior teeth, which are restorable with available restorative materials. The patient's overall dentition must fit the criteria in the HCDOM, Section 3.3.2.9, Endodontics. Non-vital, non-restorable erupted teeth requiring extraction.	Patients must: <ul style="list-style-type: none"> <li>• Have at least 12 months remaining on their sentence within a CDCR institution at the time DPC 3 care is initiated.</li> <li>• Have an acceptable PI score as outlined in Section 3.3.2.13(c)(2).</li> </ul>
<b>DPC 4:</b> No Dental Care Needed	Patients with no dental conditions diagnosed for treatment; therefore not appropriate for inclusion in DPC 1, 2, 3, or 5.	
<b>DPC 5:</b> Special Dental Needs Care	Patients with special dental needs (Reference the HCDOM, Section 3.3.4.5, Dental Authorization Review Committee, for methods of recommending treatment).	All patients with special dental needs are eligible for DPC 5 Care regardless of time remaining on their sentence and shall meet PI score eligibility requirements if applicable.

\*Treatment to be initiated within the specified timeframe, from the date of diagnosis.

\*\*Eligibility determined by time remaining on their sentence and where applicable PI score.