

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 8/17/2021	NUMBER: E-36.1
	Replaces: 10/27/2020	
	Formulated: 10/85 Reviewed: 1/2023	Page 1 of 2
<b>DENTAL TREATMENT LEVELS OF CARE</b>		

PURPOSE: To assure all inmates have equitable access to dental preventive services and treatment procedures based upon the occurrence of disease, significant malfunction, or injury.

POLICY: Inmates' emergent, urgent, interceptive, and rehabilitative needs will be treated, as clinically indicated within designated timeframes.

PROCEDURE:

- I. There are four levels of dental treatment needs categorized as Emergent (Level E), Urgent (Level 1), Interceptive (Level 2), and Rehabilitative (Level 3).

Level E EMERGENT

Potentially life threatening and requires immediate treatment.

Level 1 URGENT

All inmates with an oral or maxillofacial (hard or soft tissue) condition which may be accompanied by substantial pain or an acute infection that affects their normal daily activities. Inmates with this designation will receive care at the time of the Intake or Sick Call Examination (SCE) with follow-up definitive treatment as clinically indicated, but within **14 calendar days** after a diagnosis is established.

Level 2 INTERCEPTIVE

All inmates requiring care for a subacute (hard or soft tissue) condition which is likely to become urgent without intervention. Inmates with conditions of this designation will be seen for definitive care as clinically indicated, but at least once every **60 days** following the SCE or Comprehensive Treatment Plan (CTP). Inmates with Level 2 conditions at the Intake Exam are eligible to submit a Sick Call Request (SCR) for treatment (subject to inmate co-pay).

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Level 3 REHABILITATIVE All inmates requiring care for routine (hard or soft tissue) pathosis. Inmates requesting care are eligible for treatment of conditions with this designation after **12 months** of incarceration, with demonstration and maintenance of acceptable oral hygiene. CMHC Policy E-36.6 states that an inmate who has not achieved acceptable oral self-care may request another plaque index re-evaluation, which must be provided within **14 calendar** days of the sick call request. Inmates are to receive further counseling and demonstration in oral hygiene techniques at the time of the plaque index appointment. Inmates with a treatment plan for conditions with this designation will be seen for definitive care at least once every **90 calendar days** after a comprehensive treatment plan is established. Inmates' periodontal maintenance appointments will be scheduled separately from routine care.

- II. The treating dentist may recommend treatment for dental needs not otherwise addressed in the CMHC Policy, which should be referred to the Dental Utilization Quality Review Committee (CMHC Policy E-36.5) for review and preauthorization prior to initiating care. Exceptions can be requested for inmates judged to have a special dental need, regardless of length of incarceration.

**Reference:** ACA Performance Standards & Expected Practice 5-ACI-6A-19 Dental Care  
(Non-Mandatory)