



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



January 30, 2023

NOTICE OF CHANGE TO TEXT AS ORIGINALLY PROPOSED

The California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) are providing notice of proposed changes to the Department's regulations concerning dental care, which were published in the California Regulatory Notice Register on May 6, 2022. The Department is providing notice of these proposed changes and an opportunity for public comment in accordance with Government Code section 11346.8(c) and California Code of Regulations (CCR), Title 15, section 44. You are receiving this notice because you provided written comment (including comments submitted via e-mail) or expressed an interest in receiving notice of changes regarding this rulemaking action.

Enclosed with this Notice of Change to Text as Originally Proposed, please find an Addendum to the Initial Statement of Reasons (ISOR) and revised regulatory text. The Addendum to the ISOR is added to the rulemaking record to amend necessity regarding sections 3999.99, 3999.365, and 3999.367 of the CCR, Title 15, Division 3, Chapter 2, addressing changes made to the regulatory text in order to ensure health care forms are referenced clearly and correctly.

To provide notice of the proposed changes to the public, this Notice is posted on the CCHCS Internet website at: <https://cchcs.ca.gov/health-care-regs/>.

The comment period for these changes will close on February 15, 2023. Please submit comments by email to HealthCareRegulations@cdcr.ca.gov or in writing to the Department's contact person at the address below before the close of the public comment period. Comments must be received no later than 5:00 p.m. on February 15, 2023. Only those comments relating directly to the amendments that are indicated by double underline or ~~double strikethrough~~ will be considered.

Inquiries regarding this notice should be directed to R. Hart, Associate Director, Risk Management Branch, CCHCS, P.O. Box 588500, Elk Grove, CA 95758, by telephone at (916) 691-2921, or e-mail at HealthCareRegulations@cdcr.ca.gov. In the event the contact person is unavailable, inquiries should be directed to S. Kloss, Staff Services Manager I, Health Care Regulations and Policy Section, CCHCS, at (916) 691-2922

ADDENDUM – INITIAL STATEMENT OF REASONS

NCHCR 22-03 Dental Care

After publication of the regulatory text and Initial Statement of Reasons (ISOR), the Department determined that amendments to the text and ISOR were necessary for corrective and clarity purposes. The Department wishes to correct and/or clarify the following language as stated in the ISOR:

Page 3, Chapter 2. Rules and Regulations of Health Care Services:

The following is added immediately beneath the heading above:

“Article 2. Health Care Forms

Section 3999.99. Forms.

Section 3999.99 is amended to incorporate by reference the CDCR 7441, Patient Acknowledgment of Receipt of Dental Materials Fact Sheet. This is necessary for consistency in referencing health care forms within Title 15, Division 3, Chapter 2.”

Page 12, New sections 3999.367(i)(1) - 3999.367(i)(A), formerly sections 3999.367(a)(1) - 3999.367(a)(1)(A) respectively are unchanged:

The above heading is restated as follows:

New section 3999.367(i)(1), formerly section 3999.367(a)(1) is unchanged.

New section 3999.367(i)(1)(A), formerly section 3999.367(a)(1)(A) is amended for referencing but remains substantively unchanged.

Page 14, Specific Purpose and Rationale for Each Form Proposed for Amendment, Adoption, or Repeal:

The above heading is added and is followed by:

New CDCR 7441 (Rev. 8/20), Patient Acknowledgement of Receipt of Dental Materials Fact Sheet, is incorporated by reference and adopted to require health care staff to obtain patient written acknowledgement that the patient was provided with information concerning the risks and benefits of all the dental materials used in the restoration of teeth. This is necessary for the Department to comply with California *Business and Professions Code 1648.10-1648.20*.

NOTICE OF CHANGE TO TEXT AS ORIGINALLY PROPOSED

In the following regulations text and forms, double underline indicates text added and ~~double strikethrough~~ indicates text deleted since the original Notice of Change to Health Care Regulations.

The single underline and ~~single strike through~~ formatting from the original proposed text noticed to the public has been retained.

California Code of Regulations, Title 15, Division 3, Adult Institutions, Programs, and Parole

Chapter 2. Rules and Regulations of Health Care Services

Article 2. Health Care Forms

Section 3999.99 is amended to incorporate in alpha-numerical order the following, and all other text within this section remains the same:

Section 3999.99. Forms.

CDCR 7441 (Rev. 8/20), Patient Acknowledgement of Receipt of Dental Materials Fact Sheet.

Subchapter 3. Health Care Operations

Article 6. Dental Care

Section 3999.365 is amended to read:

3999.365. Scope of Services ~~Dental Authorization Review Committee.~~

(a) Reception Centers.

(1) Within 60 calendar days of a patient's arrival at a Reception Center (RC), a dentist shall perform a dental screening for patients who qualify. Patients who received a dental screening at an RC or a comprehensive dental examination at their endorsed institution within the past six months need not receive a new RC dental screening except as determined by the treating dentist. This includes patients who have paroled and are rearrested as well as those who transfer from one RC to another.

(2) Patients remaining at an RC for 180 calendar days or longer and who are pending assignment to their endorsed institution shall be notified within 10 business days after completion of the 180th calendar day that they are eligible to receive an initial comprehensive dental examination performed by a dentist according to the terms described in subsection (b)(1).

(3) Dental treatment provided to RC patients shall be limited to the treatment of Emergency and Urgent Care dental conditions, as defined in sections 3999.367(b)(1) and (b)(2). Patients who remain at an RC for 90 calendar days or longer and who are pending assignment to their endorsed institution may submit a CDCR 7362, Health Care Services Request Form, as provided in section 3999.99, to request interceptive care, as defined in section 3999.367(b)(3), excluding prosthetics. Upon receipt of a CDCR 7362, the dentist shall exercise clinical judgment in considering treatment for an Interceptive Care condition for the patient.

(b) Comprehensive Dental Examination - Endorsed Institution.

(1) Within ten business days of arrival at their endorsed institution, patients shall be notified that they are eligible to receive an initial comprehensive dental examination performed by a dentist.

(A) A dentist shall review each patient's dental health history at the time of the initial or periodic comprehensive dental examination and prior to providing treatment. The review shall consist of asking the patient a standardized series of questions to validate the patient's health history found in the health record.

(B) The dentist shall formulate and document a dental treatment plan.

(2) Re-examination. After the initial comprehensive dental examination, patients at their endorsed institution shall be notified that they are eligible to receive a periodic comprehensive dental examination by a dentist as follows:

(A) Every 2 years (biennially), up to the age of 50.

(B) Annually starting at the age of 50 or regardless of age when the patient is diagnosed with diabetes, Human Immunodeficiency Virus (HIV), or seizure(s).

(c) Periodontal Disease Program. The Department shall maintain a periodontal disease program for the diagnosis and treatment of periodontal disease. Periodontal treatment:

(1) Shall be available to patients based on the presence of a comprehensive dental examination with a treatment plan, prior completion of Urgent Care dental treatment as defined in section 3999.367(b)(2), and time remaining on their sentence as defined in sections 3999.367(b)(3) and 3999.367(b)(4).

(2) Shall consist of non-surgical scaling and root planing.

(d) Periodontal Disease Program for Pregnant Patients. Within the second trimester of gestation and regardless of their plaque index score, pregnant patients shall receive a comprehensive dental examination, periodontal examination, oral hygiene instruction, and the necessary periodontal treatment in order to maintain periodontal health during the gestation period.

(e) Dental Prosthodontic Services.

(1) When a patient's treatment plan includes a dental prosthesis, the treating dentist shall inform the patient that the prosthesis may not be completed prior to the patient's release or parole date.

(2) A dental prosthesis shall be constructed when all of the following conditions are met:

(A) The dentist believes the patient can tolerate it and can be expected to use it on a regular basis.

(B) A patient is edentulous, is missing an anterior tooth, or has seven or fewer upper and lower posterior teeth in occlusion.

(C) All diagnosed preventive, restorative, endodontic, and oral surgery procedures have been completed.

(D) The active therapy phase of periodontal therapy has been completed and the patient is free of periodontal disease or is in periodontal maintenance.

(E) Clinically adequate and diagnostic radiographs are present in the health record prior to initiating dental prosthodontic services.

(F) The patient has an Interceptive Care prosthetic need (e.g., complete denture) and is eligible pursuant to section 3999.367(b)(3); or the patient has a Routine Rehabilitative Care prosthetic need (e.g., partial denture) pursuant to section 3999.367(b)(4). Time requirements for eligibility, pursuant to sections 3999.367(b)(3) and 3999.367(b)(4), pertaining to the patient's sentence, are calculated from the date final impressions are taken.

(3) Dental prostheses which are fabricated for patients shall have the patient's last name and CDCR number embedded into the prosthesis for identification purposes.

(f) Dental Restorative Services. The Department shall provide patients with dental restorative services utilizing American Dental Association (ADA) and Department approved dental restorative materials. Dental restorative services shall be limited to the restoration of carious teeth with enough structural integrity to provide long-term stability.

(g) Oral Surgery. A full range of necessary oral surgery procedures including biopsies shall be available to patients regardless of time remaining on their sentence. Medically necessary oral surgery procedures that cannot be accomplished at the local institution shall be made available by referring the patient to contracted oral surgeons, or to outside facilities.

(h) Root Canal Therapy (Endodontics).

(1) Endodontics, or root canal therapy, shall only be performed on the upper and lower six anterior teeth for a patient who meets the criteria pursuant to sections 3999.367 (b)(4)(D)1. - 4.

(2) Posterior root canal therapy may be considered pursuant to section 3999.366(b) if all the following conditions are met:

(A) Conditions listed in sections 3999.367(b)(4)(D)1. - 4.

(B) The tooth in question is vital to the patient's chewing ability.

(C) The tooth in question is essential as a support tooth for an existing removable cast partial denture or is necessary as a support tooth on a proposed removable cast partial denture for that arch.

(D) Treatment must be approved by the Dental Authorization Review (DAR) Committee and the Dental Program Health Care Review Committee prior to initiating the procedure.

(3) Root canal therapy shall not be performed when extraction of the tooth is appropriate due to non-restorability, periodontal involvement, or when the tooth can easily be replaced by an addition to an existing or proposed prosthesis in the same arch.

(i) Orthodontics. Removal of orthodontic bands/brackets or arch wires shall be at the discretion of the treating dentist and does not require approval by the DAR Committee.

(j) Facility Level Dental Health Orientation and Self-Care.

(1) Within 14 business days of arrival at an endorsed institution, patients shall receive information regarding dental health services.

(2) Patients at an endorsed institution shall receive a baseline plaque index score as well as oral hygiene instruction at the time of their comprehensive dental examination and treatment plan formulation.

(3) Patients with a plaque index score above 20 percent or who refuse oral hygiene instruction shall receive only Emergency Care, Urgent Care, Interceptive Care, and Special Dental Needs Care, as these terms are described in sections 3999.367(b)(1), (b)(2), (b)(3), and (b)(6), respectively.

(4) Patients shall be allowed to brush their teeth at least once a day within the facility's security guidelines and encouraged to brush after meals.

(5) Patients shall be allowed to use dental floss or flossers once a day within the facility's security guidelines.

~~-(a) Each institution shall maintain a Dental Authorization Review (DAR) Committee. The DAR Committee shall approve or disapprove requests for:~~

~~-(1) Dental services otherwise excluded pursuant to section 3999.200(b).~~

~~-(2) Deviations from treatment policy.~~

~~-(3) Medically necessary treatment, that requires a contracted specialist to provide treatment at the local institution.~~

- ~~–(4) Medically necessary treatments, diagnostic studies, or consultations, that cannot be accomplished at the local institution.~~
- ~~–(5) Treatment recommendations for special dental care needs.~~
- ~~–(b) 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 and shall be based on criteria established in section 3999.200(c). DAR Committee decisions shall be documented in the patient's health record. Cases that receive DAR Committee approval and that require Dental Program Health Care Review Committee (DPHCRC) approval pursuant to section 3999.366(a), shall be forwarded, along with all supporting documentation, to the DPHCRC. The treating dentist shall notify the patient of the DAR Committee's decision.~~
- ~~–(c) The DAR Committee and DPHCRC approval process may be bypassed if the Supervising Dentist determines that the specialty services or consultation are required because of an Emergency dental condition, as defined in section 3999.367(f)(1), or an Urgent dental condition requiring that treatment be initiated within one calendar day, as defined in section 3999.367(f)(2).~~

Note: Authority cited: Section 5058, Penal Code. Reference: Sections 3424 and 5054, Penal Code; and *Perez, et al. v. Cate, et al.*, (No. C05-05241 JSW), U.S. District Court, Northern District of California.

Section 3999.367 is amended to read:

3999.367. Dental Clinic Operations ~~Dental Care~~.

(a) Priority Health Care Services Ducat Utilization. The Department shall maintain and utilize a system of priority ducats to provide patients timely access to dental care, provide a system of accountability for the distribution and delivery of health care ducats, and provide a method for documenting and processing a patient's refusal or failure to report for scheduled dental appointments.

(1) A patient who wishes to refuse, cancel or reschedule a dental appointment, shall do so in person at the scheduled appointment; custody staff shall not accept refusals on behalf of the patient. The patient's cancellation or request for rescheduling a dental appointment shall be regarded as a refusal.

(2) If a patient's scheduled appointment for Urgent Care, as defined in subsection (b)(2)(A), is cancelled or rescheduled by dental staff, or if a patient unintentionally fails to report to a dental appointment for Urgent Care as defined in subsection (b)(2)(A), the dentist shall see the patient within one calendar day. For other dental care needs, the dentist shall see the patient within 35 calendar days of the cancelled appointment or unintentional failure, or consistent with the timeframe associated with the original Dental Priority Classification (DPC) assigned at the date of diagnosis, whichever is shorter.

(3) If a patient's appointment for a face-to-face triage or limited problem focused exam encounter is cancelled or rescheduled by the dental clinic, or if a patient unintentionally fails to appear for a face-to-face triage or limited problem focused exam encounter, then the patient shall be seen by a dentist for a face-to-face triage or limited problem focused exam encounter within three business days.

(4) Intentional failure to report to a dental appointment on the part of the patient shall be documented as a refusal and shall not be subject to cell extraction or use of force to gain compliance with the priority health care ducat.

(5) Custody Staff may initiate progressive inmate disciplinary action, based on the factors of the patient's failure to report (pursuant to Chapter 1, Section 3312, "Disciplinary Methods").

(b) Dental Priority Classification (DPC). Patients shall be assigned a DPC at the Reception Center (RC) Screening, the comprehensive dental examination at their endorsed institution, and after each face-to-face triage, limited problem focused examination, and treatment encounter. This DPC shall be reviewed and appropriately modified after each dental encounter. Patients shall be provided equal access to dental services based upon the occurrence of disease, significant malfunction, or injury and medical necessity in accordance with the degree of urgency of a patient's dental needs as outlined in sections (b)(1) through (b)(6).

(1) Emergency Care. Emergency dental care shall be available 24 hours per day, 7 days per week for patients with a dental condition for which evaluation and treatment are immediately necessary, as determined by health care staff, to prevent death, severe or permanent disability, or to alleviate or lessen disabling pain. Patients are eligible for Emergency Care regardless of time remaining on their sentence and regardless of their plaque index score.

(2) Urgent Care. Patients shall be eligible for Urgent Care regardless of time remaining on their sentence and regardless of their plaque index score. Urgent Care shall be provided when a patients meets at least one of the following criteria:

(A) Patients with a dental condition of sudden onset or in severe pain which prevents the patient from carrying out essential activities of daily living. Treatment shall be initiated within one calendar day from the date of diagnosis.

(B) Patients requiring treatment for a sub-acute hard or soft tissue condition that is likely to become acute without early intervention. Treatment shall be initiated within 30 calendar days from the date of diagnosis.

(C) Patients requiring early treatment for any unusual hard or soft tissue pathology. Treatment shall be initiated within 60 calendar days from the date of diagnosis.

(3) Interceptive Care. Interceptive Care shall be initiated within 120 calendar days from the date of diagnosis. Patients must have over six months remaining on their sentence within the Department at the time Interceptive Care is initiated and are eligible regardless of their plaque index score. Interceptive Care shall be provided when a patient meets at least one of the following criteria:

(A) Patients with advanced caries or advanced periodontal pathology requiring the use of intermediate therapeutic or palliative agents or restorative materials, mechanical debridement, or surgical intervention.

(B) Patients who are edentulous or essentially edentulous, or who have no posterior teeth in occlusion, requiring a complete or removable partial denture.

(C) Patients with moderate or advanced periodontitis requiring non-surgical periodontal treatment (scaling and root planing).

(D) Patients requiring restoration of essential physiologic relationships.

(4) Routine Rehabilitative Care. Routine Rehabilitative Care shall be initiated within 12 months from the date of diagnosis. Patients must have at least 12 months remaining on their sentence within the Department at the time Routine Rehabilitative Care is initiated and, with the exception of treatment for periodontal pathology, shall maintain an acceptable level of oral hygiene which

shall be measured and evaluated by the use of the plaque index score. A plaque index score of 20 percent or less represents an acceptable level of oral hygiene. Routine Rehabilitative Care shall be provided when a patient meets at least one of the following criteria:

(A) Patients with an insufficient number of posterior teeth to masticate a regular diet (seven or fewer occluding natural or artificial teeth), requiring a maxillary or mandibular partial denture, or with one or more missing anterior teeth resulting in the loss of anterior dental arch integrity, requiring an anterior partial denture; or patients requiring an occlusal guard.

(B) Patients with carious or fractured dentition requiring restoration with definitive restorative materials or transitional crowns.

(C) Patients with gingivitis requiring routine prophylaxis or slight periodontitis requiring scaling and root planing.

(D) Patients requiring definitive root canal treatment for anterior teeth, which are restorable with available restorative materials. The patient's overall dentition must fit the following conditions:

1. The retention of the tooth is necessary to maintain the integrity of the dentition.
2. The tooth has adequate periodontal support and a good prognosis for long-term retention and restorability.
3. The tooth is restorable using American Dental Association (ADA) and Department approved methods and materials and does not require extensive restoration including either a pin or post retained core build up.

4. There is adequate posterior occlusion, either from natural dentition or a dental prosthesis, to provide protection against traumatic occlusal forces.

(E) Patients with non-vital, non-restorable erupted teeth requiring extraction.

(5) No dental care needed. No dental care is needed for patients not appropriate for inclusion in Emergency, Urgent, Interceptive, Routine Rehabilitative, or Special Dental Needs Care.

(6) Special Dental Needs Care. Special Dental Needs Care shall be provided to patients requiring dental services otherwise excluded pursuant to section 3999.200(b), dental care that deviates from treatment policy as well as treatments that can only be performed by a contracted specialist. Patients are eligible for Special Dental Needs Care pending DAR Committee approval regardless of time remaining on patients' sentence and shall meet plaque index score eligibility requirements, if applicable.

(c) Dental Treatment Plan. Patients who receive a comprehensive dental examination by a California Department of Corrections and Rehabilitation (CDCR) dentist at their endorsed institution shall have an individual treatment plan developed in conjunction with the examination.

(1) When a treatment plan is proposed, the patient shall be provided an explanation of its advantages and disadvantages.

(2) The patient shall receive a Dental Materials Fact Sheet (DMFS) and sign a CDCR 7441, Patient Acknowledgement of Receipt of DMFS, as provided in section 3999.99.

(d) Medical Emergencies in the Dental Clinic. The Department shall ensure that emergency medical services are provided in the dental clinic as necessary.

(e) Continuity of Care.

(1) Patients shall be provided ongoing dental care in accordance with their DPC as described in subsection (b). Dentists shall review internal consultation reports, medical and oral pathology lab reports, and reports from outside the facility that are the outcome of a Department or contracted dentist ordering the analysis within seven business days of receipt of the report(s) by the dental clinic and inform patients of the result(s) within three business days of reviewing the report(s).

(2) When dental staff becomes aware that a patient has transferred to their endorsed institution, without undergoing an RC dental screening, dental staff at the receiving institution shall schedule the patient for an RC dental screening if the patient qualifies as outlined in section 3999.365. (a)(1). Dental staff shall also follow the process regarding comprehensive dental examination eligibility notification outlined in section 3999.365(b)(1).

(f) Supplemental Nutritional Support. Nourishments and supplements may be prescribed pursuant to section 3999.308(a)(4).

(g) Restraints. If a patient requiring dental treatment also requires use of restraint gear, such restraints shall be selected to enable sitting in a dental chair and shall remain in place during the treatment. Exceptions require concurrence of the treating dentist, the escorting officer, and a lieutenant. For pregnant patients, the rules provided in sections 3268.2(b), (d), and (e) concerning the use of restraints shall be followed.

(h) Pharmaceuticals. Medications shall be available to patients with acute dental conditions in the dental clinic when medication delivery by the Triage and Treatment Area nursing or medical staff is not possible.

(1) The dentist shall act as a dispensing dentist. A dispensing dentist shall assume the requirements and responsibilities of a dispenser of medications pursuant to California Business and Professions Code section 4170.

(2) The dispensing dentist shall provide the patient with over-the-counter consumer-ready packaged analgesic medication in solid oral dosage forms, prescription medications for patients with urgent/emergent conditions, and emergency medications for medical emergencies that occur within the dental clinic.

(i) Access to Care.

(1) Patients shall have equal access to dental services by:

(A) Submitting a CDCR 7362, Health Care Services Request Form, as provided in section 3999.99, requesting dental care for which ducated face-to-face triage encounters shall be scheduled to have specific complaints addressed.

(B) Unscheduled dental encounters for Emergency or Urgent Care as defined in subsections (b)(1) and (b)(2) respectively.

(C) Referral from other health care providers, ancillary, and custodial staff.

(D) Receiving a Dental Priority Classification (DPC) based on clinical findings and radiographs.

(2) During a facility lockdown or modified program, dental staff shall coordinate with the clinic Registered Nurse, patient appointment schedulers, and custody staff to facilitate continuity of care.

(A) A lockdown or modified program shall not prevent the completion of scheduled dental encounters, and custody personnel shall escort the patient to the dental clinic, subject to security concerns.

(B) In facilities or housing units on modified program or lockdown status, a system shall be maintained to provide patients access to health care services.

(j) Dental Care. In the provision of dental treatment, Department dentists shall ensure dental recommendations and procedures do not adversely affect patient's medically complex conditions. Medically complex conditions include:

(1) Hypertension.

(2) Anticoagulant therapy.

(3) Infective endocarditis risk.

(4) Prosthetic cardiac valve.

- (5) Total joint replacement.
- (6) HIV/AIDS.
- (7) Bisphosphonate therapy.
- (8) Diabetes.
- (9) Pregnancy.
- ~~-(a) Access to Dental Care.~~
 - ~~-(1) Patients shall have equal access to dental services by:~~
 - ~~-(A) Submitting a CDCR 7362, Health Care Services Request Form, requesting dental care for which ducated face-to-face triage encounters shall be scheduled to have specific complaints addressed.~~
 - ~~-(B) Unscheduled dental encounters for emergency and urgent dental services.~~
 - ~~-(C) Referral from other health care providers, ancillary, and custodial staff.~~
 - ~~-(D) Receiving a Dental Priority Classification (DPC) based on clinical findings and radiographs.~~
 - ~~-(2) During a facility lockdown or modified program, dental staff shall coordinate with the clinic Registered Nurse, patient appointment schedulers, and custody staff to facilitate continuity of care.~~
 - ~~-(A) A lockdown or modified program shall not prevent the completion of scheduled dental encounters, and custody personnel shall escort the patient to the dental clinic, subject to security concerns.~~
 - ~~-(B) In facilities or housing units on modified program or lockdown status, a system shall be maintained to provide patients access to health care services.~~
 - ~~-(3) If a patient's scheduled appointment for Urgent Care, as defined in subsection (f)(2)(A), is cancelled or rescheduled by dental staff or if a patient unintentionally fails a dental appointment for Urgent Care as defined in subsection (f)(2)(A), the dentist shall see the patient within one calendar day. For all other dental care needs, the dentist shall see the patient within 35 calendar days of the cancelled appointment or unintentional failure, or consistent with the timeframe associated with the original DPC assigned at the date of diagnosis, whichever is shorter.~~
 - ~~-(4) If a patient's appointment for a face-to-face triage or limited problem focused exam encounter is cancelled or rescheduled by the dental clinic, or if a patient unintentionally fails a face-to-face triage or limited problem focused exam encounter, then the patient shall be seen by a dentist for a face-to-face triage or limited problem focused exam encounter within three business days.~~
 - ~~-(b) Continuity of Care. Patients shall be provided ongoing dental care in accordance with their DPC as described in subsection (f). Dentists shall review internal consultation reports, medical and oral pathology lab reports, and reports from outside the facility that are the outcome of a Department or contracted dentist ordering the analysis within seven business days of receipt of the report(s) from the dental clinic and inform patients of the result(s) within three business days of reviewing the report(s).~~
 - ~~-(c) The Department shall operate in accordance with the California Dental Practice Act, division 2, chapter 4 of the Business and Professions Code (commencing with section 1600), and ensure that all patient protection provisions of the Act are in force.~~
 - ~~-(d) Dental Program Organizational Structure. The dental program shall maintain a regional administrative structure organized into four regions which shall include a Regional Dental Director and program compliance staff consisting of clinical and non-clinical reviewers. Each region shall monitor quality of care and dental program policy compliance at the institutions.~~
 - ~~-(e) Examination and treatment rooms for dental care shall be large enough to accommodate the equipment and fixtures needed to deliver adequate dental services.~~

~~-(f) Dental Priority Classification. Patients shall be assigned a DPC at the Reception Center Screening, at the time of their comprehensive dental examination at their endorsed institution, 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. Patients shall be provided equal access to dental services based upon the occurrence of disease, significant malfunction, or injury and medical necessity in accordance with the degree of urgency of a patient's dental needs.~~

~~-(1) Emergency Care. Any dental condition for which evaluation and treatment are immediately necessary, as determined by health care staff, to prevent death, severe or permanent disability, or to alleviate or lessen disabling pain. Emergency dental treatment shall be available on a 24 hour, seven day per week basis. Patients are eligible for Emergency Care regardless of time remaining on their sentence and regardless of their plaque index score.~~

~~-(2) Urgent Care.~~

~~-(A) Patients with a dental condition of sudden onset or in severe pain which prevents the patient from carrying out essential activities of daily living. Treatment shall be initiated within one calendar day from the date of diagnosis.~~

~~-(B) Patients requiring treatment for a sub-acute hard or soft tissue condition that is likely to become acute without early intervention. Treatment shall be initiated within 30 calendar days from the date of diagnosis.~~

~~-(C) Patients requiring early treatment for any unusual hard or soft tissue pathology. Treatment shall be initiated within 60 calendar days from the date of diagnosis.~~

~~-(D) Patients are eligible for Urgent Care regardless of time remaining on their sentence and regardless of their plaque index score.~~

~~-(3) Interceptive Care.~~

~~-(A) Patients with advanced caries or advanced periodontal pathology requiring the use of intermediate therapeutic or palliative agents or restorative materials, mechanical debridement, or surgical intervention.~~

~~-(B) Patients who are edentulous or essentially edentulous, or who have no posterior teeth in occlusion, requiring a complete or removable partial denture.~~

~~-(C) Patients with moderate or advanced periodontitis requiring non-surgical periodontal treatment (scaling and root planing).~~

~~-(D) Patients requiring restoration of essential physiologic relationships.~~

~~-(E) Treatment shall be initiated within 120 calendar days from the date of diagnosis.~~

~~-(F) Patients must have over six months remaining on their sentence within the Department at the time Interceptive Care is initiated and are eligible regardless of their plaque index score.~~

~~-(4) Routine Rehabilitative Care.~~

~~-(A) Patients with an insufficient number of posterior teeth to masticate a regular diet (seven or fewer occluding natural or artificial teeth), requiring a maxillary or mandibular partial denture, or with one or more missing anterior teeth resulting in the loss of anterior dental arch integrity, requiring an anterior partial denture.~~

~~-(B) Patients with carious or fractured dentition requiring restoration with definitive restorative materials or transitional crowns.~~

~~-(C) Patients with gingivitis requiring routine prophylaxis or mild periodontitis requiring scaling and root planing.~~

~~-(D) Patients requiring definitive root canal treatment for anterior teeth, which are restorable with available restorative materials. The patient's overall dentition must fit the following conditions:~~

~~-1. The retention of the tooth is necessary to maintain the integrity of the dentition.~~

~~-2. The tooth has adequate periodontal support and a good prognosis for long-term retention and restorability.~~

~~-3. The tooth is restorable using American Dental Association (ADA) and Department approved methods and materials and does not require extensive restoration including either a pin or post retained core build-up.~~

~~-4. There is adequate posterior occlusion, either from natural dentition or a dental prosthesis, to provide protection against traumatic occlusal forces.~~

~~-(E) Patients with non-vital, non-restorable erupted teeth requiring extraction.~~

~~-(F) Treatment shall be initiated within one year from the date of diagnosis.~~

~~-(G) Patients must have at least 12 months remaining on their sentence within the Department at the time Routine Rehabilitative Care is initiated and, with the exception of treatment for periodontal pathology, must maintain an acceptable level of oral hygiene which shall be measured and evaluated by the use of the plaque index score. A plaque index score of 20 percent or less represents an acceptable level of oral hygiene.~~

~~-(5) No dental care needed. Patients not appropriate for inclusion in Emergency, Urgent, Interceptive, Routine Rehabilitative, or Special Dental Needs Care.~~

~~-(6) Special Dental Needs Care. Patients with special dental needs including patients requiring dental care that is a deviation from treatment policy as well as treatments that may require a contracted specialist or that cannot be accomplished at the institution.~~

~~(g) Reception Centers.~~

~~-(1) Within 60 calendar days of a patient's arrival at a Reception Center (RC), a dentist shall perform a dental screening for patients who qualify. Patients who received a dental screening at an RC or a comprehensive dental examination at their endorsed institution within the past six months need not receive a new RC dental screening except as determined by the treating dentist. This includes patients who have paroled and are rearrested as well as those who transfer from one RC to another.~~

~~-(2) Inmates remaining on RC status at an RC for 180 calendar days or longer shall be notified within 10 business days after completion of the 180th day that they are eligible to receive an initial comprehensive dental examination performed by a dentist according to the terms described in subsection (h)(1).~~

~~-(3) Dental treatment provided to RC patients shall be limited to the treatment of Emergency and Urgent Care dental conditions, as defined in subsections (f)(1) and (f)(2). Patients who remain on RC status in an RC for 90 calendar days or longer may submit a CDCR 7362 to request Interceptive Care, as defined in subsection (f)(3), excluding prosthetics. Upon receipt of a CDCR 7362, the dentist shall exercise professional judgment in considering treatment for an Interceptive Care condition for the patient.~~

~~-(h) Endorsed Institution.~~

~~-(1) Within ten business days of arrival at their endorsed institution, all patients shall be notified that they are eligible to receive an initial comprehensive dental examination performed by a dentist who shall formulate and document a dental treatment plan.~~

~~-(2) When dental staff becomes aware that a patient has transferred to their endorsed institution, without undergoing an RC dental screening, dental staff at the receiving institution shall schedule~~

~~the patient for a face-to-face triage encounter to see if the patient has any Emergency or Urgent Care dental conditions, as defined in subsections (f)(1) and (gf)(2), respectively. Dental staff shall also follow the process regarding comprehensive dental examination eligibility notification outlined in subsection (h)(1).~~

~~-(3) When a treatment plan is proposed, the patient shall be provided an explanation of its advantages and disadvantages.~~

~~-(4) Each patient's dental health history shall be documented at the time of the initial comprehensive dental examination, signed by the patient, and witnessed by the dentist. Such history shall be available and reviewed at each dental visit.~~

~~(5) Patients with a plaque index score above 20 percent or who refuse oral hygiene instruction shall receive only Emergency Care, Urgent Care, Interceptive Care, and Special Dental Needs Care, as these terms are described in subsections (f)(1), (f)(2), (f)(3), and (f)(5), respectively.~~

~~-(i) Re-examination. After the initial comprehensive dental examination, patients at their endorsed institution shall be notified that they are eligible to receive a periodic comprehensive dental examination by a dentist as follows:~~

~~-(1) Every 2 years (biennially), up to the age of 50.~~

~~-(2) Annually starting at the age of 50 and regardless of age if the patient is diagnosed with diabetes, HIV, or seizure disorder.~~

~~-(j) Medical Emergencies in the Dental Clinic. The Department shall ensure that emergency medical services are provided in the dental clinic as necessary.~~

~~-(k) In the provision of dental treatment, Department dentists shall monitor patients with the following conditions and shall adhere to the appropriate protocols.~~

~~-(1) Hypertension.~~

~~-(2) Anticoagulant therapy.~~

~~-(3) Infective endocarditis risk.~~

~~-(4) Prosthetic cardiac valve.~~

~~-(5) Total joint replacement.~~

~~-(6) HIV/AIDS.~~

~~-(7) Bisphosphonate therapy.~~

~~-(8) Diabetes.~~

~~-(9) Pregnancy.~~

~~-(f) Institution Orientation and Self Care.~~

~~-(1) Patients at an endorsed institution shall receive a baseline plaque index score as well as oral hygiene instruction at the time of their comprehensive dental examination and treatment plan formulation.~~

~~-(2) Inmates shall be allowed to brush their teeth at least once a day within the facility's security guidelines and encouraged to brush after meals.~~

~~-(3) Inmates shall be allowed to use dental floss or flossers once a day within the facility's security guidelines.~~

~~-(m) Periodontal Disease Program. The Department shall maintain a periodontal disease program for the diagnosis and treatment of periodontal disease. Periodontal treatment:~~

~~-(1) Shall be available to patients based on the presence of a comprehensive dental examination with a treatment plan, prior completion of Urgent Care dental treatment as defined in subsection (f)(2), and regardless of time remaining on their sentence.~~

~~-(2) Shall consist of non-surgical scaling and root planing.~~

~~-(n) Dental Restorative Services. The Department shall provide patients with dental restorative services utilizing ADA and Department approved dental restorative materials. Dental restorative services shall be limited to the restoration of carious teeth with enough structural integrity to provide long term stability.~~

~~-(o) Root Canal Therapy.~~

~~-(1) Endodontics, or root canal therapy, shall only be performed on the upper and lower six anterior teeth for a patient who meets the criteria pursuant to subsection (f)(4)(D)1. 4.~~

~~-(2) Posterior root canal therapy may be considered pursuant to section 3999.365(a) if all the following conditions are met:~~

~~-(A) Conditions listed in subsections (f)(4)(D)1. 4.~~

~~-(B) The tooth in question is vital to the patient's chewing ability.~~

~~-(C) The tooth in question is essential as a support tooth for an existing removable cast partial denture or is necessary as a support tooth on a proposed removable cast partial denture for that arch.~~

~~-(D) Treatment must be approved by the Dental Authorization Review (DAR) Committee and the Dental Program Health Care Review Committee prior to initiating the procedure.~~

~~-(3) Root canal therapy shall not be performed when extraction of the tooth is appropriate due to non-restorability, periodontal involvement, or when the tooth can easily be replaced by an addition to an existing or proposed prosthesis in the same arch.~~

~~-(p) Oral Surgery. A full range of necessary oral surgery procedures including biopsies shall be available to patients regardless of time remaining on their sentence. Any medically necessary oral surgery procedure that cannot be accomplished at the local institution shall be made available by referring the patient to contracted oral surgeons, or to outside facilities.~~

~~-(q) Dental Prosthodontics.~~

~~-(1) When a patient's treatment plan includes a dental prosthesis, the treating dentist shall inform the patient that the prosthesis may not be completed prior to the patient's parole date.~~

~~-(2) A dental prosthesis shall be constructed only when:~~

~~-(A) The dentist believes the patient can tolerate it and can be expected to use it on a regular basis.~~

~~-(B) A patient is edentulous, is missing an anterior tooth, or has seven or fewer upper and lower posterior teeth in occlusion.~~

~~-(C) All diagnosed preventive, restorative, endodontic, and oral surgery procedures have been completed.~~

~~-(D) The active therapy phase of periodontal therapy has been completed and the patient is free of periodontal disease or is in periodontal maintenance.~~

~~-(E) Clinically adequate and diagnostic radiographs are present in the health record prior to initiating dental prosthodontic services.~~

~~-(F) The patient has an Interceptive Care prosthetic need (e.g., complete denture) and is eligible pursuant to subsection (f)(3); or the patient has a Routine Rehabilitative Care prosthetic need (e.g., partial denture) pursuant to subsection (f)(4). Time requirements are calculated from the date final impressions are taken.~~

~~-(3) All dental prostheses which are fabricated for patients shall have the patient's last name and CDCR number embedded into the prosthesis for identification purposes.~~

~~-(r) Removal of orthodontic bands/brackets or arch wires shall be at the discretion of the treating dentist and does not require approval by the DAR Committee.~~

~~-(s) Within the second trimester of gestation and regardless of their plaque index score, pregnant patients shall receive a comprehensive dental examination, periodontal examination, oral hygiene instruction, and the necessary periodontal treatment in order to maintain periodontal health during the gestation period.~~

~~-(t) The Department shall utilize a dental hold process when the transfer or transport of a patient is not clinically appropriate. The treating dentist in conjunction with the Supervising Dentist (SD) shall determine if a dental hold should be placed on a patient. When a dental hold has been placed and the patient refuses treatment of the condition that prompted placement of the hold, the SD or treating dentist shall remove the hold and document the incident. A dental hold shall be removed or lifted only by the treating dentist or SD.~~

~~-(u) Nourishments and supplements may be prescribed for patients who are pregnant, diabetic, immunocompromised, malnourished, or those with dental or oropharyngeal conditions causing difficulty eating regular diets.~~

~~-(v) Restraints. If a patient requiring dental treatment also requires use of restraint gear, such restraints shall be selected to enable sitting in a dental chair and shall remain in place during the treatment. Exceptions require concurrence of the treating dentist, the escorting officer, and a lieutenant. For pregnant patients, the rules provided in sections 3268.2(b), (d), and (e) concerning the use of restraints shall be followed.~~

Note: Authority cited: Section 5058, Penal Code. Reference: Sections 4040(a)(2), 4076, 4170 and 4171(b), Business and Professions Code; Section 11150 Health and Safety Code; Sections 3424 and 5054, Penal Code; and *Perez, et al. v. Cate, et al.*, (No. C05-05241 JSW), U.S. District Court, Northern District of California; and *Plata v. Newsom* (No. C01-1351 JST), U.S. District Court, Northern District of California.

Patient Acknowledgment of Receipt of Dental Materials Fact Sheet

I acknowledge that I have received from the Dental Team at _____
(Institution Name)

a copy of the Dental Materials Fact Sheet, "The Facts About Fillings" dated May 2004

as required by law.

Patient Signature

Date

ADOPT

CDCR #:

Last Name:

First Name:

DOB:

MI:

Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.