

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 8/23/2018	NUMBER: E-36.8
	Replaces: New	
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<b>DENTAL COMPREHENSIVE TREATMENT PLAN</b>		

**PURPOSE:** To establish a plan that allows eligible inmates to request dental care and to have a Dental Comprehensive Treatment Plan (CTP) developed.

**POLICY:** Inmates requesting routine dental care, who are eligible by length of incarceration (12 months) and by demonstration of acceptable oral hygiene will be scheduled for a Dental Comprehensive Treatment Plan.

**PROCEDURE:**

**I. COMPREHENSIVE TREATMENT PLANS**

Inmates, who request care and are eligible for care, will have a Comprehensive Treatment Plan (CTP) developed.

The SOAP format will be used to document the Comprehensive Treatment Plan.

Subjective: Inmate’s complaint or reason inmate was scheduled

Objective: Observations by the clinician

Assessment: Diagnosis of each observed abnormality

Plan: Comprehensive treatment plan which prioritizes each observed abnormality by Levels

Inmates requesting care, who are eligible by length of incarceration (12 months) and by demonstration of acceptable oral hygiene, will be scheduled for a Dental Comprehensive Treatment Plan in accordance with CMHC Policy E-37.1. Appropriate radiographs will be taken at the Treatment Plan visit, or have current and diagnostically acceptable radiographs present for review. Guidelines for prescribing radiographs can be found on the CMC Dental Services Homepage “The Selection of Inmates for Dental Radiographic Examinations.”

The Comprehensive Treatment Plan:

1. Will be appropriate, consistent with the clinical and radiographic evidence, and numerically listed in the Dental Health Record.
2. Will include an oral cancer screening that includes an intraoral and extraoral conventional visual and tactile examination.
3. Will be appropriately documented and charted in the Dental Health Record.

Planned care will be fully explained to each inmate and include information on the disease process, available treatment options, potential complications, expected outcome, and the inmate’s responsibilities

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in treatment, including compliance with oral hygiene.

The CTP must include inmate education. The potential consequences to the inmate’s health must be explained if treatment is declined.

The Dental and Medical History must be current, reviewed, and initialed or electronically signed by the treating health care provider in the Dental Health Record. Vital signs to include, at a minimum, blood pressure and pulse, are to be recorded at the time of the Comprehensive Treatment Plan.

## **II. FOLLOW-UP APPOINTMENTS**

Follow-up appointments are scheduled based on a Comprehensive Treatment Plan and on the professional judgment of the treating dentist utilizing the levels of care located in E 36.1 Planned care should take into consideration the American Dental Association Parameters for Care. Subsequent follow up visits will document treatment and/or revisions as the conditions outlined in the CTP are systematically addressed.

It is recognized that individual inmates may have care needs that involve multiple levels of care. Dental practice decisions are condition based, sometimes presenting an array of possible diagnostic and treatment considerations. From the Rules and Regulations of the Texas State Board of Dental Examiners: Rule 108.2 states “The dentist has special knowledge which a dental patient does not have; therefore, to avoid misunderstanding, the dentist shall advise a patient, before beginning treatment, of the proposed treatment, and any reasonable alternatives, in a manner that allows the patient to become involved in treatment decisions.” This standard shall be applicable within the scope of current Correctional Managed Health Care (CMHC) Policy.

Inherent in a level of care system is the concept that those inmate’s with a more urgent need are provided care as their needs dictate. This care will be prescribed, scheduled, and administered within the CMHC specified timeframe, or consistent with the documented clinical judgement and diagnosed condition(s) as assessed by the treating dentist.

At the treatment appointment, the emphasis will be on integrated treatments for oral conditions rather than isolated treatment procedures. Treatment should follow the best practice doctrine, which provides for a continuum of care and assures cost efficient and effective care. Our goal is to move inmates from a recognized disease state to a completed case or maintenance phase (Level 0). That is, a quadrant or more should be considered for treatment at an appointment rather than a single tooth when appropriate.

### **Continuity of Care**

Inmates assigned to a new facility will have their dental health record reviewed by a dentally trained health care professional within seven days of their arrival at the new facility. Each inmate, with a Comprehensive Treatment Plan in progress, must have a follow up appointment scheduled to ensure

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treatment will be continued in a timely manner. If the inmate is being scheduled for a routine appointment, an appropriate reminder must be created, or the existing reminder must be imported. If the inmate is being scheduled for an appointment that was generated from a sick call visit, then an appropriate reminder must be created from the date they were scheduled for the planned procedure or the existing reminder must be imported. It is possible that the inmate could have more than one reminder created if there were scheduled procedures generated for routine dental treatment as well as scheduled procedures from a sick call visit.

**Missed Clinic Appointment:**

Missed clinic appointments must be investigated. It is the responsibility of the dental staff to attempt to resolve issues that may create barriers to care. The inmate must share responsibility by attending scheduled appointments.

Reference: ACA Performance Standard & Expected Practice 5-ACI-6A-19-1  
ACA Performance Standard & Expected Practices 4-4361 Health Education  
Texas State Board of Dental Examiners – Rules and Regulations